STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145639	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chicago Ridge Snf	10602 Southwest Highway Chicago Ridge, IL 60415

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, interview and record review the facility failed to maintain a homelike environment and ensure that the window drapes were not falling off the curtain rod/track/hooks for 10 of 10 residents (R1, R7, R8, R9, R10, R11, R12, R13, R14, and R15) reviewed for homelike environment.Findings include: On 7/26/25 at 9:47 am during facility tour, the window drapes in R1, R7, R8, R9, R10, R11, R12, R13, R14, and R15's rooms were observed falling from the curtain rod/track. R7 and R8's room window was also observed to have towels hanging where there is an opening from the falling window drapes.On 7/26/25 at 11:58 am V7 (Maintenance Staff) was made aware and observed the drapes falling from hooks/rods. V7 said the falling drapes are a housekeeping issue, and he will make note of it.On 7/26/25 at 12:45 pm the window drapes remain falling from the curtain rod/track/hooks.On 7/26/25 at 1:40 pm R1 said she has been asking social services to have someone wash her curtains and hang them because they are falling.On 7/26/25 3:04 pm V5 (Director of Nursing) said the resident room should be clean, sanitary and home like, the window drapes should not be falling from the curtain rod.Facility Housekeeping guideline policy, no date noted denotes in-part to provide guidance to maintenance a safe and sanitary environment for resident, facility staff and visitors. Housekeeping personnel shall adhere to a daily cleaning assignment developed so to maintain the facility in a clean and orderly manner.

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to have a policy to ensure a resident is supervised and monitored to prevent resident from leaving the facility unauthorized or without staff knowledge. These failures affected one (25) of one resident reviewed for supervision to prevent an unauthorized exit from the facility. This failure resulted in R25 leaving the facility through a window unauthorized or unknowingly to facility staff. Findings include:R25's medical record notes R25 was admitted to this facility on 6/4/25 with diagnoses including but not limited to opioid abuse, cocaine abuse.R25's social service initial interview for substance abuse disorder, dated 6/9/25, notes R25's drug of choice is cocaine and alcohol.R25's admission BIMS (brief interview of mental status), dated 6/11/25, notes R25's BIMS score is 15 out of 15. R25 is cognitively intact.R25's community survival assessment, dated 6/11/25, notes R25 does not appear to be capable of unsupervised outside pass privileges at this time.R25's discharge planning review, dated 6/11/25, notes R25's discharge potential is fair. Barriers to discharge include R25 has had problems complying with his psychiatric treatment regimen (including taking medications as ordered, following up with mental health/psychiatric counseling and case management recommendations); and R25 has had problems complying with substance abuse treatment and after care (has returned to chemical dependence once out of a structured setting, diminished ability to avoid self-neglect). Discharge status nursing facility required to help R25 attain or maintain highest practical health status. Discharge plan - do not initiate discharge planning.R25's screening assessment for indicators of aggressive and/or harmful behaviors, dated 6/11/25, note R25 is at minimal risk.R25's POS (Physician Order Sheet) notes last order documented on 6/26/25.R25's MAR (Medication Administration Record), dated July 2025, notes the last time R25 received any medication was on 7/7/25 at 4:00 PM.R25's POC (Point of Care), dated 7/7/25, notes R25's last documented meal was at 8:42 AM.R25's medical records notes R25 had an appointment with an outside physician at an outpatient clinic on 7/8/25 at 8:15 AM.There is no documentation noted in R25's medical record noting V17 (Licensed Practical Nurse/LPN) tried to keep R25 in the facility so R25 could go to appointment scheduled on 7/8/25.On 7/22/25 at 10:50 AM, the surveyor entered the smoke room and observed wires broken on three windows. The surveyor was able to exit the smoke room and enter the smoking patio. There is a metal fence surrounding the patio and a pad lock on the gate. The fence is 7 feet 9 inches high.On 7/26/25 at 8:45 AM, this surveyor observed the main entry door to facility unlocked. The entry door to the nursing units from the main lobby is locked. Staff at the first-floor nurses' station and the receptionist at the main desk can remotely unlock this door by pressing a buzzer. Residents were observed not having access to open this secured door. Only staff, visitors, and residents with a community pass are allowed to enter and exit the facility.On 7/26/25 at 10:11 AM, V1 (Psychosocial Aide) stated that the smoke times at this facility are 9:00 AM - 10:00 AM, 1:00 PM - 2:00 PM, and 5:30 PM - 6:30 PM. V1 stated that the smoke room door is kept locked.On 7/26/25 at 1:10 PM, V5 (Director of Nursing/DON) stated that one resident attempted to exit the facility through the window in the smoke room. V5 stated that R25 broke the wires securing the window. V5 stated that he does not know where R25 is or what happened to R25. V5 stated that there is only one smoke room, and it is kept locked unless it is smoke time.On 7/26/25 at 1:10 PM, V7 (Maintenance Director) stated that he is on call 24/7 for the facility. V7 stated that residents breaking the wires that prevent the windows from opening more than five inches is a common occurrence at this facility. V7 stated that a resident broke the wires recently. V7 stated that when he came into work, he was informed by a staff member that the wires were broken on three windows in the smoke room. V7 stated that staff did not notify him that the wires were broken. V7 stated that he should have been notified immediately. V7 stated that staff locked the windows, but anyone can unlock and open window. V7 stated that he placed screws in the window frames to prevent windows from opening. V7 stated that each window opening measures 24 inches x 48 inches. V7 stated that when the wires are broken the window will completely open. V7 stated that a resident did exit the facility via the window but does not know resident's name. V7 stated that the smoke room door is locked when it is not a scheduled smoke time.On 7/26/25 at 2:40 PM, V2 (Psychiatric Rehabilitation Service Coordinator/PRSC) stated that she is the social worker for all residents on the second-floor nursing unit. V2 stated that she was not present in the facility when R25 left and is unaware what happened to R25. V2 stated that R25 may have gone AMA (against medical advice). V2 stated that when she came in R25 was gone. V2 denied asking any staff where R25 was. V2 stated that R25 did not request a community pass from her. V2 stated that the smoke room door is supposed to be locked at all

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F 0908 Level of Harm - Potential for minimal harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, interview, and record review the facility failed to ensure that all elevators were working in the facility. This affects 4 residents (R1, R2, R9, and R24) that require services/care in the facility. Findings Include: On 7/26/25 during the survey tour one of the two elevators in the facility was observed not working. The elevator, to the left (front facing), was observed with a number one in the display box, the number did not change when the call button was pressed. On 7/26/25 at 1:37pm V7 (Maintenance staff) said the elevator company repaired the elevator yesterday 7/25/25. He was notified last night that the elevator went out again. V7 said the elevators breaking down has been an ongoing issue at the facility. V7 denied knowing what the elevator service company mention as the problem for the continue breakdown of the elevator. V7 said it is his opinion that the entire elevator system should be replaced because it is an old facility. Facility service record denotes service was performed on an elevator on 7/25/25, documentation shows car 2. V7 failed to identify which of the two elevators was serviced (car 1 or car 2). There is a certificate in the elevator right side (front facing showing that the elevator is car 2). R1 said it takes a long time for the elevator to arrive because there only one working. R2 said it takes a long time for the elevator to arrive because there only one working. R9 said it takes a long time for the elevator to arrive because there only one working. R24 said it takes a long time for the elevator to arrive because there only one working. On 7/26/25 the facility census report shows 191 residents reside in the facility. On 7/28/25 at 11:05am V5 (Director of Nursing) said the facility use the elevators for transporting the lunch tray to the different floors, resident/staff and visitors use the elevators for going between floors. V5 stated the laundry staff, and housekeeping staff utilized the elevators. Providers also use the elevator when visiting the residents. The facility policy for building maintenance does not denote information / protocol for the facility elevators.