

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that call lights were consistently within reach of residents (R23, R150, R64) and failed to ensure that wheelchairs were available for residents (R112 & R143) who were assessed to require them for mobility. This affected five residents (R23, R64, R150, R112, and R143) reviewed for accommodation of needs on the total sample of 43. Findings include: 1. On 4/14/26 at 10:05 AM, R23 was observed lying in bed. R23's call light cord was observed clipped to the cord at the wall. Call light was not within reach. On 4/14/26 at 10:30 AM, R150 was observed sitting in wheelchair next to bed. R150's call light cord was observed in-between R150's headboard and mattress and dangling three inches above the floor. Call light was not within reach. On 4/14/26 at 10:12am, R64 was assessed to be alert and oriented to person, place and time, and was observed in bed, with his call light cord wrapped around the hand sanitizer container which was attached to the wall behind R64's bed above his nightstand. R64 said, if he needed assistance, he would pull his call light, but he can't reach it now. V5 CNA (certified nurse aide) said, R64's call light is out of his reach. V5 said, the call light should be within reach for each resident. R64's care plan initiated 3/18/26 documents: keep call lights within reach when in bedroom or bathroom. Minimal data set section C (cognitive pattern) dated 3/19/26 documents a score of thirteen which indicates cognitively intact. Section GG (functional abilities) upper extremity (shoulder, elbow, wrist, hand) is coded as a one which indicates impairment on one side. R23's MDS (minimum data set), dated 1/17/26, notes R23's BIMS (brief interview of mental status) score is 6 out of 15. R23 requires maximum assistance with bed mobility and is dependent for transfers. R23's call light evaluation, dated 1/15/26, notes R23 is alert, oriented x 3 and has no limitations in one or both upper extremity. R23 is able to move upper extremity and is able to press the call light button. R150's MDS, dated [DATE], notes R150's BIMS is 14 out of 15. R150's functional limitation in range of motion notes R150 has impairment in both upper extremities. R150 requires moderate assistance with bed mobility and transfers. R150's call light evaluation, dated 3/27/26, notes R150 is alert and oriented x 3 and is able to move upper extremity and is able to press the call light button. (continued on next page)		

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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Call light policy dated 10/26/16 documents: It is the policy of this facility to ensure that there is prompt response to the resident's call for assistance. The facility also ensures that the call system is in proper working order. Be sure call light are placed within reach of residents who are able to use it at all times. 2. R112 minimal data set dated [DATE] documents a score of fifteen which documents cognitively intact. Section GG (functional abilities) documents type of wheelchair and/or scooter: manual. On 4/14/26 at 10:46am, R112 who was alert and oriented to person, place time, said, she is supposed to get up on Tuesday and Thursday for two hours but she does not have a wheelchair to sit in. R112 said, staff takes her wheelchair out of her room for other residents. R112 did not have a wheelchair in her room. On 4/14/26 at 10:55am, V6 (cna) said, R112 refused to get up at times. V6 said, the last time she got R112 out of bed was last month. On 4/14/26 at 10:57am, V7 (restorative nurse) said, R112 was supposed to get up to the wheelchair on Tuesday and Thursday. V7 said, R112 does not have a facility issued wheelchair. V7 said, if another resident needs a wheelchair, we will use R112 and give it to another resident. On 4/16/26 at 9:31am, V24 (director of physical therapy) said, R112 get up on certain days but the days R112 is not up out of bed the wheelchair that she used is shared with another residents who has the different get up days. V24 said, we have four wheelchairs in therapy that are different sizes so we can ensure residents are able to transport to therapy. Those four wheelchairs are for therapy only. R143 was admitted on [DATE] with hemiplegia and hemiparesis following nontraumatic intracerebral 03/08/2026 primary hemorrhage affecting right dominant side, pulmonary embolism without acute pulmonale, acute embolism and thrombosis of right peroneal vein, and aphasia following cerebral infarction. R143 brief interview for mental status dated 3/30/26 score 14/15 which indicates cognitively intact. R143's physical therapy notes dated 3/20/26 documents wheelchair used. R143's physician orders dated 3/30/36 documents: physical therapy wheelchair management. On 4/14/26 at 11:49AM, R143 who was alert and oriented at time of interview said she would like to get up out of bed. R143 said they don't always have a wheelchair for her to go in and she has to stay in bed. There was no wheelchair observed in R143 room at time of interview. On 4/14/26 11:51AM, V26 (CNA) said there was no wheelchair in the room for R143 and that is a common problem. It is hard to find wheelchairs for residents and staff have to borrow or look for wheelchairs for residents to get out of bed. On 4/16/26 at 10:12AM, V27(CNA) said resident wheelchairs are hard to come by at the facility. We have more patients than wheelchairs available. We have to go find a wheelchair or borrow one from (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	another patient. We are not always able to get the residents up out of bed because we do not have a wheelchair. This happens at least once a shift. On 4/16/26 at 1027AM, V30 (central supply) said they do not order wheelchairs. On 4/16/26 at 9:20AM, V7 (Restorative nurse) said she does not order wheelchairs. On 4/16/26 at 9:46AM, V2 (DON) said therapy is responsible for ordering wheelchairOn 4/15/26 at 3:00PM, V24 (therapy director) said they have 72 wheelchairs in the facility. V24 said the facility is in need of 20 -30 wheelchairs for all residents to have a wheelchair at this time. Staff will use other resident's wheelchairs to utilize as needed. V24 said they do not order wheelchairs unless it's a custom chair.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Failures at this level required more than one deficient practice statement: A. Based on observations, interviews, and record reviews, the facility failed to follow its infection prevention and control policy, including its COVID-19 policy. Specifically, the facility failed to place a resident with an indwelling medical device on transmission-based precautions upon admission; failed to don appropriate personal protective equipment (PPE) prior to entering an enhanced barrier precautions (EBP) resident room to provide direct care (R6); failed to place a COVID-19 positive resident in appropriate transmission-based (contact/droplet) precautions immediately upon return from the hospital and initiate the required monitoring protocol (R147); and failed to implement contact tracing for residents and staff exposed to a COVID-19 positive resident. These practices affected two residents (R6 & R147) reviewed for infection control practices on the total sample of 43. B. Based on observation, interview, and record review, the facility failed to follow accepted standards of practice for infection control. This included improper transportation of soiled linen, failure to perform appropriate hand hygiene, and failure to ensure Continuous Positive Airway Pressure (CPAP) masks were stored properly for two (R149 and R134) reviewed for infection control standards of practice on the total sample of 43. Findings include: a. 1- R6 was admitted to this facility on 3/14/26 with diagnoses including but not limited to gastrostomy tube. On 4/14/26 at 10:03 AM, there was no signage observed on R6's door or bin with PPE (personal protective equipment) next to R6's room. On 4/14/26 at 11:30 AM, V34 CNA (certified nurse aide) was observed entering a resident's room on enhanced barrier precautions to provide direct resident care. V34 did not follow the EBP signage on the door and don appropriate PPE (personal protective equipment) prior to entering resident's room and providing care. On 4/15/26 at 9:30 AM, there was no signage observed on R6's door or bin with PPE (personal protective equipment) next to R6's room. On 4/16/26 at 10:00 AM, there was no signage observed on R6's door or bin with PPE (personal protective equipment) next to R6's room. On 4/16/26 at 10:15 AM, V27 CNA (certified nurse aide) stated that he was aware R6 was on enhanced barrier precautions (EBP) this morning when he saw the signage on R6's door. On 4/16/26 at 10:20 AM, V28 (agency nurse) stated that she is aware R6 has a gastrostomy tube and is receiving bolus feedings. V28 denied being aware that R6 should be on EBP due to gastrostomy tube. On 4/16/26 at 10:35 AM, there was no signage observed on R6's door. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/16/26 at 9:30 AM, V12 IP nurse (infection prevention nurse) denied being aware R6 was admitted to this facility with a gastrostomy tube. V12 stated that R6 should have been placed on EBP upon admission due to having a gastrostomy tube. V12 stated that staff should don gowns and gloves when providing direct resident care to residents on EBP. On 4/17/26 at 8:55 AM, V3 ADON (assistant director of nursing) stated that the nurse is expected to initiate enhanced barrier precautions upon admission of a resident meeting the criteria for EBP, such as indwelling medical devices. R6's POS (physician order sheet) notes an order for gastrostomy bolus feedings after meals and at bedtime daily. R6's ADL (activities of daily living) care plan, initiated 3/16/26, notes R6 has an ADL self care performance deficit and impaired mobility related to limited range of motion, fatigue, activity intolerance, limited mobility, pain, physical inactivity, and cognitive impairment. The facility's infection prevention and control policy, revised 6/30/25, notes enhanced barrier precautions (EBP) is an infection control intervention designed to reduce transmission of multi-drug resistant organisms to others. It involves the use of gloves and gowns during high contact resident care activities for residents with indwelling medical devices. The facility's enhanced barrier precaution policy, revised 9/16/25, notes EBP will be used for any resident in the facility that has an indwelling medical device, such as feeding tube (gastrostomy tube), central line, urinary catheter. High contact resident care activities requiring gown and glove use among residents that trigger EBP use include, but not limited to dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use. 2. On 4/14/26 at 11:30 AM, R147 was observed in his room with his roommate. There was no signage noting contact/droplet isolation on R147's door. There was no isolation cart next to room. R147 was moved to a private room and contact/droplet isolation precautions in the afternoon on 4/14/26. On 4/15/26 at 12:40 PM, V13 CNA (certified nurse aide) stated that on 4/13, R147 was in the physical therapy gym, during exercises R147's blood pressure and oxygen saturation level dropped, R147 was brought back to his room and allowed to rest for a few minutes, upon re-check blood pressure and oxygen saturation level remained low. V13 stated that he was informed this morning, 4/15, that R147 is Covid-19 positive and he was tested. On 4/15/26 at 1:16 PM, V14 (nurse) stated that V15 (nurse) is orienting her. V14 stated that R147 returned from the hospital during her shift on 4/13. V14 denied being made aware prior to now that R147 is Covid-19 positive and that she needs to be tested. On 4/15/26 at 2:30 PM, V5 (agency CNA) stated that she worked Monday evening shift, Tuesday day shift and evening shift. V5 stated that she provided care for R147 on Monday, 4/13, as well as last week. V5 stated that she was looking for R147 yesterday to see what happened to him. V5 stated that (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	she was not informed until yesterday during the evening shift that R147 is Covid-19 positive. V5 denied being tested as of yet. On 4/15/26 at 4:10 PM, V15 (nurse) stated that R147 was transported to the emergency room on 4/13/26 due to oxygen saturation in the 80s. V15 stated that the hospital sent R147 back to the facility without giving her report. V15 denied contacting the hospital for report. V15 stated that R147's elderly family member informed her that R147 was covid-19 negative. V15 acknowledged that she should have contacted the emergency room nurse to confirm that R147 did not have Covid-19 and diagnosis. V15 stated that she was informed today when she came to work that R147 is Covid-19 positive and she was tested. V15 stated that she worked yesterday, 4/14, evening shift and was not made aware of R147's diagnosis at that time. On 4/16/26 at 9:30 AM, V12 IP nurse stated that the discharge paperwork sent back to facility with R147 on 4/13 only noted diagnosis of hypoxia. V12 stated that on 4/14 R147's emergency room record was obtained. When it was reviewed it noted R147 is Covid-19 positive. V12 stated that yesterday afternoon R147 was moved to a private room and placed on contact and droplet isolation. V12 stated that R147's roommate was tested yesterday afternoon; rapid test was negative for Covid-19. V12 stated that the nurse and CNA assigned to R147 on 4/14 evening shift were also rapid tested, both were negative. When questioned if any other residents or staff were tested, V12 responded 'no'. The facility's Covid-19 testing tracker, dated 4/15/26, notes R61, R147's roommate was tested on [DATE], test was negative. No other residents were tested. V2 DON (director of nursing), the evening shift nurse assigned to R147 on 4/14/26, the CNA assigned to R147 on day shift 4/13, and the speech therapist were tested and negative. The physical therapist, occupational therapist, and the residents exposed to R147 in the skilled therapy gym were not tested. The facility's Covid-19 testing tracker presented on 4/17/26 notes physical therapists, the occupational therapist, V5 CNA, and V15 (nurse) were tested on [DATE]. V14 (nurse) was tested on 4/16. R147's emergency room record, dated 4/13/26, was printed on 4/14/26 at 8:26 AM. R147 tested positive for Covid-19 at 4:46 PM and was discharged back to the facility at 8:50 PM. R147's vital sign documentation, dated 4/13/26 at 2:43 PM, notes blood pressure 120/73, heart rate 103 beats/minute, respirations 18/minute, temperature 97, and oxygen saturation level 87% on oxygen via non-rebreather mask. On 4/14/26 at 3:09 PM, R147's blood pressure was 144/76 and heart rate 103. On 4/15/26, R147's vital signs were documented once noting blood pressure 144/76 and heart rate 103. On 4/16/26 R147's vital signs were documented once, blood pressure 130/72 and heart rate 93. There are no vital signs documented per the facility's Covid policy. R147's POS (physician order sheet), dated 4/14/26 at 4:41 PM, notes an order for Isolation Precaution: Contact/Droplet - Reason for Isolation: R147 is positive for covid all services to be provided in room. Every shift until 04/24/2026 4:41 PM. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	There is no order found in R147's medical record noting R147 should be monitored every 4 hours for vital signs and signs/symptoms of Covid including oxygen saturation. Residents will be placed on droplet and contact isolation for 10 days from date of onset of symptoms. The facility's Covid-19 guidelines and emergency preparedness plan, revised 10/23/23, notes monitoring of residents: residents who are positive for Covid should be monitored every 4 hours for vital signs and signs/symptoms of Covid including oxygen saturation. b. 1- R149's physician order sheet dated 3/31/26-4/30/26 documents: Continuous Positive Airway Pressure (CPAP): Setting-Titrate minimum of five (5) to maximum of twenty (20) (patient brought own CPAP Machine) at bedtime apply at hour of sleep (HS) and on the morning remove in AM On 4/14/26 at 1:41pm, R149's CPAP mask was observed sitting on his nightstand with any covering/bag. On 4/14/26 at 1:51pm, V10 (nurse) said, R149's CPAP mask was on his nightstand not in a bag. V10 said, the mask should have been placed in a bag after use to prevent cross contamination. V10 said, it is unsanitary to leave the CPAP mask on the nightstand. 2- R134's brief interview for mental status dated 4/3/26 documents a score of fifteen which indicates cognitively intact. Physician order dated 4/2/26 documents: CPAP auto, setting five &ndash; ten (5-10) at bedtime on at HS; remove in morning (AM) On 4/14/26 at 10:40am, R134's CPAP mask was observed sitting on her nightstand not in a bag. R134 who was assessed to be alert and oriented to person place and time, said her mask is never put in a bag. On 4/14/26at 10:43am, V11 (nurse) said, R134's CPAP mask was on the nightstand not in a bag. V11 said, it should be in a bag to prevent cross contamination. 3 - On 4/14/26 at 10:45am V4 (agency CNA) was observed removing linen from a bed by the door of a residents room, V4 was not wearing any gloves. V4 exited that room with the bed linen, the linen was not in a bag, V4 was holding the linen against her body. V4 walked down the hall and placed the linen in a blue bag hanging from a cart. V4 said it was okay to transport the linen without a bag. V4 said the linen was not dirty and she knew this because she smelled it. V4 said she was an agency CNA and she did not receive training from the facility on transporting dirty linen, V4 said she did not receive in-service from her agency either. V4 said she did not receive training for infection control. V1 (Administrator) stated it's important that V4 receive training. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility policy titled infection prevention and controlled dated 7/16/2025 denotes in-part staff and contract workers will be educated about current infection control practices and procedures of the facility at least annually.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents are not verbally and mentally abused by facility staff. This affected one of three residents (R144) reviewed for staff to resident abuse on the total sample of 43. Findings include: R144 was admitted to the facility on [DATE] with a diagnosis of lumbosacral disc displacement, hyperlipidemia, hypertension and insomnia. R144 Minimum Data Set, dated [DATE] documents brief interview for mental status score was 15/15 which indicates cognitively intact. On 4/15/26 at 1:27PM, Surveyors were walking in the hallway passing R144's room and heard loud arguing. R144's door was open and surveyor observed from the hallway V42 (MDS nurse) and V43 (Housekeeping director) standing around R144's bed. V42 (MDS nurse) yelled in a stern, loud and dismissive tone I'm done with this and left the room. Surveyors entered R144's room, and R144 was observed in her bed crying with two open bags of her belongings near the foot of the bed. R144 was upset and continuing to cry, said she felt violated because staff were searching for her missing items and throwing her items in a disrespectful way. R144 said V42 found a pair of socks in her belonging and stated are these the items you were missing while holding the socks close to R144's face. R144 felt staff were calling her a liar and being accusatory when speaking with her about her missing items. R144 said V42 just became very disrespectful and yelled she was done with it before exiting the room with no resolution. R144 was still tearful, upset and said she was spoken to like a child. R144 said she just came here for help and she wants to get well. R144 said she cannot walk and just needs to get assistance. R138 who was alert and oriented at time of interview and was in the room at time of incident said staff were yelling and arguing to R144 like she was a child. R138 said that no residents should be talked to or treated in that way. On 4/17/26 at 11:25Am V43 (housekeeping director) said she was in R144's room to follow up about a housekeeping issue, V42 (MDS nurse) came in the room at that time to follow up with R144 to finish filling out concern report related to missing laundry. V43 said she asked V42 to assist with going through R144's belonging to ensure items were not in her room. R144 gave permission to both staff to go through a bag that was near her bed. The bag had a pair of socks in the bag and we asked if they were the socks which upset R144. R144 and R138 started yelling. V43 was asked if she thought the way V42 spoke to R144 was professional or if she would like her family member spoke to in that way. V43 refused to answer the question. V43 said it was a difficult situation and that they should have left the room earlier. Facility initial abuse report dated 4/15/26 documents: R144 alleges she was mistreated and disrespected by nurse helping her look for her items. R144 feels nurse was calling her a liar because she looked in residents' closet and personal bags for items reported missing. Facility Abuse and retaliation policy revised 1/29/26 documents: it is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. Abuse is willful infliction of mistreatment, injury, unreasonable confinement, intimidation or punishment. Abuse assumes intent to harm, but inadvertent or careless behavior done deliberately that results in harm may be considered abuse. Verbal abuse includes but not limited to the use of oral, written or gestured language. This definition includes communication that expresses disparaging and derogatory terms to residents within their hearing or seeing distance. Examples, name calling, swearing, yelling, threatening harm, trying to frighten the residents. Mental abuse (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	includes but its not limited to humiliation, harassment punishment, isolation or deprivation to provoke fear of shame.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. Based on interviews and record reviews, the facility failed to provide and document sufficient preparation/orientation to one resident to ensure a safe/orderly transfer from the facility to the hospital, failed to obtain a physician order for the transfer, and failed to document the transfer in the resident's medical record. This affected one resident (R130) out of three reviewed for transfer/discharge in a sample of 43. Findings include: On 4/17/26 at 8:55 AM, V3 ADON (assistant director of nursing) stated that the nurse is expected to notify the physician and resident's family of a resident's transfer to the hospital. V3 stated that the nurse is expected to follow up with the emergency room staff and call report to the nurse. V3 stated that the nurse is expected to complete an e-interact form and SBAR (situation, background, assessment, recommendation) for every resident. The nurse should also document the change in condition or reason for transfer to the hospital and the resident's vital signs in the resident's progress notes. R130's POS (physician order sheet), dated 3/9/26, notes an order for a chest x-ray related to lymphedema. There is no order found in R130's medical record to transfer R130 to the hospital for further evaluation and treatment. R130's progress notes, dated 3/9/26 at 5:46 AM, notes a telehealth visit was conducted. It notes R130's primary chief complaint: respiratory: cough. R130 reported cough with thick sputum production and associated sore throat. R130 stated she coughed up a large amount of thick phlegm, which she initially thought might be vomit but appeared consistent with mucus. Cough medication was ordered. The nurse was instructed to monitor for fever, worsening cough, shortness of breath, wheezing, or change in sputum color and notify physician of any change in condition. There is no further documentation found in R130's medical record after the telehealth visit on 3/9 at 5:46 AM. R130's MAR (medication administration record), dated March 2026, R130 did not receive any cough medication on 3/9/26. R130's hospital record, dated 3/9/26, notes R130 presented to the emergency room for evaluation of sore throat, cough, and shortness of breath. R130 developed throat irritation after coughing, worsening to inability to swallow solids for two days. R130 able to drink small amounts of liquids. Covid-19 testing was performed and R130 tested positive. R130 was admitted to the hospital for Covid-19 treatment.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interviews and record reviews, the facility failed to provide the bed hold policy to one resident or representative upon transfer to a local hospital. This affected one of (R130) three reviewed for bed hold in a sample of 43. Findings include: On 4/17/26 at 8:55 AM, V3 ADON (assistant director of nursing) stated that the nurse transferring a resident to the hospital is expected to provide the resident and/or the resident's representative with written information on the duration of the bed-hold policy. R130's medical record does not contain any documentation that R130 or R130's family received written information on bed hold. The facility's bed-hold policy, revised 6/26/25, notes the facility must inform the resident or family members being transferred of the duration of bed hold in writing.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interviews and record reviews, the facility failed to initiate a person-centered care plan for enhanced barrier precautions (EBP) and enteral nutrition for one resident admitted to the facility with a gastrostomy tube and receiving enteral nutrition. This affects one of three (R6) residents reviewed for comprehensive care plan in a sample of 43. Findings include: On 4/14/26 at 10:00 AM, R6 stated that he receives bolus feedings via his gastrostomy tube after meals and at bedtime. R6's POS (physician order sheet) notes an order for enteral nutrition, 360ml (milliliters) bolus feeding after meals and at bedtime daily. On 4/16/26 at 9:30 AM, V12 IP nurse (infection prevention nurse) denied being aware R6 was admitted to this facility with a gastrostomy tube. V12 stated that R6 should have been placed on EBP (enhanced barrier precautions) upon admission due to having a gastrostomy tube. V12 stated that R6 should have a care plan for EBP and gastrostomy tube. On 4/17/26 at 8:55 AM, V3 ADON (assistant director of nursing) stated that the nurse is expected to initiate enhanced barrier precautions upon admission of a resident meeting the criteria for EBP, such as indwelling medical devices. R6's care plan does not note an EBP care plan was initiated. R6's compromised nutritional status care plan, initiated 3/16/26, does not note any interventions related to enteral nutrition. The facility's care plan policy, revised 6/30/25, notes in part the baseline care plan at a minimum should include initial goals based on admission orders, physician orders, and dietary orders. After the comprehensive assessment is completed, the facility will put in place person-centered care plans outlining care for the resident.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review, the facility failed to follow their physician order to ensure compression wraps were applied as prescribed (R78) and failed to ensure the old Scopolamine transdermal patch was removed before applying a new patch (R148). This affected two of three residents (R78 & R148) reviewed for quality of care on the total sample of 43. Findings Include: R78 was diagnosis with Lymphedema. Brief interview for mental status dated 2/26/26 documents a score of fifteen which indicates cognitively intact. Physician order sheet dated 9/28/25 documents: wrap bilateral lower extremities with Compression wraps with Ace bandage at 0600 (6:00am) in the morning apply. On 4/14/26 at 10:36am, R78 who was assessed to be alert and orient to person place and time said, her ace wraps for her legs was not applied today. R78 was observed without her compression ace wraps in place. R78 opened the top of her nightstand dresser drawer, R78's ace wraps were observed in the drawer. R78 said, she was supposed to have her ace wraps applied to decrease the swelling in her legs. On 4/16/26 at 3:39pm, V35 (nurse) said, he normally applies R78's ace wraps in the morning with the assistance of the certified nursing assistant/cna because R78's legs are heavy. V35 said, R78 uses compression wraps to decrease the swelling of her lower extremities because she has Lymphedema. V35 said applying R78's compression wraps have helped decrease the swelling of R78's legs greatly. V35 said on 4/14/26 he was working with an agency cna, cannot recall exactly what happened, if he applied R78's compression wraps or why he charted R78's compression wraps were applied but not observed on R78's legs. On 4/15/26 at 4:51pm, V3 (assistance director of nursing/adon) said, he expects all physician orders to be followed. Physician Order Policy dated 11/10/14 documents: It is the policy of this facility to ensure that all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the physician order sheet (POS). R148's physician order sheet dated 1/5/26 documents Scopolamine Transdermal Patch seventy-two hours one milligram/ three days-apply one (1) patch transdermally in the morning every three days. On 4/15/26 at 4:51pm, R148 was observed with two Scopolamine Transdermal Patch attached to his body. One patch was observed behind the left ear with 4/15/2026 written on it and another patch on the left posterior upper back with no date written on it. V3 (ADON) said, R148 was supposed to have one patch applied to his body at a time. V3 said the old scopolamine patch was supposed to be removed before the and the new patch applied. V3 said, the scopolamine patch was probably attached to R148's shirt then it attached to R148's back. V3 said, he expects nursing staff to follow physician orders. On 4/16/26 at 3:39pm, V35 (nurse) said, he took off R148's old scopolamine patch from his left ear and applied a new one dated 4/15/26 behind R148's right ear. V35 said he was not aware that R148 had a patch on his upper back. V35 said he did not check R148's back. V35 said R148's patch should have not been applied to his back but behind his ears. Physician Order Policy dated 11/10/14 documents: It is the policy of this facility to ensure that all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the physician order sheet (POS).		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to follow the ortho physician recommendations to complete physical therapy evaluation and treat, occupational therapy evaluation and treatment, and assist with passive range of motion including pendulum exercises for greater than 30 days for one of three residents (R7) reviewed for physicians' orders regarding therapy and range of motion on the total sample of 43. Findings include: R7 face sheet shows diagnosis of displaced fracture of upper end of right humerus, initial encounter for closed fracture 3/5/26. On 4/14/26 at 11:48am R7 observed alert to person, place, time and situation. R7 observed with a black sling supporting her right arm. R7 said she'd fallen from bed when she was reaching for her phone to call her brother. R7 lifted her arm and R7 was observed with limitation to the shoulder. R7 said her shoulder was not like that before she fell. On 4/16/26 at 11:40am V7 (Restorative Nurse) said R7 had a fall on 3/5/26, R7 was sent out and returned to the facility with a sling on the right upper extremity, R7 was non weight bearing of the right upper extremity. V7 said R7 now has limited range of motion to the right upper extremity. V7 said R7 had full range of motion prior to the fall on 3/5/26. V7 said R7 did not receive physical therapy, passive range of motion (staff to assist) and pendulum exercise as ordered by the ortho physician, order given on 3/16/26. V7 said it was an oversite on her behalf, and she did not see the orders from the ortho doctor for physical therapy, passive range of motion (staff to assist) and pendulum exercises on 3/16/26. V7 said she noticed the orders on 4/13/26. V7 said she carried out the order for passive range of motion on 4/13/26, she began the passive range of motion for R7 on 4/13/26, V7 said she did not conduct an assessment / evaluation of R7 right upper extremity, she just initiated the exercises. V7 said she did not notify the ortho doctor that R7 exercises for passive range of motion, physical therapy and pendulum exercises was not complete. V7 continues to say it was an oversite on her part, she missed it. On 4/18/26 observation completed with V7, V7 assessed R7 right arm/shoulder to have 80 % limited range of motion. V7 said passive range of motion is when the exercise is assisted and pendulum exercise is to reduce pain, improve mobility, prevent stiffness without stretching the joint, and improve circulation without placing stress on the joint. V7 said R7 restorative exercise task dated 3/07/26 - 4/12/26 shows R7 has been receiving active range of motion to the upper and lower extremity, but R7 is not receiving exercises to the right arm/shoulder. V7 said the documentation is not correct and she should have corrected that program orders and updated the care plan. V7 said R7 care plan has not been updated to reflect the changes in R7 restorative program exercises. V7 said she was aware that R7 had a fall in March. On 4/17/26 at 3:31pm V24 (Rehab Director) said any resident that has fallen or is transferred to the hospital should be screened by physical therapy upon returning. V24 said R7 was not screen nor did R7 receive an evaluation or rehab screening on 3/12/26 or 3/16/26. V24 said it was an oversite by the therapy team, and the orders were missed. V24 said she was off duty, but the order should have been carried out. V24 said R7 also went to the hospital and returned a few times, but the screening and evaluations should have been completed. V24 said R7 will be evaluated today by occupation therapy. V24 said she was aware that R7 had a fall in March. On 4/18/26 at 3:44pm V51 (Occupational therapist) said she treated R7 in the past, R7 had full range of motion in her right upper extremity and shoulder prior to the fall on 3/5/26. V51 said she evaluated R7 today and R7 has 75-80-degree limitation in flexion and extension to the right shoulder. V51 said normal limits are 120 degrees for elder adults. A young adult would have 180 full range of motion. V51 said she has to confirm R7 order (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	for non-weight bearing to the right arm/ shoulder. V51 said R7 can receive therapy services although R7 has orders for non-weight bearing. V7 said non-weight bearing does not affect exercises for R7. V51 said physician orders should be followed when given, an evaluation and treatment should be completed within 48 hours of the orders given. V51 said lack of exercise (movement) can contribute to R7 having limitation to the right shoulder. V51 said the plan is to reduce the limitation that R7 has. V51 said exercise improves mobility and stiffness to joints. On 4/17/26 at 1:50pm V2 (Director of Nursing) said it is her expectation that the staff follow physician orders and recommendations. V2 said she was not aware that R7 orders for physical therapy evaluation and treat, occupational therapy evaluation and treat, passive range of motion - staff to assist and pendulum exercise were not carried out on 3/12/26 and 3/16/26, V2 said she was made aware now by the surveyor. V2 was made aware that V7 stated that R7 now has 80% limited range of motion of the right shoulder. V7 reviewed R7 MDS assessment dated [DATE] and stated it shows R7 had full range of motion to upper extremity. R7 MDS dated [DATE] section GG for functional abilities for functional limitation in range of motion shows 0 for no impairment. R7 MDS dated [DATE] section GG for functional abilities for functional limitation in range of motion shows 1 for upper extremity impairment. R7 physician order sheet (POS) shows orders for 3/16/26 at 10:00am, (physician name listed and address) ortho. Occupational therapy evaluate and treat dated 3/12/26, nursing rehab - passive range of motion: PROM to Right shoulder and pendulum exercises, 15 reps/2 sets 6-7 times a week as tolerated dated 4/13/26. Physical therapy: evaluation and treatment dated 3/12/26. R7 ortho consult document dated 3/16/26 shows in-part on 3/5/26, resident fell out of bed and injured her right upper extremity, she was evaluated at the hospital, she reported localized pain without additional pain. Exam- skin intact, swelling and one plus pitting edema throughout right upper extremity, including right hand. Assessment and plan right humerus fracture, initiate pendulum and passive range of motion exercises for the right shoulder. Facility staff to assist with passive range of motion exercises. Orders placed PT and OT to evaluate and treat. R7 care plan with initiated date of 9/19/2023 shows I have ADL care performance deficits and impaired mobility, interventions I would like staff to refer me to physical and/ or occupational therapy as ordered by the physician to evaluate my current condition/status and recommend appropriate interventions to improve my functional status. Facility incident report shows R7 sustain a fall, R7 significant change MDS dated [DATE] shows R7 had a fall with a major injury. During this survey V2, V7, V24 and V51 did not state that R7 refused restorative programming, pendulum exercises, physical therapy or occupational therapy services. Facility did not present documentation that R7 refused these services. R7 MDS section B for behaviors dated 3/14/26 shows 0 for rejection of care- behavior not exhibited. Facility policy titled general care, dated 11/2026 denotes in-part it is the policy to provide care for every resident to meet their needs. Upon admission and readmission, the facility will evaluate the residents for physical and psychosocial needs. Facility policy titled restorative nursing program dated 4/2013 denotes in-part shows it is the policy of this facility to assess for comprehensive nursing and restorative needs upon admission. Appropriate nursing and restorative services consistent to the resident functional needs must be provided. If the assessment shows the resident needs therapy, then therapy should be provided.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow their intravenous therapy policy by failing to ensure one resident's Peripherally Inserted Central Catheter (PICC) dressing was changed every 7 days. This affects one of one residents (R121) reviewed for intravenous therapy on the total sample of 43. Findings include: R121 was admitted to the facility on [DATE] with diagnosis polyneuropathy, infection and inflammatory reaction due to internal left knee prosthesis and anemia. On 4/14/26 at 11:40AM, R121 was in his room up to wheelchair. R121 had a t-shirt on and observed Peripherally Inserted Central Catheter to his right upper arm. There was a clear dressing over the insertion site that was rolled up around the outer edges around the entire dressing. There was a date of 3/19/26 on the dressing. R121 said no one has touched his Peripherally Inserted Central Catheter (PICC) Line site for a while and wasn't sure why it was there. On 4/14/26 at 12:13PM, V2 (Director of nursing, DON) said PICC line dressing are changed every 7 days by the assigned nurse to prevent infections. PICC Line should be discontinued once medication is completed. Site should be flushed before and after medication use. V2 was asked to check R121 with surveyor. V2 confirmed date on PICC dressing was 3/19/26. V2 confirmed there were no active orders for R121 PICC line and unsure why orders were discontinued or why the PICC site was not monitored or removed. R121's current physician order sheet did not document any orders for R121's PICC line. Review of all discontinued orders documents on 3/13/26 orders for central/PICC line dressing change every 7 days and as needed; flush IV line with 5 ML of normal saline before and after medication administration. R121's medication administration record did not document any care to R121's Peripherally Inserted Central Catheter (PICC) site. Facility policy intravenous therapy revised 6/30/25 documents: it is the facility policy to ensure that intravenous policy and procedures are compliant to federal standard of care. All midline catheter dressing are to be done every 7 days while following procedures for central line. The extremity circumference will be measured weekly. All central line dressing (PICC) will be changed every 7 days and as needed. Additionally, for PICC line, the length of the external catheter and circumference will be measured weekly to monitor movement and edema.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that an opened insulin vial was properly labeled with the date opened and/or expiration date, in accordance with medication storage policy. This affected one of one resident (R61) reviewed for medication storage on the total sample of 43. Findings Includes: R61 was diagnosed with type two Diabetes Mellitus with Diabetic Autonomic (Poly) Neuropathy. Physician order sheet dated 4/2026 documents: Insulin Lispro Injection Solution 100unit/ milliliter On [DATE] at 10:51AM, during medication cart audit with V45 (nurse), R61 lispro insulin vial was open and not dated. V45 (nurse) confirmed there was no open date or expiration date on the insulin bag or vial. On [DATE] at 12:22pm, V2 (director of nursing) said, when insulin is open she expects nursing to write and open and expired date on the insulin so that it is used it not used after twenty-eight or thirty days. V2 said, she does not have an insulin policy and uses the medication storage and labeling policy. Medication Storage, Labeling and Disposal Policy dated [DATE] documents: It is the facility policy to comply with federal regulation in storage, labeling and disposal of medication.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow doctor orders to order a stat lab draw for one resident(R142) for one of one reviewed for lab services on the total sample of 43. Findings include:R142 was admitted to the facility on [DATE] with a diagnosis of alcoholic polyneuropathy, cirrhosis of liver, and hyponatremia.On 4/15/26 at 4:14PM, V15 (nurse) said upon starting her shift on 4/14/26 V25(unit manager) informed her that R142 had orders for stat blood work due to change in condition. V15 said V25 put in order for lab orders. V25 called around 5 or 6 to see if lab had come yet and added more orders. V15 said the family called and said they did not want to wait anymore for lab services and called 911 from their home. R142 was transferred to the hospital.On 4/16/26 at 11:40PM, V25(unit manager) said she put in stat orders for the R142's blood work per doctors orders. V25 said she informed V15(nurse) about the orders. V25 said later that evening the family said they did not want to wait anymore and called 911 to send the residents to the hospital for lab work. On 4/16/26 at 9:46AM, V2 (DON) said stat labs are done within 4 hours contact and staff should contact the physician if not done in time frame and document in the progress notes.On 4/16/26 at 12: 32PM V33 (lab technician) said they received order for R142 on 4/15/26 at 4:22pm. V33 said it was not put in as a stat. There were no calls placed to the lab about it being or stat or about the order. Stat labs are to be done within four hours and should be called in by the facility as well when a stat order is placed. On 4/16/26 at 12:05PM, V46 (physician) said he ordered stat labs for R142 due to change in condition. V46 said he would expect stat labs to be done within 4- 8 hours and his orders to be followed. V46 was unable to recall if anyone informed him the labs were not done within 4 hours.R142's physician order for lab orders dated 4/14/26 do not indicate a stat order for comprehensive metabolic panel and urine osmolality/sodium.R142's progress note dated 4/14/26 at 10:00PM documents: Received call from R142's responsible party that she is tired of waiting for the stat lab to be drawn and she called 911 to pick up the resident and take to local hospital.R142's hospital record dated 4/14/26 documents arrival time at 10:30PM.Facility stat specimen and priority testing policy undated documents: stat tests should be resulted within four hours of notification.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Oak Lawn		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0777 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure contracted diagnostic services were provided within 24 hours, as required under the terms of its contractual agreement, for one resident with a history of pulmonary embolism and acute embolism. This affected one of one resident (R143) reviewed for diagnostic services on the total sample of 43. Findings include: R143 was admitted on [DATE] with hemiplegia and hemiparesis following nontraumatic intracerebral 03/08/2026 primary hemorrhage affecting right dominant side, pulmonary embolism without acute pulmonale, acute embolism and thrombosis of right peroneal vein, and aphasia following cerebral infarction. R143's progress notes dated 4/13/26 at 4:31 PM (16:31) documents: R143 endorses pain to left lower extremity and swelling noted. V40(MD) made aware and ordered doppler of left lower extremity. R143's physician order dated 4/13/2026 4:34PM (16:34) documents left duplex scan, veins, extremity, unilateral/limited study. On 4/15/2026 at 10:30 AM, V2 (director of nursing, DON) said they did not know about time frames from diagnostic order to testing performance of diagnostic services for R143. V2 will check the policy. V2 could not find the policy. V2 said the doppler had still not been performed at time of interview. On 4/15/26 at 2:11PM, V20(diagnostic services technician) said they received the order on 4/13/26. V20 said services should be performed within 24 hours but they have been busy with orders. V20 said they sent a technician today to perform service. On 4/17/26 at 3:16 Pm, V40 (MD) said he would expect the diagnostic testing to be done within 24 hours. V40 was not notified order for left duplex scan, veins, extremity, unilateral/limited study was not performed within 24 hours. R143 radiology results report dated 4/15/26 at 6:12PM (18:12) findings show left great saphenous vein (GSV) is non-compressible suggestive of superficial venous thrombosis. Facility contract with (Diagnostic Service Provider) with an effective date of 8/1/24 documents under Duties and obligations of Provider: Provider shall provide Services within 24 business hours or schedule a time for service. R143's progress notes did not document any notification to the doctor or attempts made to diagnostic services about R143 doppler orders.		