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	05/15/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview and record review the facility failed to ensure residents who smoke follow facility smoking policy. This deficiency has the potential to affect all 44 residents on the 3rd floor reviewed for Resident Rights. Findings include:On 5/13/26 at 12:15PM, during observation surveyors smelled illicit substances on the 3rd floor hallways. On 5/13/26 at 12:15PM, V10 (Registered Nurse) confirmed with surveyor and identified illicit substance smell on the 3rd floor. V10 said that when they smell that on the floor, they call administration, but nothing gets done.On 5/13/26 at 12:20pm, V5 (Maintenance) said that there has been smell of illicit substances in the building, because the facility brings in new younger residents. V5 said administration is aware. On 5/13/26 at 12:30PM, V1(Director of Nursing) made aware of illicit substance smell on the 3rd floor, V1 verified that it did smell of illicit substances, said there has been concerns and have identified residents not following smoking policy, V1 said the facility has provided a twenty-one day letter of intent to discharge with notice date of discharge 5-11-26.Facility Policy Guidelines for SmokingPolicy:There will be no smoking permitted inside the facility. Smoking will be allowed for residents, staff and visitor centers in designated areas only. Smoking must be at least 15 feet. Or as dictated by any (State/ Local laws/mandates) from any door, way, window or vent system of the facility. All residents smoking materials will be kept in by the facility in a secure location.Purpose:To provide a healthy and safe smoke environment as possible for all residents, staff and visitors to include those who smoke and those who do not smoke. Also, to determine if a resident is an independent smoker. Or At Risk smoker before the resident exercises the privileges to smoke while residents sitting in the facility. Further, to establish smoking islands for all residents that desire to smoke at the facility.(1) Allowing the use of medical marijuana in a long-term care facility would violate federal law. Marijuana for recreational use by any person to include residents, staff visitors others- is strictly prohibited in this nursing facility- as well as on grounds/premises of the facility.

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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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. Based on observation, interview and record review the facility failed to ensure residents who were dependent on staff for showering and bed baths received those services for one of three residents (R2) reviewed for ADL assistance (Activity of Daily Living).Findings Include:On 5/13/2026 at 10:40am R2 was observed sitting on the side of his bed with a urine odor, soiled clothes and linen.On 5/13/2026 at 10:42am R2 said I have been asking the (Certified Nursing Assistant -CNA) could they please assist me with a bed bath and a change of clothes they say, yes and never return.On 5/13/2026 at 10:48am V4(Assistant Director of Nursing-ADON) said she will have R2 CNA come right away and assist him.On 5/14/2026 at 10:00am V17(Certified Nursing Assistant-CNA) said I was R2's CNA, I did return as soon as I finished with the resident I was with and assisted him with a bed bath, he did have a urine odor, and his clothes were soiled I work on all units; I was his CNA only once before I don't know how long it had been since he had a bed bath or shower. On 5/14/2026 at 11:00am V1(Director of Nursing-DON) said I expect all nursing staff to attend to dependent residents as soon as possible, he was cleaned up right away.A resident information document indicates that R2 has a diagnosis of morbid obesity, GERD, COPD, and depression, a care plan dated 4/9/2026 that indicates R2 has a self-care deficit and needs assistance and encouragement from staff.Facility Policy: Guidelines for Activities of Daily Living (Routine Care)Policy: Residents are given routine daily care and HS care by a C.N.A. or a nurse to promote hygiene, provide comfort and provide a homelike environment. ADL care is provided throughout the day, evening and night as a care planned and or as needed. ADL care is coordinated between the residents and the care givers with emphasis on resident preference as much as possible.Some tasks include:Assisting the residents in personal care such as bathing, showering, dressing, eating, haircare, oral care, nail care.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to ensure medications were administered as ordered by the physician for one of three residents(R3) reviewed for medication administration.Findings include:On 5/14/2026 this writer reviewed an (Electronic Medication Administration Record-EMAR) for R3 that indicates on 4/23/2026 at 1700 Clonidine HCL 0.3mg by mouth for hypertension was not given the code (5) which indicates the drug was held and to see the nurses note, A medication Hydralazine HCL 50mg by mouth had a code of (5) and a medication Carvedilol 25mg by mouth with a with a code of (6) which indicates hospital and resident was in the facility.On 5/14/2026 at 1:30pm V18(Nurse) was asked did she administer R3's medication and V18 said those are my initial for 4/23/2026 at 1700, I did not administer R3's medications because he was sleeping I called his name three times, he was not in any distress, I did not return to try and administer again.On 5/14/2026 at 2:00pm V1 (Director of Nursing-DON) said the nurses should wake every resident up for medication administration. An order summary report indicates that R3 has a physician order for Carvedilol 25mg by mouth two times a day for hypertension, Clonidine HCL 0.3mg three times a day for hypertension, and Hydralazine HCL 50mg by mouth. A progress note dated 4/23/2026 at 22:36:00 indicated that V18 wrote a progress note stating V18 was in the resident room to administer medication, noted bed pushed to the side, resident sleeping chest rising and falling unable to administer medication.Facility Policy: Drug Administration-General GuidelinesPolicy:Medications are administered as prescribed , in accordance with food nursing principles and practices and only by persons legally authorized to do so.Procedure:2. Medications are administered in accordance with written orders of the attending physician.17. All medications will be given PO (by oral route) unless otherwise stated.