STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Richton Park Rehab & Nsg Ctr	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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician order for STAT (Immediately) laboratory testing. This deficiency affected one (R8) of three residents reviewed for physician orders. Findings include:On 3/17/26 at 2:05PM, V13 (Registered Nurse) said that she received orders for STAT lab work to be drawn for R8, called lab and got a confirmation number. V13 said she does not know if they came or not because it was not on her shift anymore, she endorsed to upcoming shift for follow up pending lab work.On 3/17/26 at 2:31PM, V1 (Director of Nursing) said that her expectations for nurses are to carry out orders given from physicians or nurse practitioners and follow up, for STAT labs, should be called in and obtain a confirmation number and if endorsed to upcoming nurse for follow up, then nurses should call labs and check the estimated time of arrival or if the lab was not able to be drawn then notify the physician or nurse practitioner. V1 made aware that no labs were drawn for R8 on 12/31/25 and no documentation for R8 on 1/1/26 for any follow up charted or any vital signs obtained for R8. R8 is a [AGE] year-old admitted to the facility on [DATE] with the following diagnosis in part but not limited to: Myopathy, spinal stenosis, hypertensive heart disease, heart failure, chronic kidney disease stage 3, unspecified atrial fibrillation, type 2 diabetes, morbid obesity, peripheral vascular disease, anemia, and a history of falling. Physician order dated 12/31/25 for: Midodrine 5mg by mouth three times daily, ensure supplement three times daily, resident vital signs to be done three times daily, blood sugar monitoring three times daily, STAT lab order for Complete blood count, and Comprehensive metabolic panel. Facility Policy on Following - revised 6/18/23Policy: It is the policy of the facility to follow the orders of the physician. At the time of admission, the facility must have physician orders for the resident's immediate care. The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission. Two nurses will review admission. and readmission orders to serve as a double check for the accuracy of the orders. If a Discharge Summary accompanies the resident on admission or readmission-it will becompared to the list of orders on the orders sheet and any discrepancies will be addressed and clarified at that time-to ensure accuracy of the orders that will be in place.4} All physician orders received pertaining to the resident will be implemented and followed throughout the course of the resident's stay in the facility as the orders are received.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145424	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Richton Park Rehab & Nsg Ctr	22660 South Cicero Avenue Richton Park, IL 60471

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide routine Dental services. This deficiency affected one (R7) of three residents reviewed for dental services. Findings include:On 3/10/26 at 1:45PM, R7 said that she chews on the left side of her mouth because on the right side of her mouth upper and lower teeth have holes and it is painful when food gets stuck.On 3/11/26 at 11:17AM, V1(Director of Nursing) stated that residents are to be screened upon admission and quarterly for any dental concerns and as needed. V1 said R7 has not been seen by dental services throughout her stay at the facility. R7 is a [AGE] year-old admitted to the facility on [DATE] with the following diagnosis in part but not limited to: Quadriplegia, unspecified severe protein calorie malnutrition, neuromuscular dysfunction of bladder, asthma, myasis, myopathy, essential hypertension.Facility Policy on Dental ServicesPolicy: It is the policy of the facility to provide medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This includes meeting any need for dental/denture care to include routine as well as emergency indicated services.Procedure:1) A licensed nurse will conduct a comprehensive, accurate, standardized assessment of each resident's functional capacity to include dental status.NOTE: Dental condition status refers to the condition of the teeth, gums and other structures of the oral cavity that may affect the resident's nutritional status, commutation abilities or quality of life. The assessment should include the need for and use of dentures or other dental appliance(s).2) These assessments will be conducted initially upon admission, quarterly, annually and when there is a significant change in the resident's condition that affects the oral cavity.3) The assessing nurse will ask the resident (if the resident is interviewable) if they are experiencing any difficulties with chewing or if they have any pain in their oral cavity.4) The assessing nurse may need to observe the resident during meals.5) The assessing nurse will review the medical record for documented staff observations.6) The assessing nurse will physically inspect the resident's mouth (oral cavity) for any abnormalities.7) The assessing nurse will monitor for: Broken or loose fitting full or partial dentures Chipped, cracked, unable to be cleaned, or loose-fitting dentures/partial(s) No natural teeth-or only tooth fragments Abnormal mouth tissue (ulcers, mass, oral lesion(s) including under dentures/partial(s) Darkness on a tooth (likely decay) or broken natural teeth Bleeding or loose teeth Mouth or facial pain-Discomfort or pain when chewing Unable to examineNOTE: Negative findings will be immediately addressed. The attending physician will be notified as well as the facility's dental provider. The DON, MDS Coordinator and SSD will also be notified as well as the resident or their responsible party.