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	05/29/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, interviews, and record reviews, the facility failed to provide tracheostomy care in accordance with physician orders, including the administration of oxygen, and failed to date and label oxygen tubing in accordance with facility policy and procedure. This affected three of three residents (R65, R11, and R85) reviewed for oxygen therapy in a sample of 54 residents.Findings include:On 5/19/26 at 10:10 AM, two oxygen concentrators were observed by the nurses' station. The smaller oxygen concentrator was blue in color and could provide up to 5 liters of oxygen. The larger concentrator was grey in color and could provide up to 10 liters of oxygen.On 5/20/26 at 1:05 PM, V20 CNA (certified nurse aide) stated that R65 had an oxygen concentrator in her room, it was the smaller one. V20 stated that the concentrator did not go up to 10 L of oxygen. V20 stated that R65 was exhibiting shortness of breath at times.On 5/21/26 at 3:35 PM, V22 LPN (licensed practical nurse) stated that R65 was admitted to this facility with oxygen via a trach collar. V22 stated that she did not recall how much oxygen was ordered for R65, but the oxygen concentrator was blue.On 5/22/26 at 8:20 AM, V34 (central supply) stated that the oxygen concentrators that could provide up to 10 liters of oxygen were light grey in color. The blue oxygen concentrators were smaller and could provide up to 5 liters of oxygen.R65's POS (physician order sheet) notes an order, dated 4/27, give oxygen at 8 liters via trach collar continuous and pulse oximetry every shift. On 4/29 at 8:17 PM, re-admission orders included, but not limited to, change inner cannula every day shift, tracheostomy care every shift, pulse oximetry every shift, titrate oxygen to maintain oxygen saturation level 96%, and 10 liters of oxygen via trach continuous for shortness of breath.R65's MAR (medication administration record), dated April 2026, does not note R65 received tracheostomy care, suctioning, or had inner cannula changed on 4/29 or 4/30.V43's (nurse) pulse oximetry documentation notes R65's oxygen level was 88% on room air on 4/30 at 7:18 AM.There is no documentation found in R65's medical record noting V43 notified the physician, reassessed R65's oxygen level, assessed R65's lung sounds, or placed R65 on oxygen via trach.On 4/28/26 at 4:50 AM, V44 (nurse) noted she was summoned to R65's room. Upon arrival, R65 stated I Can't breathe. Oxygen at 8 liters. Vital signs: pulse 100 beats/minute, respirations 22/minute, oxygen saturation level 89% on 8 liters via trach. R65 was transported to the hospital via EMS (emergency medical services) 911.4/30/26 at 7:15 PM, V22 (nurse) noted Paramedics arrived on unit, stated R65 called EMS 911 with complaint of difficulty breathing/shortness of breath. R65's hospital record, dated 4/28/26, notes R65 presented to the emergency room with shortness of breath. The physician noted R65 with acute on chronic hypoxic (body does not receive enough oxygen at the tissue level to function properly) respiratory failure secondary to COPD (chronic obstructive pulmonary disease). R65 was discharged back to facility on 4/29/26 with discharge order for 10 liters of oxygen via trach collar.R65's hospital record, dated 4/30/26, notes R65 presented to the emergency room with shortness of breath. Per EMS crew, facility did not have adequate oxygen support at their facility for R65. Physical exam was positive for shortness of breath.R11 and R85:On 5/19/26 at 11:25 AM, R11 was observed in her room. R11 was receiving 3 liters of oxygen via nasal cannula. R11's oxygen tubing did not have a date on it. R11 was observed to have a blue oxygen concentrator that could provide up to 5 liters of oxygen.On 5/19/26 at 12:35 PM, R85 was observed in her room. R85 was receiving 3 liters oxygen via nasal cannula. R85's (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen tubing did not have a date on it. R85 was observed to have a blue oxygen concentrator that could provide up to 5 liters of oxygen.On 5/21/26 at 11:00 AM, V2 DON (director of nursing) stated that oxygen tubing should be labeled with date and nurse's initials.The facility's oxygen administration policy, undated, notes in part residents with oxygen orders, routine and as needed, will have oxygen saturation levels measured by oximetry per physician order indicating clinical oxygen saturation to be maintained. Oxygen saturation will be checked and documented every shift to meet order specifications. Oxygen concentrators are provided to residents with oxygen orders. Check orders for accurate oxygen liter flow. Tubing and humidifier bottles will be changed and maintained weekly. Each will be labeled with date, time, and initialed by staff completing this service to equipment. Physician will be notified whenever titration is required to maintain a saturation, which may indicate a condition change. Lung sounds and assessment will be reported to the physician at that time.