STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145679	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carlton at the Lake, The	725 West Montrose Avenue Chicago, IL 60613

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interviews and records review, the facility failed to follow its call light policy for one (R1) of four residents reviewed in a sample of seven.R1's medical diagnosis in current face sheet includes but not limited to hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, major depressive disorder, recurrent, moderate, dysphagia following cerebral infarction.MDS (Minimum Data Set) section C-Cognitive patterns dated February 16, 2026, documents R1's Brief Interview for Mental Status (BIMS) as 15/15 indicating R1 has intact cognitive abilities. Section GG- Functional Abilities document R1 requires set up and cleaning assistance with eating, partial/moderate assistance with oral hygiene, substantial/maximal assistance with personal hygiene, toileting hygiene, lower body dressing, putting on/taking off footwear, and shower/bathe self, partial/moderate assistance with upper body dressing.02/28/2026 at 12:26PM R1 was observed to be clean sitting on mechanical chair placed on the right side of his bed. R1's call light was observed placed on R1's bed far from R1's reach. R1 stated I cannot reach the call light because I have weakness on my left side. I had a stroke. R1 tried to reach the call light with his left hand and was unable to. R1 stated if I need something, I would have to shout and hope staff will hear me. I would like to be able to use the call light when I need help. R1 said he keeps his cell phone near him because sometimes the call light is placed far from him, and he cannot reach it to call staff.On 02/28/2026 at 12:49PM V14 (Certified Nursing Assistant -CNA) and surveyor observed R1's call light placed on R1's bed far from R1's reach. V14 stated R1 has left side weakness and cannot stretch his hand far enough to reach the call light where it is placed on his bed. Call light needs to be closer to R1 so he can reach it to call staff if he needs help. If R1 cannot reach the call light when he needs help, he can fall, or choke and his need will not be met.On 02/28/2026 1:00PM V15(Registered Nurse-RN) stated call light should be within resident reach for the resident to access and call staff for help. If it is not accessible, the resident can fall out of bed trying to get help. R1 can be in an emergency and not be able to reach staff for help if he cannot access his call light.On 02/28/2026 at 3:4PM, V5(Director of Nursing-DON) stated call light should be placed close to residents where they can reach it to call for assistance. If the call light is far from a resident, the resident will not be able to call for assistance. I don't want to speculate specifically what can happen to the resident if call light is not within reach.Call light policy dated 6/30/2025 documents:-Be sure call lights are placed within reach of residents who are able to use it at all times.

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: 145679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observations, interviews and record reviews, the facility failed to provide clean and odor-free shower rooms. This applies to 1 resident (R1) in the sample of 3 reviewed for clean shower rooms.Findings include:R1's Face Sheet documents R1's diagnosis of hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, major depressive disorder, weakness, dysphagia, severe protein-calorie malnutrition, and hypertension. R1's last quarterly Minimum Data Sheet (MDS) documents a Brief Interview for Mental Status (BIMS) score of 15 indicating cognitively intact with little to no impairment. On 3/4/2026 at 1:55 PM, R1 stated the showers in the facility are dirty and contained soiled incontinence briefs especially on the 5th floor where R1 used to live. On 3/4/2026 at 2:07 PM, the 4th floor two shower rooms had strong feces and urine odors permeating throughout the air. The foul odors were neck jerking, and surveyor could not enter shower room located in the East wing. The second-floor shower rooms had similar strong permeating odors of feces and urine as the 4th floor shower rooms. On 3/4/2026 at 2:23 PM, the 5th floor shower rooms had strong feces and urine odors permeating throughout the air. The foul odors were neck jerking and there was a yellowish-brown substance smeared on the entry wall of the shower about 7 x 10 in diameter. The substance looked like feces and urine mixed and then smeared on the wall.V35 (Environmental Services Director) said that the yellowish-brown substance was new because V35 did not see it earlier. V35 agreed the odors in the shower rooms were unpleasantly strong and not acceptable. On 3/4/2026 at 2:43 PM, V2 (Assistant Administrator) of two years stated that it is expected that the showers look and smell clean without debris. Review of the facility's Public Areas Daily Cleaning Workflow undated policy documents Public areas, equipment, and high touch areas are regularly cleaned, disinfected and well-maintained to promote a healthy hygienic environment in the nursing home.

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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. Based on interviews and records review, the facility failed to follow their policy on following physician orders related to diabetes blood sugars and lab monitoring for one (R5) of three residents reviewed in a sample of seven.R5's current face sheet documents R5 medical diagnosis to include but not limited to metabolic encephalopathy, bipolar disorder, current episode manic without psychotic features, unspecified, difficulty in walking, not elsewhere classified, chronic embolism and thrombosis of femoral vein, bilateral, schizoaffective disorder, bipolar type, type 2 diabetes mellitus with hyperglycemia.MDS (Minimum Data Set) section C dated 01/29/2026 documents R5's Brief Interview for Mental Status (BIMS) as 3/15 indicating R5 has severe cognitive impairment.On 02/28/2026 at 1:25PM, R5 was observed lying in bed, R5 stated she had a blood draw recently and finger blood tests. R5 showed her right-hand front elbow side and was observed with a bruise. R5 stated she drinks a lot of water, sugar free drinks therefore she does not have diabetes.On 02/28/2026 at 4:07PM, V5(Director of Nursing) stated the doctor gives orders for blood glucose monitoring parameters and when to notify the provider if the blood glucose levels go below or above a certain number. Blood glucose levels are done to monitor residents' blood sugars. If physician orders are not followed and the residents' blood sugars are high, it can lead to hyperglycemia (high blood sugars) which can lead to diabetes [NAME] Acidosis. Nurses should carry out physician orders as given. V5 said R5 was ordered blood work for A1c to be done on 2/20/2026. R5 refused on 2/20/2026.On 02/28/20 2:21PM V7 (Registered Nurse-RN) said she was R5's nurse today. V7 works part time one day a week. R5 is diabetic. Blood sugar is taken two times a shift. I took her blood sugars this morning and at 11: AM. I cannot find the blood glucose levels I documented. Nurses let the doctor know when a resident has high blood sugars. I don't know the parameters of R5 blood sugars and when to notify the doctor.R5's Physician Order Sheet (POS) dated 2/19/2026 documents A1c to be completed on 2/20/2026. If R5 refuses, send different technician in the morning.R5's progress notes dated 2/20/2026 05:56 AM document R1's refusal of A1c blood draw one time at 1:02AM. Does not document A1c blood draw was offered to R5 again.On 02/28/2026 at 4:07PM, V5(Director of Nursing) stated V5 stated If it is not documented, it is not done.No blood glucose monitoring parameters to be reported to physicians are documented. R5's blood glucose levels from 02/20/2026 to 02/27/2026 document blood glucose levels between122mg/dL to 230mg/dL.R5's blood glucose levels for 02/28/2026 ordered for 8:00AM and 11:00AM are signed as taken at 2:03PM. Documented time does not align with physician orders. Policy titled Physician Orders dated 7/3/25 documents:-It is the policy of this facility to ensure that all resident/patient medications, treatment and plan of care must be in accordance with the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the POS.-Medication orders entered in the POS (Physician Order Sheet) shall be reflected accurately in the MAR (Medication Administration Record).

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NAME OF PROVIDER OR SUPPLIER Carlton at the Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 725 West Montrose Avenue Chicago, IL 60613	

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to administer residents' prescribed medications in a timely manner according to the physician orders. These failures have the potential to affect 145 residents residing in the facility. Findings include: On 02/28/2026 at 10:11AM, surveyor located on the fifth floor of the facility with V7 (Registered Nurse/RN). V7 observed at the medication cart preparing medications for residents. V7 states to surveyor that she started her shift at the facility at 7:00AM and began administering medications to residents at approximately 7:30AM. V7 states she has not completed her medication administration pass yet. V7 deploys the electronic medication administration/eMAR on the computer. Surveyor observes that multiple residents' eMARs were red in color. V7 states the red color on the resident's eMAR indicates that the medication to be administered is considered late. On 02/28/2026 at 10:26AM, surveyor located on the fifth floor of the facility with V8 (Licensed Practical Nurse/LPN). V8 states to surveyor that he started his shift at the facility at 7:00AM and began administering medications to residents at approximately 7:30AM. V8 states he has not completed his medication administration pass yet. V8 deploys the electronic medication administration/eMAR on the computer. Surveyor observes that multiple residents' eMARs were red in color. V8 states the red color on the resident's eMAR indicates that the medication to be administered is considered late. On 02/28/2026 at 10:30AM, V9 (Assistant Director of Nursing/ADON/RN) states she is assigned to care for residents on the third floor of the facility today. V9 states she has completed her medication administration pass. V9 states if medications are not given on time, then this is considered a medication error. V9 states all medications should be given on time according to the physician orders. V9 states depending on the type of medication, residents can experience adverse effects if their medications are administered late. V9 states examples of these medications include heart medications, blood pressure medications, and insulin. On 02/28/2026 at 10:32AM, surveyor located on the second floor of the facility with V10 (Registered Nurse/RN). V10 observed at the medication cart preparing medications for residents. V10 states to surveyor that she started her shift at the facility at 7:00AM and began administering medications to residents at approximately 8:00AM. V10 states she has not completed her medication administration pass yet. V10 deploys the electronic medication administration/eMAR on the computer. Surveyor observes that multiple residents' eMARs were red in color. V10 states the red color on the resident's eMAR indicates that the medication to be administered is considered late. V10 states she has administered some of the late medications already but has not documented them yet. On 02/28/2026 at 10:39AM, surveyor located on the second floor of the facility with V11 (Licensed Practical Nurse/LPN). V11 states to surveyor that she started her shift at the facility at 7:30AM and began administering medications to residents at approximately 8:00AM. V11 states she has completed her medication administration pass. V11 deploys the electronic medication administration/eMAR on the computer. Surveyor observes that multiple residents' eMARs were red in color. V11 states the red color on the resident's eMAR indicates that the medication to be administered is considered late. V11 states there are some mediations that she still has to administer to residents which is why their eMARs are red in color. V11 states she has administered some of the late medications already but has not documented them yet. On 02/28/2026 at 2:59PM, V5 (Director of Nursing/DON) states the time frame to administer resident's medication is one hour before the scheduled time and one hour after the scheduled time. Facility census dated 02/28/2026 documents that 34 residents reside on the second floor, 57 residents reside on the fourth floor, and 54 residents reside on the fifth floor of the facility. Facility Medication administration audit reports dated 02/28/26 documents that multiple residents residing on the second, third, fourth, and fifth floors of the facility were administered their medications late. Facility policy dated 07/02/2025 titled Medication Pass documents in part, After medication s administered to each resident, sign MAR that it was given.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on interviews and record reviews, the facility failed to provide on a consistent basis the dietary needs and food preferences of a resident. This applies to 1 resident (R2) in the sample of 3 reviewed for dietary preferences.Findings include:R2's Face Sheet documents R2's diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, muscle wasting and atrophy, dysphagia, oropharyngeal phase, benign prostatic hyperplasia without lower urinary tract symptoms, hypertension, and depression. R2's last quarterly Minimum Data Sheet (MDS) documents a Brief Interview for Mental Status (BIMS) score of 14 indicating cognitively intact with little to no impairment.On 3/2/2026 at 2:50 PM, R2 was sitting in a chair beside R2's bed. He was alert, oriented and talkative. R2 confirmed complaints of wrong food orders were still valid. On 3/4/2026 at 2:55 PM, V19 (Dietician) V19 described R2's prescribed diet as receiving double-portions with scrambled eggs at every meal. V19 stated R2 was upset because R2 did not receive scrambled eggs with R2's breakfast on 2/28/2026. V19 said on 2/27/2026, R2 requested to have scrambled eggs for every breakfast. V19 stated the kitchen did not add the scrambled eggs to R2's breakfast on 2/28/2026 because R2's meal ticket was not updated. V19 added that R2 received double portions for meals, and the scrambled eggs were just R2's preference. V25, V26 and V27 (Certified Nursing Assistants/CNAs) interviewed consecutively on 3/3/2026 from 11:14 AM to 12:45 PM stated that R2's food orders were always incorrect because R2 would not receive R2's scrambled eggs with breakfast or R2 would not receive R2's double portion with R2's meal. The CNAs stated they would have to call kitchen staff for corrections. V25 said this morning R2 complained about not getting double the portion of eggs. The CNAs stated R2 did not look like R2 lost weight and they were not aware of the nursing staff giving R2 a hard time. V28 and V29 (Licensed Practical Nurses) interviewed consecutively on 3/3/2026 from 1:14 PM to 2:15 PM stated that R2 was prescribed double portion meals and often complained about not receiving double portions. V29 stated that R2 always had complaints about the scrambled eggs and not receiving enough. V28 said most of the time R2's meals were wrong and V28 could not understand why. Review of R2's diet order dated 3/5/2026 document R2 to receive a regular diet; double portions were not specified. V19's dietary and progress notes both dated 2/27/2026 documents R2's dietary preference for breakfast and V19's dietary notes specify to include scrambled eggs. There was no documentation of R2's diet order for double portions or the facility's required Food Preference Interview found in the facility's electronic medical records.