STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145482	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheridan Village Nrsg & Rhb	5838 North Sheridan Road Chicago, IL 60660

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to maintain complete medical records that were readily accessible, containing complete and accurately documented diagnosis for one (R1) of seven (R2, R3, R4, R5, R6, R7) residents reviewed.Findings Include:R1 has diagnosis not limited to Quadriplegia, Acute Neurologic, Mood disorder due to known physiological condition, Neuromuscular dysfunction of bladder, Major depressive disorder, single episode, Elevated prostate specific antigen and Aphasia. Wound Management Detail Report document in part: Wound Observation History: Date/Time Observed Rash 12/31/25 09:11 PM Rash distribution: Distributed. Rash color: Red. Rash Texture: Firm. Rash Shape: Scattered. Rash Details: Itchy. Comments: weekly skin observation skin rashes present treatment ongoing, resident continue to complain of itching, treatment will continue until next appointment. Date/Time Observed Rash 01/14/26 09:17 PM Rash distribution: Distributed. Rash color: Red. Rash Shape: Scattered. Rash Details: Itchy Comments: weekly skin observation skin rashes present treatment ongoing, resident continue to complain of itching, treatment will continue until next appointment. Wound Type: Rash. Wound Location: Right lower back. Date/Time Identified 01/20/26 01:25 PM Dermatology Office Visit dated 01/20/26 document in part: Chief complaint one month history itchy body eruption upper, lower extremities, abdomen, chest, back wakes him up at night. Review of systems, positive for itchiness significant and wakes him up at night. Examination of chest, back, abdomen, upper/lower extremities reveal excoriated papules. Assessment and plan: #1 scabies recommend apply permethrin to total body from neck down, wash off in 8 hours repeat once a week for 4 weeks, take ivermectin 200 mcg/kg once a week for 4 weeks, recommend take 12 mg ivermectin tablet once a week for 4 weeks. R1's Physician order dated Permethrin cream; 5 %; amount: as directed; topical Special Instructions: Apply to the total body from the neck down and wash off in 8 hours. repeat once a week for 4 weeks. Once A Day on Tue 11:00 PM start dated 01/20/26. Ivermectin tablet; 3 mg (milligrams); amount: 1 tablet; oral Special Instructions: Take 1 tablet per week x4 weeks. Once A Day on Wednesday 06:00 AM start date 01/21/26 - end date 02/11/26. R1's Progress note dated 01/20/26 09:14 PM edited by V8 (Registered Nurse) on 01/21/26 03:35 PM Reason: More data available: document in part: The resident returned from his scheduled dermatology appointment in stable condition with a dx: scabies, a new order for permethrin 5% cream to be applied to the entire body from the neck down and washed off in 8 hours once a week for 4 weeks, take ivermectin 3 mg tablet once a week for 4 weeks, and then 12 mg ivermectin tablet once a week for 4 weeks.R1's edited Progress note dated 01/20/26 09:14 PM now reads: The resident returned from his scheduled dermatology appointment in stable condition with a dx: skin rash, a new order for permethrin 5% cream to be applied to the entire body from the neck down and washed off in 8 hours once a week for 4 weeks, take ivermectin 3 mg tablet once a week for 4 weeks, and then 12 mg ivermectin tablet once a week for 4 weeks.R1's Progress noted dated 01/21/26 01:52 PM document in part: Resident assessed due to skin rash. Resident noted with scattered erythematous papular rash to affected areas on body. R1's Progress noted dated 01/21/26 10:40 PM document in part: The resident is alert and oriented x 3, no complaints of pain, but has some itching.R1's Progress noted dated 01/23/26 12:35 PM document in part: generalized rash still present.R1's Progress noted dated (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145482	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	01/25/26 09:34 AM document in part: monitor skin rash. The resident is on contact isolation for skin rash. The resident had some itching.R1's Progress noted dated 01/26/2026 05:49 AM document in part: Residents skin rash is subsiding. The resident had some itching.Progress noted dated 02/12/26 11:37 AM document in part: Resident has completed course of topical ointment for treatment of skin rash. Contact isolation precautions have been discontinued at this time.On 05/15/26 at 11:03 AM R1 communicated using a communication board. R1 communicated that he had rashes in January 2026. He had scabies and was in the room by himself. Staff used creams and gave him a shower. After he came back from the dermatologist, they told him that he had scabies. The itching was worse at night when he was trying to sleep. He was itching a little pass November 2025. On 05/13/26 at 02:29 PM V8 (Registered Nurse) stated R1 had a skin rash a few months ago. R1 was getting worst when he was receiving hydrocortisone and triamcinolone. R1 told me and the certified nurse assistant told me R1 was getting worse. The Certified Nurse Assistant told me that I needed to look at R1's skin when he started breaking his skin. I said let's send R1 to the dermatologist. R1 went to the dermatologist for the skin rash and had an order for cream for 4 weeks and medication. R1 was diagnosed with scabies when he went to the dermatologist. Surveyor asked V8 why she documented R1's dermatology appointment diagnosis as a skin rash. V8 stated I was told to do that by V2 (Director of Nursing) and V3 (Assistant Director of Nursing). I don't know why because I originally documented R1's diagnosis as scabies. In October there was a concern on another floor with scabies. The scabies started on the 7th floor. On 05/15/26 at 08:59 AM V2 (Director of Nursing) stated When R1's rash developed his treatment was ongoing and was prescribed by the nurse practitioner. We are not great with documentation. We were looking for symptoms for the documentation.On 05/18/26 at 03:24 PM V5 (Former Infection Control Coordinator) stated There was nothing reported to me about R1's skin rashes until 01/20/26. R1 was itching and scratching. The Nurse Practitioner ordered for R1 to have a dermatology consultation and oral ivermectin. The nurse consultant, V2 (Director of Nursing) and myself were reading over R1's paperwork for 3 hours and there was no diagnosis. There was an order for a biopsy of the skin but no diagnosis. I don't remember seeing the word scabies and I never saw that documentation. I wrote what I read, and I wrote skin rash because that is what we came to the conclusion of. R1's rash was red and on his arms. I did not know R1 had scabies, but he said he felt biting at night. There was nothing that I read in R1's records that said scabies. Permethrin is used for scabies. On 05/15/26 at 12:30 Per telephone interview V17 (Medical Doctor Internal Medicine) stated There should be clinical observation until symptoms have been resolved. Document as a skin rash due to scabies.Policy:Titled Charting and Documentation revised 01/09/26 document in part: Policy Statement: All services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's medical record. 1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records. 3. All incidents, accidents, or changes in the residents' condition must be recorded. 6. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum: c. The assessment data and/or any unusual findings obtained during the procedure/treatment.