

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2025
NAME OF PROVIDER OR SUPPLIER  Landmark of Richton Park Rehab & Nsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  22660 South Cicero Avenue Richton Park, IL 60471	
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 - Few	Reasonably accommodate the needs and preferences of each resident.  (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

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review the facility failed to follow up and follow through with obtaining a battery for a motorized wheelchair for a quadriplegic resident to ensure the resident can maintain his independence. This affected one of three (R1) residents reviewed for accommodation of needs. R1's face sheet shows diagnosis of diabetes, hypertension, chronic embolism, quadriplegia, history of traumatic brain injury, major depressive disorder, muscle wasting multiple sites, and fracture right leg. On 10/28/25 12:08pm R1 observed alert to person, place, and situation. R1 is observed resting in a Geri-chair in his room at the bedside. R1 said he can use his motorized wheelchair independently. R1 said the chair has been broke for a while. R1 said the aides have to take him around the facility. R1 said the aides take care of him. R1 said he would rather use his motorized wheelchair. 10/29/25 at 12:43pm V3 (R1's power of attorney) said R1's wheelchair is broken, and it needs to be repaired. V3 said R1's wheelchair has been broken for months. 10/29/25 at 1:14pm V2 (Maintenance Director) said the maintenance department does not service the motorize wheelchair. V2 said V1 (Rehab Therapy Director) is made aware of any issues with the motorized wheelchair and V1 must contact the wheelchair company for service. 10/28/25 at 1:45pm V1 (Rehab Therapy Director) said R1's wheelchair is not working because the battery will not hold a charge. V1 said he contacted the wheelchair company in September; the company came out and determined that R1's wheelchair needs a new battery. Observation of R1's wheelchair, the wheelchair does not power on when the power button is pressed, V1 had to manually pull the chair away from the wall for observation. 10/29/25 at 2:13pm during a follow up interview V1 said he has not been able to contact the company/vendor to follow up on the status of fixing R1's wheelchair. V1 said he would usually give the company two weeks to respond to the request for repair, V1 said after that he would contact another company to service the wheelchair. V1 said he has not contacted another company to service R1's wheelchair as of today (10/29/25). V1 said R1 is safe to use the motorized wheelchair, the only reason he's not using the motorized chair is because it's inoperable due to the battery not charging. V1 said his initial contact to the company was in September 2025. 10/29/25 at 2:22pm V5 (Director of Nursing) said V1 is responsible to contact the wheelchair company when there's an issue with the motorized wheelchair, and to also follow up. V5 said V1 can better speak to the protocol when the company does not respond. V5 said R1 can use his motorized wheelchair independently. 10/29/25 at 3:56pm V8 (Restorative Director) said R1 can use his motorized wheelchair independently. 10/29/25 at 4:36pm V4 (Restorative aide) said R1 can use his motorized wheelchair independently. R1's plan of care with initiated date of 10/21/2024 denotes I (R1) utilize a motorized wheelchair for mobility related to unable to walk or propel a manual wheelchair notice of quadriplegia. Interventions assess me for use of motorized wheelchair within 30 days of admit and reevaluate is needed. Provide motorized wheelchair to me per facility assessment. Monitor resident for continued proper sitting balance and positioning in motorized wheelchair. Maintain chair cleanliness. Contact chair manufacturer for repair as necessary. Plug wheelchair charger to electrical outlet nightly to recharge. Review of the skilled therapy communications dated 8/19/25, it is documented that PT (physical therapy) was notified by staff regarding power chair inoperable, Physical Therapy advised staff to utilize (name) chair for patient transport until power chair is serviced. Contact external company by telephone, technician scheduled to diagnose equipment on 9/8/25. Signed, V1. The 9/18/25 skilled therapy communication document shows on 9/8/25 (company name) group representative assessed R1 powerchair with following findings battery pack soiled with liquids, powerchair not charging, ATP to request brand new battery pack, pending insurance approval. Advise staff to utilize alternate means of mobility for resident until (company name) can provide battery pack. Signed V1.</p>		