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	02/06/2026

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observation, interview and record review, the facility failed to follow their policy by failing to obtain informed consent for increasing dosage of psychotropic medication and failed to document symptom/behaviors for the use of the medication or any non-pharmacological behavioral interventions attempted prior to increasing the dosage of the medication. This failure affected one (R161) of five residents reviewed in a sample of 65.Findings include:R161 has resided at the facility since 2014. Medical history includes, but is not limited to major depressive disorder, schizoaffective disorder morbid (severe) obesity due to excess calories, other iron deficiency anemias, vitamin D deficiency, etc.On 2/2/2026 at 10:30AM, R161 was in his room, alert and oriented and said that he is concerned about staff giving him a higher dose of Quetiapine (Seroquel). R161 said that he was supposed to be on 100mg of Seroquel, but staff are giving him 300 to 600mg. R161 said he did not consent to the dosage changes and have been refusing the medication. R161 thinks that staff are messing with his medication on purpose.Review of physician order showed that R161 was on Seroquel 100mg at bedtime which started on 8/1/2021 and discontinued on 11/10/2022. Resident's dosage of Seroquel had been increased as follows:11/10/2022 Seroquel 100mg, give 1.5 tablet (total of 150mg) at bedtime.11/17/2022 Seroquel 100mg, give 2 tablets (total of 200mg) at bedtime.11/21/2025 Seroquel 300mg, give 1 tablet at bedtime.12/2/2025 Seroquel 300mg, give 2 tablets (total of 600mg) at bedtime.1/23/2026 Seroquel 200mg and 300mg (total of 500mg) at bedtime.Surveyor requested consent for the above medication increases and facility provided a consent that resident refused to sign. R161 has a guardian, there was no documentation that the guardian was informed or consented to the dose increases.Residents have an order for behavior monitoring daily on all shifts, review of behavior monitoring sheets for December 2025, January 2026 and February 2026 shows that resident does not have any behaviors.On 2/5/2026 at 1:24PM, V32 (Power of Attorney/State Guardian) said, he is the guardian for R161, he requested for the doctors to review resident's medication due to the resident is always worrying about what others are doing, constantly calling the police. V32 said he is aware that resident is on Seroquel 100mg. He wanted his medication reviewed but no one called to inform him of the increase in dosage, he did not give his consent for the dosage increases.On 2/5/2026 at 2:04PM, V3 (Assistant Director of Nursing/ADON) said, if a resident is not exhibiting any behaviors, they probably should not be on psychotropic medications. Surveyor presented behavior monitoring documentation for R161 for the months of December 2025, January and February 2026 and she said that residents do not have any behaviors. Surveyor also presented a consent for R161's psychotropic medication that documented that resident refused to sign. V3 said that this is not an acceptable consent, R161 has a guardian who comes in occasionally, the facility should have called to get a consent from the guardian for the medication dosage increases.On 2/5/2026 at 2:18PM, V33 (Psychiatrist) said, R161's medication decreased recently when he was seen a few weeks ago. V33 said that you want to respect resident's wishes, but at the same time do not want to risk compensation, they are keeping the resident on (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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the medication to avoid trying to get him to a therapeutic dose if anything happens. V33 said, R161 appears to be doing better lately, the staff are supposed to be documenting residents' behavior as ordered, and an informed consent is needed for administering psychotropic medications and dosage increase.On 2/5/2025 at 3:32PM V31 (Licensed Practical Nurse/LPN) said, R161 wanted the Seroquel decreased but the psychiatrist team refused. V31 said, R161 does not have any behaviors that she is aware of.On 2/6/2026 at 11:05AM, V37 (Psychiatrist Nurse Practitioner) said, R161 threatened to fire V37. The resident is very manipulative, can go from very pleasant to being delusional and accusatory. V37 has witnessed some of residents' behavior and staff are also reporting same behavior. Surveyor informed V37 that a review of behavior monitoring documentation presented by the facility shows that residents do not have any behaviors. V37 said, he is aware that most facilities are not good with their documentation, but the resident's behaviors should be documented as ordered. V37 added that he orders treatments based on what he observes and what is reported by staff, it is the duty of the staff to make sure that an informed consent is obtained for any psychotropic medication.Psychotropic medication policy revised 7/1/2025 states in part, to establish the process for monitoring the use of and the reduction of doses of psychotropic medications without compromising the resident's health and safety, ability to function appropriately, or safety of others.Policy specification 1. Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian or other authorized representative. Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased dosages or combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome.Procedural specifications: 5. Documentation of behaviors and conditions requiring the use of these medications must be done on a routine basis including resident response to the medication.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess the restorative needs and provide a left-hand resting hand splint for one resident with hand contracture to prevent further decline. This failure affected one resident (R21) of two residents, reviewed for restorative care, in a total sample of 63 residents.Findings include: On 2/2/26 between 10:35am and 11:55am, R21 was observed in the wheelchair in the hallway with left hand wrist contracted, and the left-hand fingers were in a fist. R21 did not have a device to prevent further contractures.On 2/4/26 at 12:00pm, R21's left hand was still in the same condition. R21 was asked if staff came to encourage him to do exercise his arm and hand, but R21 stated that no one had done anything for him.On 2/4/26 at 12:35pm, V21 (Restorative Nurse) stated I'm new here. I work together with Therapy department to know what needs to be done for each resident, but I'm not aware that his hand is contracted. V21 stated the restorative nurse usually will see the resident and assess the resident to see what restorative services will benefit the resident or refer the resident for therapy.On 2/4/26 at 12:45pm, V22(Therapy Manager) came and stated that no one told them that R21 has contracture. V22 asked R21 to open his hand and stretch the wrist, but R21 attempted it and said it was painful. V22 stated He will benefit from a left-hand resting splint. V22 stated later presented the physician order sheet dated 2/4/26 that states Apply left hand resting splint daily every morning. Remove before bedtime and assess skin with each removal.Face sheet shows that R21 was admitted to the facility on [DATE] with diagnoses which include but are not limited Obesity, Schizoaffective Disorder Bipolar Type, Low Back Pain, Presence of Right Artificial Hip Joint.Care Plan dated 2/15/24 states in part: (R21) will engage in active range of motion active range of motion (AROM) to all 4 extremities.Facility's Restorative Nursing Care Policy dated 9/14 states in part: It is the policy of this facility that a resident is given the appropriate treatment and services to maintain or improve his/her abilities, as indicated by the president's comprehensive assessment, to achieve and maintain the highest practicable outcome. #3: The facility's restorative nursing care program is designed to assist each resident to achieve and maintain an optimal level of self-care and independence. #5: The resident care plan, the goals of restorative nursing care are reinforced in the restorative services.Facility's document Restorative Nurse Job Description states in part: #3 - Evaluate all newly admitted residents for their rehabilitation/restorative appropriateness. Review quarterly and with change of condition. #15: Consult and coordinate with the physical, occupational, and speech therapist and other adjunctive professionals each residence rehabilitation plan of care and follow up with the related staff and personnel. #22: Supervise the management of the rehabilitative/restorative equipment such as special mattresses, wheelchairs, walkers, restraints, and splints.