

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/24/2026
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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to a) provide a physician ordered non-invasive imaging test in a timely manner b.) follow treatment/dressing changes as ordered c.) implement resident directed care in accordance with professional standards, resulting in a delay in referring the resident for a vascular consultation c.) provide interdisciplinary collaboration care that ensures resident's highest practicable physical, mental, and psychosocial well-being for one (R1) resident out of three residents reviewed for quality of care. As a result of the facility's failures, R1's left foot wounds worsened, demonstrated signs of infection, and, according to documented measurements, increased in size. The facility's failure to provide timely and appropriate care ultimately contributed to the need for amputation. Findings include: R1's face sheet documents R1 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to peripheral vascular disease, unspecified, quadriplegia, unspecified, acquired absence of left leg above knee, pressure ulcer of unspecified heel, unspecified stage, muscle wasting and atrophy, not elsewhere classified, multiple sites, hyperlipidemia, unspecified. R1's Minimum Data Set (MDS), dated [DATE], documents R1 has a brief interview for mental status (BIMS) of 15 out of 15, indicating R1 has intact cognitive response. R1's medication administration audit report dated 07/21/2026 documents in part, left AKA (above-the-knee amputation): cleanse with wound cleanser, and cover with a dry dressing every day shift every Tuesday, Thursday, and Saturday was administered on 07/21/2026 at 1:12 PM. R1's order dated 01/14/2026, documents in part, other order category. Arterial doppler to bilateral lower extremities related to new wound development. R1's arterial doppler report for date of service 01/17/2026, documents in part, findings note triphasic waveform (a normal, healthy pattern of blood flow) to both right and left leg. Impression notes findings suggest severe peripheral vascular disease. There was a discrepancy (findings do not match impressions) noted to R1's arterial doppler (01/17/2026) results. R1's progress note dated 01/21/2026, 2:39 PM documents in part, received results for arterial duplex doppler. V12 (Nurse Practitioner) made aware of NNO (no new order) at this time. R1's progress note dated 1/28/2026 11:12 AM documents in part, writer received arterial doppler study results. Doctor wants test to be repeated for better understanding of results. Order noted and carried out. R1's order dated 01/28/2026 documents in part, diagnostic order category. Arterial doppler study to bilateral lower extremities to r/o (rule out) poor circulation. There were no records provided of R1 of having an arterial doppler study following this order. R1's order dated 03/11/2026, documents in part, diagnostic order category. Ultrasound duplex scan, lower extremity arteries/arterial bypass grafts. R1's note dated 3/12/2026, 10:06 AM documents in part, received results for ultrasound -duplex scan, bilat single level with findings of atherosclerotic plaques in visualized arteries. Findings are likely to represent severe peripheral arterial disease with possibility of hemodynamic significant stenosis (a narrowing of a blood vessel or heart valve is severe enough to (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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F 0826 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide specialized rehabilitative services per resident's physician order for one (R2) resident out of three residents reviewed for quality of care. This failure has the potential to affect a resident from attaining, maintaining, or restoring their highest practicable level of physical, mental, functional and psycho-social well-being. Findings include: On 07/21/2026 at 2:04 PM, R2 was sitting on his wheelchair, in the patio during smoking break. R2 was alert, responsive and agreed to speak to this surveyor. R2 stated he has not received any physical therapy. R2 stated he has been residing in the facility for two and a half years. R2 stated R2 can move his legs. R2 stated he was seen by physical therapy when R2 was first admitted to the facility. R2 stated he wants to receive physical therapy again because R2 wants to discharge from the nursing home. R2 stated he told V5 (Licensed Practical Nurse) he wanted therapy. R2 stated he didn't get a response and R2 went about R2's business. R2 could not remember the exact date or month R2 told V5 R2 wanted to have therapy. R2 stated, maybe 6 months ago. On 07/21/2026 at 2:24 PM, V5 (Licensed Practical Nurse) stated she is familiar with R2. V5 stated, I know it was a couple of times he was interested in physical therapy. I did follow up with the doctor. V5 stated she didn't know if it had anything to do with R2's insurance as to why R2 was not picked up by physical therapy. V5 stated, but it has been a while, about three or more months. V5 stated the last time she worked with R2, he didn't mention anything regarding therapy to V5. V5 stated in general when a resident inquiry about skilled therapy, V5 would notify the doctor. V5 stated if the doctor agrees, the order will be placed, and the therapy department will be notified. V5 stated R2 requires extensive assistance with care. V5 stated R2 can move his upper extremities and needs more help with his lower extremities. V5 stated she spoke to the therapy lady to follow up on R2's therapy but did not document it in R2's chart. V5 stated she knew it should have been documented because if it is not documented, it didn't happen. V5 stated this was sometime in March 2026. On 07/22/2026 at 10:49 AM, V8 (Director of Rehabilitation) stated the rehab department has not seen R2 since the services were provided in 12/20/2024 through 01/03/2025. V8 stated R2 has not been screened nor evaluated for PT/OT. V8 denied receiving a referral to see R2. V8 stated, usually MDS (minimum data set) nurse will let V8 know about any referrals in the morning meetings. V8 stated V8 usually ask nurses at the nurse's station if they have any referrals or if anyone is declining. V8 stated if an order is put in the physician order set, the rehab department does not get notified electronically. V8 stated that when a resident is referred to rehab services, after V8 can verify the insurance, it usually takes 2 days to see the resident. V8 can screen them right away but the eval is usually done 2-3 days after. V8 stated the benefits of rehabilitation services depend on the patient and the specific goals they have. V8 stated the main things they focus on is transfers, ambulation, and bed mobility. V8 stated there would be documentation noting if a resident was not picked up by therapy. V8 was asked how this may affect the residents. With V8, reviewed R2's physician orders and V8 stated she sees the order for PT/OT eval and treat. V8 stated the order was put in on March 21, 2026. V8 stated V8 thinks it was a miscommunication. On 07/23/2026 at 11:44 AM, V2 (Director of Nursing) stated the rehabilitation department has access to view the residents' orders. V2 stated she was not aware R2 had an active order and was not evaluated by PT/OT. V2 stated he might have asked to be seen by PT/OT and in accordance with standards of care, we should make sure we are helping the residents maintain their highest level of functioning and mobility. V2 stated it could affect R2's right to quality of treatment (continued on next page)		

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 07/24/2026
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0826 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	because if R2 voiced concern, it should be taken seriously, do our due diligence and provide the services.R2's current face sheet documents R2 is a [AGE] year-old individual with diagnoses not limited to: paraplegia, need for assistance with personal care, muscle wasting and atrophy, weakness, and other lack of coordination.R2's Minimum Data Set (MDS), dated [DATE], documents R2 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R2 has intact cognitive response.R2's psychiatry note dated 4/20/2026 12:00 AM documents in part, R2 was observed in the hallway in a wheelchair and expresses motivation to regain strength with interest in physical therapy, though patient has a medical diagnosis of paraplegia.R2's active orders dated 03/21/2026 document in part, for PT/OT (physical therapy/occupational therapy) Eval (evaluation) and Tx. (treatment).Reviewed R2's occupational therapy discharge summary for services provided 12/20/2024 through 01/03/2025.Facility provided document titled specialized rehabilitative services policy documents in part, specialized rehabilitative services include but are not limited to physical therapy, occupational therapy. Such services are utilized to restore, maintain or improve the resident's optimal level of functioning, self-care, independence, and quality of life. Services shall be provided in accordance with the assessments' results, and the comprehensive plan of care in accordance with physician's orders.Facility provided documents not dated document in part, Illinois Long-Term Care residents' rights for people in long-term care facilities. Your facility must provide equal access to quality of care regardless of diagnosis, condition, or payment source.		