STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145363	A. Building B. Wing	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Barr Oak Lawn	9401 South Kostner Avenue Oak Lawn, IL 60453

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its incontinence care policy and failed to ensure that a resident identified as requiring assistance with toileting was assessed and provided incontinence care at least every two hours. This affected one of three residents (R135) reviewed for incontinence care on the total sample of 43. Findings Includes: R135's minimal data set dated [DATE] section C (cognitive pattern) brief interview for mental status documents a score of twelve which indicate moderate cognitive impairment. Section GG (functional ability) documents: lower extremities impairment on both sides. R135 requires substantial maximal assistance rolling left to right and partial/moderate assistance for toilet hygiene. Section H (bladder and bowel) documents urinary continence always incontinent. On 4/14/26 at 11:35am, R135 who was assessed to be alert and oriented to person place and time, said he has not been provided incontinence care since yesterday evening. R135 said, he can smell himself. V8 (restorative aide) and V9 (restorative aide) both said they were recently assigned to R135 because V4 certified nursing assistant left the unit. R135 was observed with a saturated incontinence brief with yellow ammonia smelling urine covering the entire brief. R135's pants, folded bath blanket, sheet and mattress were wet with a multiple dried large irregular shaped ring exceeding the shape of his buttock on the bath blanket. V9 and V8 both said, R135 was soiled and saturated with strong smelling urine. On 4/15/26 at 12:37pm, V4 (certified nursing assistant/cna) said, she was R135 assigned certified nursing assistant. V4 said she did not provide care for R135 before she was pulled from the floor around 11:30am. V4 said, residents are checked and changed every two hours or as needed for incontinence care Incontinence and Perineal Care Policy adopted documents 12/3/15: It is the policy of the facility to provide perineal care to ensure cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition. Do rounds at least every 2 hours to check for incontinence during shift.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE