

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  04/16/2026
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to cover the urinary catheter drainage bag for 1 (R2) resident. This failure affected one (R2) of three residents reviewed for urinary catheters. Findings include: On 4/13/26 at 11:37am, R2's urinary drainage bag was observed hanging uncovered from R2's wheelchair, with approximately 225 mL of clear yellow urine observed present in the bag. R2 said, They (facility staff) are not concerned about anything, you think they (facility staff) are concerned about my privacy bag? I had to call the ambulance myself when the balloon broke to my catheter. This place (facility) is not what you think it is. It's (facility) going downhill. Get them (facility staff) to get me my medications on time and more than just sandwiches and then get them (facility) to get me a privacy cover for my bag (urinary bag). Yeah, I would like a privacy cover. According to the Electronic Health Record (EHR) R2 has diagnoses including but not limited to type 2 diabetes, hypertension, schizophrenia, atrial fibrillation, chronic right heart failure, and absence of left leg below knee. R2's BIMS (brief interview for mental status) score, dated 3/15/26, is 13 which indicates R2 is cognitively intact. R2's care plan, dated 4/13/26, documents in part, I (R2) have an Indwelling/Suprapubic Catheter/Urostomy. On 4/13/26 at 12:19pm, V9 (Registered Nurse/RN) said, Oh, yeah. I'll go put one (urinary privacy cover) on now. On 4/15/26 at 10:18am, V2 (Director/DON) said, The facility's expectation for residents with urinary catheters is that everyone with a urinary catheter bag should have a privacy cover because it's a dignity issue as well. Record review of facility policy titled, Guidelines For Observing and Implementing-Resident Rights (f-550, f-942), dated 7/12/23, documents, in part, Policy: It is the policy of the facility to observe and implement RESIDENT RIGHTS as dictated by CMS. These rights and protections are mandated by Federal and State laws. These rights and protections are a requirement in Medicare and/or Medicaid certified nursing homes. Each resident has the right to be treated with dignity and respect. It is important that staff be aware of the RESIDENT RIGHTS to include but not limited to: A dignified existence-resident being treated with dignity in all situations. To Achieve This staff will treat each resident with respect and dignity.</p>

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:  145424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2026
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)		
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on interview and record review, the facility failed to follow policy and procedure and failed to implement a valid PRN (as-needed) order for one resident (R2) receiving psychotropic medications, in accordance with federal regulations and facility policy. This failure affected one resident (R2) in a sample of three residents reviewed for medication administration. Findings include: According to the Electronic Health Record (EHR) R2 has diagnoses including but not limited to type 2 diabetes, hypertension, schizophrenia, atrial fibrillation, chronic right heart failure, and absence of left leg below knee. R2's BIMS (brief interview for mental status) score, dated 3/15/26, is 13 which indicates R2 is cognitively intact. On 4/13/26 at 11:37am, R2 said, I have been here since March 6th (3/06/26). I kept telling her (V14/Registered Nurse/RN) that they (facility nurses) had my medication doses wrong and giving them to me at the wrong time and they (facility nurses) wouldn't listen. They're (R2's medication orders) fixed now. Do you think I would have signed a consent (psychotropic medication) for the wrong dose of medications (psychotropic medications). Yes, I sign my own consents. And I pay my own bills. They (facility nurses) are always passing my medications late and I really need those medications to help me. Sometimes, I don't get them (medications) at all. They (facility staff) are not concerned about anything, you think they (facility staff) are concerned about my privacy bag. I had to call the ambulance myself when the balloon broke to my catheter. Get them (facility staff) to get me my medications on time and more than just sandwiches and then get them (facility) to get me a privacy cover for my bag (urinary bag). Yeah, I would like a privacy cover. R2's physician order, ordered date: 3/04/26; end date: indefinite, documents, in part, Haloperidol Lactate Injection Solution 5 MG/ML (Haloperidol Lactate): Inject 0.4 ml intramuscularly every 6 hours as needed for antipsychotics/antimanic agents, chemicals. This order does not have a stop date as required by federal regulation. Discontinued 4/14/26, 41 days after original ordered date. R2's physician order, ordered date: 3/04/26; end date: indefinite, documents, in part, Haloperidol Oral Tablet 2 MG (Haloperidol): Give 2 mg by mouth every 6 hours as needed for antipsychotics/antimanic agents, chemicals. This order does not have a stop date as required by federal regulation. Discontinued 4/14/26, 41 days after original order date. On 4/14/26 at 2:15pm, V21 (Assistant Director of Nursing/ADON) said, Yes, I'm in charge of psychotropic meds (medications). Facility policy (psychotropics) is to get consent before taking medications, within 24 hours, and they (residents) have to sign and agree when taking that medication. PRN psychotropic medications are only to be ordered for 2 weeks and after 2 weeks they (residents) need to be reassessed by the psychiatrist. R2's PRN Haldol was ordered more than 14 days. She (V22/Family Nurse Practitioner/NP) seen it and had me DC (discontinue) it. 14 days for PRN medications because they have to be monitored. I'm not sure. She (V22) just said 14 days for PRN have to be DC' d. Not sure why. On 4/14/26 at 2:23pm, V22 (Family Nurse Practitioner) said, Yeah, I saw R2 for the first time on the 10th (3/10/26). He (R2) had PRN Haldol and was having no behaviors. I didn't see him (R2) back in March (2026). There's was no behaviors since admission. Haldol should be ordered for 14 days to check for adverse side effects like catatonia or anything else and make sure dose (current dose) is working properly. On 4/14/26 at 4:26pm, V14 (Registered Nurse/RN) said, He (R2) never told me that he (R2) was going the wrong meds. He (R2) would just scream down the hall Where are my meds? I want my meds. On 4/15/26 at 10:18am, V2 (Director/DON) said, The Assistant Director of Nursing (V21) and Infection Preventionist split up reconciling admission medications around the facility. Psychotropic medications that are PRN, the orders should be written for every 14 days. The purpose of psychotropic PRN medication order to be written for only 14 days is to avoid a chemical restraint. Also, the PRN orders are to be accompanied by documentation on effects on the resident, so it (psychotropic PRN order) can possibly transfer from PRN to a schedule dose, or the resident may need to go down or up on the dose. Record review of facility policy titled, Guidelines for Psychotropic (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medication, dated 6/05/23, documents, in part, The facility will monitor any ordered and administered psychotropic medication for the following: Duration. PRN Orders for Psychotropic Medications: PRN orders for psychotropic drugs will be limited to 14 days, unless the physician identifies and documents rationale to extend the medication beyond 14 days. PRN antipsychotic drugs will be limited to 14 days and will not be renewed unless the physician evaluates the resident for appropriateness of the medication. If a resident is admitted to the facility and is currently on a psychotropic medication, the attending physician in collaboration with the consulting pharmacist will re-evaluate the continued use of the psychotropic medication and consider whether or not the medication can possibly be reduced or discontinued upon admission or soon after. PRN orders for antipsychotic drugs are limited to 14 days. The resident will be monitored for behavior, non-pharmacological interventions and outcomes with the results being reported to the physician. If the physician believes that the PRN order should be extended beyond the 14 days, the physician must document rationale in the medical record to support this extension. If the PRN is an antipsychotic medication, the medication will be limited to 14 days and not renewed unless the physician evaluates the resident for appropriateness of the medication and documents this information in the medical record. Record review of facility policy titled, Guidelines for Use of Unnecessary Drugs to Include Chemical Restraints, dated 3/05/25, documents, in part, What is a Psychotropic Drug? Psychotropic drugs include antipsychotics, anticonvulsants, anxiolytics, depressants, and other drugs that fit into the broader category of psychotropic drugs, which CMS defines as any drug that affects brain activities associated with mental processes and behaviors; Right to be fully informed. The resident and/or their responsible Party/POA have the right to be fully informed of, and to participate in, or refuse treatment. This includes the use of psychotropic medication. Before initiating or increasing a psychotropic medication, the resident and/or their Responsible Party/POA must be notified of and have the right to participate in--the right to accept or decline the medication. The intent of this requirement is to ensure residents only receive psychotropic medications when other non-pharmacological interventions are clinically contraindicated. The information shared should include the benefits, risks and alternatives for the specific medication(s) to include any Black Box Warnings for any antipsychotic /psychotropic medications in advance of any initiation or increase of the medication. Proof that this was done must be documented in the medical record-usually by use of a comprehensive consent form. It must be clear that after being informed--the option of the specific medication(s) use was the option chosen by the resident and/or their Responsible Party/POA; Supporting documentation for use. The use of psychotropic medication must be identified by a practitioner and documented in the clinical record. This documentation must also include the rationale for its use. This must be based on the assessment of the residents' condition as well as their therapeutic goals, and also after other treatments have been deemed clinically contraindicated. If the practitioner has not documented that it has been determined that other treatments have been deemed clinically contraindicated, the indication for use will be considered inadequate; Resident will not receive psychotropic drugs pursuant to a PRN order, unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; PRN orders for psychoactive drugs are limited to 14 days-unless the attending physician or prescribing practitioner believes that is appropriate for the PRN order to be extended beyond 14 days. The rationale for extended use must be documented in the medical record by the attending physician or prescribing practitioner as well as the duration for the order; PRN orders for antipsychotic medications are limited to 14 days and the attending physician or prescribing practitioner must evaluate the resident for the appropriateness of use of that specific medication; What else does CMS state as being an adequate indicator for use of these drugs? Note: One or more of the following must be met: 1. Following manufacturer's recommendations, 2. Clinical Practice Guidelines, 3. Clinical Professional Standards of Practice, 4. Medication References, 5. Clinical studies or evidence-based review articles that are published in medical and/or pharmaceutical journals; CMS Guidance--- Residents who use psychotropic drugs (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>must receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, and in an effort to discontinue these drugs. CMS's definition of GDR- Stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose of medication can be discussed. Record review of the Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities, revised date 11/18, documents, in part, You have the right to make your own choices. You have the right to be free from physical or chemical restraints. You have the right to be in charge of taking your own medicine if your care plan team and your doctor say that you are able to do so. Your facility must provide services to keep your physical and mental health at their highest practical levels. Your facility must be safe, clean, comfortable, and homelike. Record review of CMS's RAI (Resident Assessment Instrument) 3.0 Manual Chapter 3 MDS Items [N] (dated October 2025) documents in part the following: Health-related Quality of Life: The use of unnecessary medications in long term care settings can have a profound effect on the resident's quality of life. Antipsychotic medications are associated with increased risks for adverse outcomes that can affect health, safety, and quality of life. In addition to assuring that antipsychotic medications are being utilized to treat the resident's condition, it is also important to assess the need to reduce these medications whenever possible.</p>		

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  04/16/2026
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure residents were free from significant medication errors and failed to follow their medication administration policies. These failures affected two residents (R2, R3) in a sample of three residents reviewed for medication administration. Findings include: R3's face sheet documents in part the following diagnoses: heart failure, hypertensive heart disease, type 2 diabetes mellitus, end stage renal disease, dependence on renal dialysis, obesity.</p> <p>R3's minimum data set (3/5/2026) documents a brief interview of mental status (BIMS) summary score of 14, indicating that R3 is cognitively intact.</p> <p>R3's physician orders document in part active orders for the following medications: Ascorbic Acid Tablet 500 MG Give 1 tablet by mouth one time a day for vitamin (1/10/2025), Atorvastatin Calcium Oral Tablet 40 MG (Atorvastatin Calcium) Give 40 mg by mouth one time a day for antihyperlipidemic (11/10/2025), Lantus Solution 100 UNIT/ML (Insulin Glargine) Inject 35 unit subcutaneously at bedtime for diabetes Notify MD/NP if BS &lt; 70 or &gt;400 (4/2/2026), NIFedipine ER Tablet Extended Release 24 Hour 60 MG Give 1 tablet by mouth one time a day for hypertension (12/04/2025), Metoprolol Tartrate Oral Tablet 25 MG (Metoprolol Tartrate) Give 0.5 tablet by mouth two times a day for tachycardia/hypertension hold if blood pressure less than 100/60 and heart rate less than 60 (12/22/2025), Gabapentin Capsule 100 MG Give 1 capsule by mouth three times a day for pain (11/10/2025), Renvela Oral Tablet 800 MG (Sevelamer Carbonate) Give 3 tablet by mouth with meals for renal (12/18/2025).</p> <p>On 4/13/2026 at 11:39 AM, R3 expressed that R3 frequently gets medications late. R3 stated, I never get my medications on time. It's like hours late. I got back from dialysis at 10:30 AM and I still haven't gotten my medications. It's not all the time, it's only some of the nurses, like the nurse I have now. I haven't gotten any medication today-- I haven't seen my day nurse yet today.</p> <p>On 4/13/2026 at 12:17 PM, V18 (Registered Nurse) entered the room and obtained R3's blood pressure. Observed R3's blood pressure 147/89 and heart rate of 100 on the machine. Observation was confirmed with V18 and R3. V18 told R3, Yeah you're blood pressure was high because you're getting your medicine so late. You on a beta blocker and if you don't take the hypertension medications it drives your blood pressure up.</p> <p>On 4/13/2026 at 12:24 PM, V18 prepared R3's morning medications. Observed V8 open pill packs and place the pills in a medication cup. V18 stated, Okay so we have nifedipine 60 mg extended release 24 hour, the half tablet of metoprolol tartrate 25 mg, gabapentin 100 mg capsule, selevemir 800 mg, calcitriol, 0.5 mcg. These medications should have been given around 9 o'clock, they are late. (R3) got back from dialysis around 10:30.</p> <p>On 4/13/2026 at 12:30 PM, V18 administered the medications to R3. V18 told R3, Yes, the meds are late. You're not supposed to go outside of the medication times; it's supposed to be one hour before or one hour after. It's a legal thing from the state. But your blood pressure is high so you should take them now. V18 swallowed the medications.</p> <p>On 4/13/2026 at 12:33 PM, V18 explained, our procedure with medication administration is to check vital signs and then that drives the medication use. (R3) got back from dialysis around 10:30, (R3)'s (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>medications should have been given as soon as possible when (R3) came back. I did not give the medications timely because I am taking care of 27-30 residents at a time. I don't think that's an appropriate staffing set up given all the residents with behaviors, but I don't think there's anything they can do about that. Yeah, I have given her medications late before too. With the way it is set up, it is hard to get all of the meds passed timely with these residents. (R3) frequently runs high for blood pressure, that's why (R3) needs those medications. With (R3) getting back from dialysis earlier, I would expect the blood pressure to be lower. Yes, if metoprolol and nifedipine aren't given, it could cause rebound hypertension.</p> <p>On 4/13/2026 at 12:43 PM, V18 stated V18 is one of the nurses that frequently gives R3 medications late.</p> <p>On 4/14/2026 at 10:30 AM, V16 (Pharmacist) affirmed that V16 is the consultant pharmacist for the facility. V16 explained that R3's nifedipine and metoprolol are being used to treat blood pressure. V16 stated, If a resident doesn't receive them (high blood pressure medications), their blood pressure is going to go up. For the nifedipine, (R3) should be getting that at the same time every day. That medication works as extended release over a 24-hour period, so it's important that it is given each time at the same time. As for the metoprolol . it's twice per day so it really just depends on the last time it was given as to if it would increase the blood pressure. Let me check. V16 assessed R3's medical record and stated, There's no documentation on when it was given the night before (4/12/2026). I don't know if the nurse just didn't document it or if it was not given. There is no documentation that says if it was given. Yes, the nurse should be documenting when medications are administered or if medications are refused. Yes, if (R3) isn't receiving the nifedipine at the same time daily or if the metoprolol wasn't given or is late, yeah of course (R3's) blood pressure I'd expect to be high. If they are on dialysis during the time the medications are scheduled, the nurses should be reaching out to the provider to be changing the scheduled time so it is able to be administered at the same time every day and so it is not due during dialysis. I would be expecting them to be following their procedures for medication administration.</p> <p>On 4/14/2025 at 4:27 PM, V2 (Director of Nursing) explained, Yes, we have a process for medication administration. We have a time frame that allows the medications to be scheduled 1 hour before and 1 hour after. If a resident is on dialysis, the medications should be scheduled in a way that they can be administered at the same time every day. If they are in dialysis when medications are due, the nurses should be notifying the provider and asking for a different medication schedule, so it won't be during dialysis. V2 accessed R3's electronic health records and affirmed R3 is on dialysis. V2 reviewed the orders for R3's Nifedipine and Metoprolol Tartrate and affirmed that they are scheduled for 9 AM, which is during R3's chair time in dialysis. V2 reviewed R3's medication administration records and affirmed that R3 has not been consistently getting the metoprolol at 9:00 AM/6:00 PM and nifedipine at 9:00 AM. V2 stated if a resident has medications scheduled during dialysis, they should be giving the medications to them as soon as they can when they get back to try and remain on schedule. V2 affirmed that V18 could have administered the medications closer to the schedule instead of 12:30. V2 affirmed there is no documentation that the metoprolol was administered on 4/12/2026 at 6:00 PM. V2 stated, According to the MAR, the metoprolol wasn't given (on 4/12/2026). V2 stated nurses are required to document every time they give a medication, if there is no proof, then we cannot tell if the medication was administered. V2 reviewed records and confirmed V18 documented 9 - See Progress Notes for the medications given with the surveyor. V2 reviewed the progress notes and affirmed V18 did not document any progress notes related to the medication administration. V2 confirmed that there is no documentation in the progress notes from the other nursing staff that indicate why medications were given late or not documented.</p> <p>(continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of R3's Medication Administration Audit Report (4/14/2026) documents V18 administered R1's metoprolol tartrate late on the following dates: 4/1/2026 (due at 4:00 PM, administered at 11:42 PM), 4/13/2026 (due at 6:00 PM, administered on 4/14/2026 at 8:26 AM). V18 administered R1's nifedipine late on 4/1/2026 (due at 9:00 AM, given at 2:09 PM). Additionally, R3's nifedipine (due at 9:00 AM) was administered late on the following dates: 4/8/2026 (administered 2:57 PM), 4/10/2026 (administered 11:49 AM), 4/11/2026 (administered 11:33 AM), 4/12/2026 (administered 10:44 AM). R4's metoprolol tartrate (due at 9:00 AM and 6:00 PM) was administered late on the following dates: 4/4/2026 (administered 10:04 PM), 4/5/2026 (administered 9:24 PM), 4/8/2026 (administered at 3:00 PM), 4/8/2026 (administered 10:01 PM), 4/10/2026 (administered at 11:49 AM), 4/11/2026 (administered at 11:32 AM), 4/11/2026 (administered 4/12/2026 at 4:30 AM). There is no documentation of the time when R3 was administered Metoprolol Tartrate for the 6:00 PM dose on 4/6/2026 and 4/12/2026.</p> <p>Record review of R3's medication administration record (4/2026) does not document that the 6:00 PM dose of Metoprolol Tartrate was given on 4/6/2026 and 4/12/2026.</p> <p>Record review of R3's progress notes (4/1/2026-4/14/2026) document that R3 requested R3's morning medications to be administered after dialysis that morning. There is no other documentation of why the medications were administered timely according to the facility policies. No further documentation was received on why the medications were administered late or if R3 received the medications prior to the exit of the survey. There is no documentation to R3's provider that indicates the provider was made aware of the late medication administration.</p> <p>Facility policy titled, Ten 'Rights' for Medication Administration (undated) documents in part, .4. The right time: administer drugs as instructed on the MAR and within the time frame established by your facility .</p> <p>Facility policy titled, Tips for Safe Medication Administration (undated) documents in part, .3. Accurately dispense medications to residents.a. Allow one (1) hour before to one (1) after schedule time of medication to administer medication (i.e.: Noon medication be giving prior to 11:00 a.m. or after 1:00 p.m.) .4. Follow good clinical practices for administration of medications: a. Obtain and record any vital signs as necessary prior to medication administration. b. Sign out medications as soon as they are given. ALWAYS use your medication book. c. Document if the medication is refused and the reason. d. For medication thatFacility policy titled, 5.2: MEDICATION ADMINISTRATION (undated) documents in part, Purpose: To administer all medications safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosis .</p> <p>According to the Electronic Health Record (EHR) R2 was admitted to the facility on [DATE] and has diagnoses including but not limited to type 2 diabetes, hypertension, schizophrenia, atrial fibrillation, chronic right heart failure, and absence of left leg below knee.</p> <p>R2's BIMS (brief interview for mental status) score, dated 3/15/26, is 13 which indicates R2 is cognitively intact.</p> <p>On 4/13/26 at 11:37am, R2 said, I have been here since March 6th (3/06/26). I kept telling her (V14/Registered Nurse/RN) that they (facility nurses) had my medication doses wrong and giving them to me at the wrong time and they (facility nurses) wouldn't listen. They're (R2's medication orders) fixed now. Do you think I would have signed a consent (psychotropic medication) for the wrong dose of medications (psychotropic medications). Yes, I sign my own consents. And I pay my (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>own bills. They (facility nurses) are always passing my medications late and I really need those medications to help me. Sometimes, I don't get them (medications) at all. They (facility staff) are not concerned about anything, you think they (facility staff) are concerned about my privacy bag? I had to call the ambulance myself when the balloon broke to my catheter. Get them (facility staff) to get me my medications on time and more than just sandwiches and then get them (facility) to get me a privacy cover for my bag (urinary bag). Yeah, I would like a privacy cover.</p> <p>Record review of R2's hospital Discharge Medication List, dated 3/04/26, documents, in part, Eliquis 5 Mg Tablet: 5 mg oral twice a day. Last Taken: 03/04/26.</p> <p>R2's MAR (Medication Administration Record), dated March 2026, documents, in part, Eliquis Oral Tablet 5 MG (Apixaban): Give 1 tablet by mouth one time a day for anticoagulants; Start Date: 03/05/2026 0900; D/C Date: 03/13/2026 1711 (5:11pm). Review of R2's MAR (Medication Administration Record), dated March 2026, shows R2 received Eliquis 5mg only one time a day instead of the required twice a day from 3/05/26 through 3/12/26 (8 days).</p> <p>R2's MAR (Medication Administration Record), dated March 2026, documents, in part, Eliquis Oral Tablet 5 MG (Apixaban): Give 1 tablet by mouth two times a day for anticoagulants / afib (atrial fibrillation) management; Start Date: 03/13/2026 1800 (6:00pm). Eliquis order corrected.</p> <p>R2's progress note, dated 3/10/26 at 3:42pm, documents, in part, Pharmacy called in regards to resident (R2) medication order Eliquis 5mg, stated the medication is always given twice daily, needs the MD (medical doctor) to correct the order. The order now is to be given once daily. Reached out to the provider but no response. will call again to confirm the change.</p> <p>On 4/14/26 at 10:52am, V16 (Pharmacist) said, No, it's (Eliquis) never given once a day. Manufacture recommends twice daily. In adults' it (Eliquis) peaks within 3-4 hours. Based on studies before it (Eliquis) goes on market, twice a day showed being most effective. If only receiving once a day for Afib (atrial fibrillation) management, it could cause a potential for irregular heart rate to occur; and if only receiving once a day for an anticoagulant you can cause be at an increased risk for clots.</p> <p>On 4/14/26 at 4:26pm, V14 (Registered Nurse/RN) said, He (R2) never told me that he (R2) was going the wrong meds. He (R2) would just scream down the hall Where are my meds? I want my meds.</p> <p>On 4/15/26 at 10:18am, V2 (Director/DON) said, The Assistant Director of Nursing (V21) and Infection Preventionist split up reconciling admission medications around the facility. Eliquis is supposed to be given BID (twice a day). The NP (nurse practitioner) reviewed and changed R2's Eliquis to BID. R2 was getting the wrong Eliquis dose for a few days. The admitting nurse put R2's Eliquis order in wrong. I have educated that nurse. If R2 doesn't get Eliquis BID, he (R2) can experience some sort of cardiac event or a blood clot.</p> <p>Record review of facility policy titled, Guidelines For Physician Orders (Following Physician Orders), dated 6/18/23, documents, in part, Policy: 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 residents' immediate care. The facility will have orders to provide essential care to the resident, consistent with the residents' 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. 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.</p> <p>(continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of facility policy titled, Section 5.0 Medication Administration, undated, Policy: Medications are administrated as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. The licensed nurse is aware of an indication for the resident receiving medication, usual dose, parameters and routes, contraindications, allergies, precautions, and side effects. Procedure: 1. Medications are prepared, administered, and recorded only by licensed nursing, medical, pharmacy, or other personnel authorized by state laws and regulations. 2. Medications are administered in accordance with written orders of the attending physician. If an unusual dose is ordered, considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnosis or condition; the physician is contacted for clarification prior to the administration of the medication. The pharmacist is also available for consultation for drug therapy concerns or questions. This interaction with the physician is documented in the nursing notes and elsewhere in the medical records as appropriate. 8. Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administrated precisely as ordered. Unless otherwise specified by the physician, routine medications are administered according to the established medication administration schedule for the facility. 9. The residents' MAR is initialed by the person administering a medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are verified with a full signature in the space provided on the MAR or on a master signature sheet. 11. If a dose of regularly scheduled medication is withheld, refused, or given at other time than the scheduled time (e.g., resident not in facility at scheduled dose time, initial dose of antibiotic), the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record provided for PRN documentation. If two consecutive doses of a medication are withheld or refused, the physician is notified. 13. For residents not in their rooms or otherwise unavailable to receive medications on the pass, the MAR is 'flagged' per facility protocol. After completing the medication pass, the nurse returns to the missed resident to administer the medication. The right dose and dosage form.</p> <p>Record review of CMS's RAI (Resident Assessment Instrument) 3.0 Manual Chapter 3 MDS Items (N) (dated October 2025) documents in part the following: N0415: High-Risk Drug Classes: Use and Indication: Anticoagulant; Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring.</p>		

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  04/16/2026
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interview and record review, the facility failed to ensure that food substitutes offered to residents who declined the planned meal were of similar nutritive value to the original menu. This failure affected all 98 residents that consume food from the facility's kitchen.</p> <p>Findings include:</p> <p>Facility census, dated 4/13/26, documents 101 occupied residents at the facility.</p> <p>Record review of facility document titled, Diet Type Report, dated 4/14/26, list 3 residents that are NPO (nothing by mouth).</p> <p>On 4/13/26, facility presented document titled, (Facility) Substitution Menu Always Available, undated, that documents, in part, 1. Cheeseburger or Hamburger; 2. Hot Dog; 3. Deli Meat Sandwich; and 4. Peanut Butter and Jelly Sandwich which are the facility's substitutes if a resident does not prefer the meal being served. The substitution menu documents all sandwich type substitutions, with no vegetable or other balanced side.</p> <p>On 4/13/26 at 11:37am, R2 said, I have been here since March 6th (3/06/26). OH, and the food. The food is cold period there's no substitutes; all the substitutes are sandwiches and hot dogs. I can't even have a salad. They (facility staff) are not concerned about anything, you think they (facility staff) are concerned about my privacy bag? I had to call the ambulance myself when the balloon broke to my catheter. They (staff) don't take care of my catheter (urinary). You see this thing (R2 pointed to R2's adhesive catheter anchoring device on R2's right leg)? They (facility) don't even have these (adhesive catheter anchoring device), when this one (adhesive catheter anchoring device) is gone, I'm screwed. My catheter is going to come out. This place (facility) is not what you think it is. It's (facility) going downhill. Get them (facility staff) to get me my medications on time and more than just sandwiches and then get them (facility) to get me a privacy cover for my bag (urinary bag).</p> <p>According to the Electronic Health Record (EHR) R2 has diagnoses including but not limited to type 2 diabetes, hypertension, schizophrenia, atrial fibrillation, chronic right heart failure, and absence of left leg below knee.</p> <p>R2's BIMS (brief interview for mental status) score, dated 3/15/26, is 13 which indicates R2 is cognitively intact.</p> <p>R3's face sheet documents in part the following diagnoses: heart failure, hypertensive heart disease, type 2 diabetes mellitus, end stage renal disease, dependence on renal dialysis, obesity.</p> <p>R3's minimum data set (3/5/2026) documents a brief interview of mental status (BIMS) summary score of 14, indicating that R3 is cognitively intact.</p> <p>R3's physician's orders (11/20/2025) document in part an active order for Regular texture, Thin consistency, for diabetic no pork and tomato product On 4/13/2026 at 11:38 AM, R3 explained, The food here is terrible, let me show you what I mean. I had to take pictures because you wouldn't believe what they serve me. R3 showed surveyors pictures of food served to R3 including an unappetizing plate of plain white rice and mixed vegetables (50% of the plate was rice, the other 50% (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>mixed vegetables, no protein), a roll of bread and small bowl of plain oatmeal (no protein), and an unidentifiable mass of a brown meat substance that appeared burnt over 50% of the meat. R3 stated, Do these look appetizing to you? Absolutely not. That burnt meat, they couldn't even tell me what it was. The roll, they told me it was a muffin but it tasted more like cornbread. The day with the rice and vegetables and the oatmeal, I got no protein. They frequently don't give me protein. I don't eat beef or pork but they should be able to accommodate that. Please, I know you're probably really busy, but could you look at the food they send me today for lunch? You need to see how terrible it is. Yes, they do offer substitutes, but they aren't comparable to what's actually being served. How is giving me a PB and J (Peanut Butter and Jelly Sandwich) nutritionally equivalent to a pork chop? It's not. They could be giving me a piece of chicken or like some turkey. One time, they gave me a peanut butter and jelly at breakfast instead of sausage. They could be getting me turkey sausage. I am not asking for anything unreasonable, you don't need to go and order out food for me. I just want to be able to have something similar to what is being served, and something that fills you up the same so I don't get hungry.</p> <p>On 4/13/26 at 1:46pm, V4 (Regional Director of Operations for Dietary Department) said, Yes, we (facility) also have an always-available menu. Residents make their selections before the meal, but they (residents) can also get something off the always-available menu even during mealtimes. The menus are posted by the dining room doors. According to the menu, we (facility) also accommodate special diets for some residents. We (facility) currently have about six to eight residents on renal diets. They (residents on renal diets) cannot have starches but can have rice. We (facility) use a spreadsheet that lists each resident's special preferences. Residents can choose items from the always available menu, which are nutritionally equivalent to the entr&amp;eacute;e portions of the meal. Everything is protein oriented. If a resident says they do not like green beans, we (facility) provide an alternative vegetable. There are also alternative vegetables and starches not listed on the always available menu, but they vary. For example, one resident has eaten a cheeseburger without bread for six years. While this is not on the spreadsheet, we know his preference. Vegetables are not posted in advance, but they are listed on the meal ticket. If a resident does not like a vegetable, it may not automatically be replaced unless requested. In some cases, alternatives are not printed on the ticket, so we prepare an alternative as needed. We (facility) gather information about residents' likes and dislikes and base our service on those preferences. Meal tickets are updated according to each resident's preferences, and we are careful to monitor allergies as well. We do our best to meet their needs by interviewing every resident upon admission. Preferences can change over time, so we remain flexible. At any given time, we are trying to satisfy many different tastes, and there can be countless reasons why a resident may not want a certain food on a given day. For example, it may simply feel too hot for something like beef stew. While we (facility) cannot please everyone all the time, we do our best to offer alternatives, sometimes even preparing multiple options when necessary. Our goal is to accommodate all residents as much as possible. Some days are more successful than others, but our job is to provide the best customer service we (facility) can. We (facility) pay close attention to what residents are requesting. However, when adding items to the always-available menu, we (facility) must also consider factors such as perishability, like for example, lettuce spoils quickly. Overall, we (facility) rely on resident interviews and ongoing communication to understand their likes and dislikes and to provide meals that best meet their preferences.</p> <p>R2's Concern Referral Form, dated 4/13/26, documents, in part, Resident (R2) interviewed for meal references and dislikes. Resident (R2) likes salads and vegetables. Meal ticket updated to reflect salads and double vegetables for lunch and dinner. (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/14/26 at 11:19am, V17 (Registered Dietician) said, Yes and no, let's put it that way, in regard to nutritional value meeting the same nutrient requirements as the Always Available menu (1. Cheeseburger or Hamburger; 2. Hot Dog; 3. Deli Meat Sandwich; and 4. Peanut Butter and Jelly Sandwich). When looking for protein content, a hamburger would be good, I don't know about a hot dog. What's missing is the vegetable. Even a glass of tomato juice can be added to the alternative menu to meet the equivalent nutritional value of the meal.</p> <p>On 4/14/26, V1 (Administrator) said that the facility has a new Always Available substitution menu, but the food was ordered and will not be in until next week. Record review of Facility's new Always Available substitution menu documents, in part, 1. Cheeseburger or Hamburger; 2. Chef Salad / With Meat; 3. Deli Meat Sandwich; 4. Peanut Butter And Jelly Sandwich; 5. Egg Salad With Crackers; and 6. Pasta Meat Salad / Dressing. The new alternative menu increased food group variety, and the updated options include multiple food groups beyond bread-based items: Vegetables (salad), Protein (meat, eggs, peanut butter), and Grains/starches (crackers, pasta).</p> <p>Record review of facility policy titled, Menu Alternates (per your request menu), dated 5/31/21, documents, in part, Policy: Nutritionally comparable menu items shall be available to accommodate resident food preferences. Alternate menu items are planned during the menu planning process for protein source, grains, fruits and vegetables.</p> <p>Record review of facility policy titled, Dietary Preferences, Nutritional Requirements, and Portion Management, dated 10/30/25, documents, in part, To ensure that all residents receive nourishing, palatable, and well-balanced meals that meet their assessed nutritional needs while honoring individual cultural, religious, and personal food preferences. The facility will make every reasonable effort to accommodate each resident's cultural, religious, and personal dietary preferences while ensuring that all meals meet the resident's nutritional requirements as determined through comprehensive assessment and care planning. The facility recognizes each resident's right to self-determination in dietary choices and will honor those choices to the extent that they are consistent with safe, appropriate, and regulatory-compliant food service practices. All resident preferences, substitutions, and approved special portion exceptions will be documented in the resident's record.</p>		

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  04/16/2026
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview and record review, the facility failed to prepare/serve food in in manner that was palatable and attractive. This failure affected one resident (R3) reviewed for dietary services. Findings include: R3's face sheet documents in part the following diagnoses: heart failure, hypertensive heart disease, type 2 diabetes mellitus, end stage renal disease, dependence on renal dialysis, obesity. R3's minimum data set (3/5/2026) documents a brief interview of mental status (BIMS) summary score of 14, indicating that R3 is cognitively intact.R3's physician's orders (11/20/2025) document in part an active order for Regular texture, Thin consistency, for diabetic no pork and tomato productOn 4/13/2026 at 11:38 AM, R3 explained, The food here is terrible, let me show you what I mean. I had to take pictures because you wouldn't believe what they serve me. R3 showed surveyors pictures of food served to R3 including an unappetizing plate of plain white rice and mixed vegetables (50% of the plate was rice, the other 50% mixed vegetables, no protein), a roll of bread and small bowl of plain oatmeal (no protein), and an unidentifiable mass of a brown meat substance that appeared burnt over 50% of the meat. R3 stated, Do these look appetizing to you? Absolutely not. That burnt meat, they couldn't even tell me what it was. The roll, they told me it was a muffin but it tasted more like cornbread. The day with the rice and vegetables and the oatmeal, I got no protein. They frequently don't give me protein. I don't eat beef or pork but they should be able to accommodate that. Please, I know you're probably really busy, but could you look at the food they send me today for lunch? You need to see how terrible it is.The facility menu cycle indicates on 4/13/2026, the facility is serving beef stew, cornbread, a side salad, dressing of choice, ice cream novelty, and coffee/hot tea. On 4/13/2026 at 12:15 PM, V19 (Certified Nursing Assistant) delivered R3's lunch tray. R3 was served a small bowl of that looked to be chicken and corn soup. A thick layer of orange grease covered approximately 50% of the broth. Next to the bowl was a piece of cornbread that was approximately 3 inches by 2 inches. No other food was on the plate. Also on the dray was a bowl of dry iceberg lettuce, a condiment cup with approximately 1/5 of the cup containing a white dressing, and a bowl of melted strawberry ice cream. Approximately 75% of the ice cream was liquid and melted. V19 confirmed the observations and stated, Yeah that doesn't look good at all. The salad looks very dry and I think that is a chicken soup. The ice cream is pretty much all melted, it shouldn't be. The cornbread looks like a bite or two at most. Yeah, the resident's complain about the food a lot, a lot of them say it taste bad or they don't get enough food. These people is hungry in here, The dietary people know better, (R3) shouldn't be served this (food). R3 added, I don't even like iceberg lettuce. I guess I have to eat it . I told you it was bad. On 4/13/2026 at 12:18 PM, V18 (Registered Nurse) observed R3's tray and confirmed that the lettuce appeared dry, the ice cream was melted and the chicken soup did not appear appetizing. V18 stated, I don't know what that is. Maybe a soup? I can't tell. Maybe it's like a soup casserole? R3 ate the soup entree and described it as bland without any flavor at all. Chicken and water. V18 stated that residents often complain about the food. V18 explained, I just don't think it's good quality food. It's not something I would want to eat or feed to my family. The residents end up ordering out a lot because they don't like the food, which puts them at risk of other health issues. They don't even have the money to be ordering out as often as they do. The best time residents get food if it's made for an activity or when they get some type of outing. I don't know of any resident that likes the food. On 4/13/2026 at 2:03 PM, V4 (Regional Director of Operations of Dietary Department) affirmed that V4 is the interim dietary manager for the facility. V4 stated that V4 is very familiar with R3 and R3's dietary requests. V4 explained, (R3) voices a lot of concerns about the food. There is a ton of things (R3) doesn't want listed on (R3's) dietary ticket. We have been making (R3) grilled turkey sandwiches when (R3) doesn't like the entree and V4 seems to be liking that. We can accommodate (R3's) needs. V4 denied any knowledge of R3's lunch tray or denied observing R3's lunch try prior. Surveyor showed V4 pictures of R3's lunch tray that was served to R3 on 4/13/2026. V4 stated, Unfortunately, that does not look appetizing. The ice cream is melted, (continued on next page)</p>		

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  04/16/2026
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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>it shouldn't be like that when it is served. That in the bowl is a chicken stew we made just for (R3) trying to accommodate her requests. It's got chicken and corn in it. I will review this with the dietary team and figure out what happened. V4 explained that presentation is important because the eyes are keys to the stomach. On 4/14/2026 at 11:25 PM, V17 (Registered Dietician) affirmed V17 is the consultant dietician and is familiar with R3. V17 stated R3 has a lot of dietary concerns in the past and is very particular about food preferences. V17 affirmed that the facility could meet the requests or have a conversation to meet in the middle about food entrees. When asked why food appearance was important, V17 replied, Well appearance is a matter of opinion. You eat with your eyes. The ice cream i doubt came out of the kitchen melted, but what happened in-between the transport between the kitchen and the resident's room? It should have been served at an appropriate temperature and food should generally appear attractive so people will want to eat it. Facility policy titled FOOD PRESENTATION (developed 10/02/2023) documents in part, Meals will be prepared and served in an attractive manner that enhances palatability.</p>		