

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2026
NAME OF PROVIDER OR SUPPLIER  California Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  2829 South California Blvd Chicago, IL 60608	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to follow their residents' rights policy by failing to manage resident clothing in a clean manner. This failure affected one (R2) of six residents reviewed in sample of 15.R2's medical diagnosis on R2's current face sheet includes but not limited to schizoaffective disorder, bipolar type, muscle wasting and atrophy, multiple sites, rheumatoid arthritis. MDS (Minimum Data Set) section C-Cognitive Abilities dated [DATE], documents R2's Brief Interview for Mental Status (BIMS) as 9/15 indicating R2 has moderate cognitive impairment. On 03/13/2026 at 3:09PM, R2 observed lying in bed. R2 was difficult to understand and was observed to be teary eyed.On 03/13/2026 at 3:09PM, V4 (Licensed Practical Nurse-LPN/ first floor supervisor) opened R2's closet. V4 started pulling out R2's clothes from his closet. R2's clothes were not folded. R2's whitish pants were observed with a big brownish stain on the crotch; some pants and shirts were observed with stains. V4 stated it was difficult to know which clothes are clean and which clothes are dirty. V4 stated the CNAs are in charge of maintaining resident clothes once laundry cleans and brings them up. The CNAs are supposed to store clean clothes separately from dirty clothes. It's not ok to mix clean and dirty clothes. Staff or residents will not know which clothes are clean. V4 stated if R2 wears dirty clothes it can make him feel bad. He can smell. R2 needs supervision choosing which clothes to wear. He dresses himself.On 03/19/2026 at 12:33PM, V20 (Certified Nursing Assistant -CNA) stated, it is not ok to mix R2's clean and dirty clothes because everything will smell. R2 will not be comfortable wearing smelly clothes. This can make him feel horrible. Policy titled Resident Rights dated 11/18 documents:-Your facility must be safe, clean, comfortable and homelike.-Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.		

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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and records reviews, the facility failed to follow their policy on providing a clean home-like environment to residents. This failure affected all 244 residents residing in the facility. Findings include: R2R2's medical diagnosis in current face sheet includes but not limited to schizoaffective disorder, bipolar type, muscle wasting and atrophy, not elsewhere classified, multiple sites, rheumatoid arthritis, unspecified. MDS (Minimum Data Set) section C dated [DATE], documents R2's Brief Interview for Mental Status (BIMS) as 9/15 indicating R2 has moderate cognitive impairment. R3R3's medical diagnosis in current face sheet includes but not limited to: Unspecified dementia, unspecified severity, with other behavioral disturbance, dysphagia, oropharyngeal phase, muscle wasting and atrophy, not elsewhere classified, multiple sites. MDS (Minimum Data Set) section C dated documents R3's Brief Interview for Mental Status (BIMS) as 8/15 indicating R3 has moderate cognitive impairment. R4Medical diagnosis in current face sheet includes but is not limited to: immobility syndrome (paraplegic), unspecified diastolic (congestive) heart failure, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side. MDS (Minimum Data Set) section C dated [DATE], documents R4's Brief Interview for Mental Status (BIMS) as 15/15 indicating R4 has intact cognitive abilities. R5R5's medical diagnosis in current face sheet includes but not limited to: type 2 diabetes mellitus without complications, superficial frostbite of right/left foot, subsequent encounter, gangrene, not elsewhere classified, partial traumatic amputation of right great toe, subsequent encounter. MDS (Minimum Data Set) section C dated [DATE], documents R6's Brief Interview for Mental Status (BIMS) as 15/15 indicating R6 has intact cognitive abilities. On 03/18/2026 at 2:22 PM, R5 was observed in the day room sitting on a wheelchair. R5 stated he sits in his wheelchair and would never sit on the chairs in the dining room because they are 'nasty and filthy'. R5 stated, I have never seen anyone clean these seats. They are full of dirty stains and food. I am not going to sit on them. On 03/17/2026 at 1:35PM, R12 stated, Most of the time the floors are swept but not mopped and garbage is not taken out daily. It doesn't make me feel good to have overflowing garbage in my room. Sometimes there are not enough housekeepers. R12's toilet and bathroom floors were observed to be dirty with brownish stuff going down the toilet bowl and floor. R12's garbage can was observed near the window with garbage overflowing. R12 stated no one has been to his room to clean or empty the garbage. On 03/17/2026 at 2:03PM, observed cobwebs and brown dust on the ceiling on the 3rd floor dining room and vents. Two round broken tables observed in the dining room. One leaned against the window, one was pushed against the wall. Observed residents in the dining room, some walking in and out, others sitting in the dining room. On 03/13/2026 at 2:46PM, observed 4th floor day room with food dried particles on floors and tables. Dried food and stains observed on the chairs. On 03/17/2026 at 3:20PM, observed 2nd floor day room chairs dirty with brownish stains and food particles stuck on crevices of the chairs. Black dust observed on ceiling in hallways. On 03/17/2026 at 2:56PM, observed on the first-floor dining room, brownish tiles stains on chairs, spills on floor, dust and old food particles on heating unit, blackish dirt/dust on ceilings near ceiling vents. On 03/13/2026 at 2:48PM, V3(Housekeeping) stated, the floors on the 4th floor are not clean and she could see used paper towels, food particles, and used cups on the floor. V3 stated the seats in the dining room were very dirty with brownish stains and caked on food and dirt. I saw the used paper towels and used cups on the floor as I was passing by and came to pick them up. V3 said The floors are not clean; they have not been mopped. They are supposed to be mopped every day. There is food on the floors. I was not responsible for cleaning the day room today. I have not cleaned chairs since I started working here and I have not seen anyone clean them. It is important to give residents a good clean environment. This is their home; they don't want a dirty home. V3 and surveyor toured the 4th floor unit and observed no curtain on showers on the big end of (continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>the unit separating two showers. On 03/13/2026 at 3:09PM, V4 (Licensed Practical Nurse-LPN/ first floor supervisor) and surveyors observed large brownish stains on R2's room walls and on the floors. Food particles were observed all-round the floor base boards. Dried up brown stains were observed on the wall and stains on the floor. V4 stated the calendar on R2's wall shows his room was deep cleaned on February 26th, 2026. Resident rooms are supposed to be cleaned daily. No privacy curtains were observed in the room. V4 stated maybe R2's curtains were being washed and there were no replacement curtains. V4 asked R2 if his room was ok. R2 stated he wants his room cleaned up. On 03/18/2026 at 1:16PM, V14 (Housekeeping supervisor) stated he has ten housekeepers all working full time. One housekeeper in the morning per floor and two floor technicians who clean the center core, day rooms, empty garbage and buff the floors on the hallways. Day rooms/parlors are supposed to be cleaned after every meal by the floor tec or housekeeper. V14 stated if the day rooms/parlors are not cleaned, the residents can feel bad eating or sitting in a dirty environment. V14 said, I would feel bad if I had to have my meals in a dirty environment. The seats in the parlors need to be cleaned. They have stains from urine and grease from food. They should be cleaned daily so they can be presentable for the residents to sit on during meals and as they relax. This is their home, and they should feel comfortable in their home. If rooms are not cleaned properly and there are food particles in the room, it can bring rodents to the facility. Garbage cans are supposed to be emptied every day to give residents a comfortable home like environment. If not emptied, the residents can pick into the garbage for items which can make them sick. The garage smells bad if left sitting there for long. Shower curtains in the shower room should always be there. We have order to order them. I do not have any shower curtains currently to replace the ones missing on the 4th floor showers. Shower curtains are for privacy. Not having shower curtains takes the resident privacy away. Broken furniture should not be left in resident area. A resident might try to use the broken furniture which can hurt the resident. It is dangerous. On 03/18/2026 at 1:55PM, during tour of the units with V14, fabric seats on the fourth-floor dayroom/parlor have stains. V14 stated the stains are from urine, sweat, dirt, grease from food and spilled milk. V14 stated the seats are very old but should still be cleaned. V14 stated he can see old food particles caked on the ridges/crevices of the seats and on base boards. Observed dirt on air/heat vents. Vent was wiped with a napkin and brown dirt was observed on the napkin. V14 stated the vents should be cleaned so that clean air can flow into the facility. V14 swiped his finger on top of the heating unit in the dining room. V14 stated his finger was filled with a substance spilled on the heating unit. V14 stated it was dried up milk which should have been cleaned. V14 stated dirty old food can cause bacteria to grow and make residents sick. It should have been cleaned. Observed broken seats in the dining room on the 4th floor. V14 stated broken furniture should be removed to prevent residents from seating or using it and risk getting hurt. On 03/19/2026 at 12:09 PM, V19 (Housekeeping/Laundry) stated each day she is assigned 30 resident rooms. Sometimes she cannot clean all 30 rooms because there are rooms that need more work than others every day. The rooms are supposed to be cleaned every day because of spilled food and foot traffic. If rooms are not cleaned daily, this can bring dirt to the residents' rooms. residents' rooms are their homes and should be clean. Policy dated 7/14 titled Housekeeping Guidelines documents:-Purpose: To provide guidelines to maintain a safe and sanitary environment for residents, facility staff and visitors.- Trash will be removed from all areas of the facility daily and as needed to prevent spillage and odor.- Cleaning of curtains, walls, blinds, etc. will be cleaned when dust or soiling is visible.- Housekeeping personnel shall adhere to daily cleaning assignments developed so to maintain the facility in a clean and orderly manner.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to prevent and protect residents from resident-to-resident physical abuse. This failure affects one (R8) resident out of five residents reviewed for abuse in a total sample of fifteen. As a result of this failure, R9 pushed R8 on 12/15/2025. Findings include: Facility's reported incident (FRI) document dated 12/19/2025, documents in part, upon investigation, R8 became disrespectful in his choice of words. As R9 turned to go back to his room, R8 stepped out in front of him. Staff were present and attempted to separate the two residents, but R9 reached around staff and pushed R8. R8 stumbled and subsequently fell. R8 was sent to the hospital for evaluation and returned shortly thereafter with no noted injuries and no new orders. R8's face sheet documents R8 is a [AGE] year-old individual admitted to the facility on [DATE] and discharged on 01/16/2026. R8 has diagnoses not limited to generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus, unsteadiness on feet, muscle wasting and atrophy, not elsewhere classified, multiple sites, other lack of coordination. R9's face sheet documents R9 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to schizoaffective disorder, bipolar type, opioid dependence, uncomplicated, major depressive disorder, recurrent, unspecified, insomnia, unspecified, suicidal ideations, other seizures. R9's Minimum Data Set (MDS), dated [DATE], documents R9 has a Brief Interview for Mental Status (BIMS) of 14 out of 15, indicating R9 is cognitively intact. R9's Preadmission Screening and Resident Review (PASRR) Level II outcome dated 10/18/2025 documents in part, Date Short Term Approval Ends: November 18, 2025. R9's care plan documents in part, R9 may be at risk for potential abuse due to behavior problems as evidenced poor impulse control and boundaries. On 12/15/2025, R8 was involved in a verbal altercation in which he became the noted aggressor and displayed physical aggression toward a peer. Date Initiated was 12/15/2025. On 03/18/26, at 2:39 PM, R9 was outside in the smoking break area, a couple of staff members noted. R9 stated, He (R8) just went crazy and touched me, and I (R9) pushed him. I pushed him because he was threatening me that he was going to beat me up and kill me. R9 denied hurting any other residents or staff. R9 stated he cannot remember the staff that were there after it happened. R9 stated R13 was there when it happened. R9 denied that any staff or resident got in between R8 and R9 when R9 pushed R8. On 03/18/26, at 2:44 PM, R13 stated that he has been residing in the facility for a year. R13 stated he remembers R13 was arguing with R9 the day that R9 pushed R8. R13 stated R8 heard when R13 and R9 were arguing, R8 wanted to know what was going on and they (R8 &amp; R9) got into it. R13 stated that R9 told R13 that R9 pushed R8. R13 denied witnessing the push. On 03/17/2026 at 1:49 PM, V6 (CNA) stated if he would witness residents arguing or being triggered, V6 would separate the residents then make the nurse and supervisors aware. V6 stated I try to redirect them, wheel them to a different location, and monitor them. On 03/18/2026 at 1:30 PM V16 (Social Service Director) stated he is familiar with both R8 and R9. V16 stated the staff that is responsible for following up with The Preadmission Screening and Resident Review (PASRR) Level 2 screenings are V16 and the previous business manager who no longer works for the facility. V16 stated V16 has not reviewed any of R8 and R9's PASRRs level one and level II. V16 stated it is important to have PASRRs in place so the facility and the government can know information about the resident such as if they are in the proper placement and the kind of care they get and have care planned. On 03/18/26 at 3:06 PM, V1 (Administrator) stated, I was at the nurses' station that afternoon and I saw (R9) was trying to talk to (R13), when (R8) stepped out of his room. At first, they were joking. I looked over. (R8) was telling (R9) to leave me alone. Next thing I hear is they are getting louder. I stepped from behind the nurses' station, and I (V1) saw (V9 (Certified Nursing Assistant) go over there and separate the two of them. Then, as he turns to come back to the nurses' station, (R9) pushes (R8) to leave him in peace in (continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Spanish. (R8) was by the guard rail. (R8) tripped and fell backwards. We all rushed to them and asked them what was going on. (R9) said that (R8) was gossiping and putting his nose where it does not belong. Of course, all residents have the right to be free of abuse. V1 stated she does not think the abuse could have been prevented. V1 thinks it was an accident, especially since they were all friends. R8's hospital record dated 12/15/2025 documents in part small left posterior parietal scalp hematoma with scalp swelling. R9's behavior note dated 12/15/2025, at 5:06 PM, documents in part, R9 stated he had a discussion with another resident when R8 came out his room and threatened him. He (R9) shoved R8. Facility document dated 01/2026 titled Policy and Procedure Abuse and Retaliation Prevention documents in part, this facility is committed to protecting our residents from abuse, neglect, exploitation, retaliation, misappropriation of property, and mistreatment by anyone. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means, and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. The facility's PASRR policy dated documents in part, it is the policy of this facility to: Review the PASRR documents to help assess/ascertain what type of problems, needs and issues need to be addressed to help the resident function at his/her maximum level of well-being.</p>		