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	05/28/2026

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations, interviews and record reviews, the facility failed to provide effective and consistent mice control for residents in the facility. This applies to 5 residents (R14, R15, R16, R17 and R18) in the sample of 9 receiving pest control treatment. Findings include:On 5/27/2026 at 9:31 AM, V23 (Housekeeper) stated that a resident (R15) reported a mouse sighting to V23 and V23 reported it to V23's supervisor. The sighting was listed in the facility's Pest Control Sighting Log. On 5/27/2026 at 9:45 AM, R15 stated R15 saw mice everyday of all colors in R15's room: white, brown, and gray. R15 said they come out and play in the daytime, and the mice run from R16's trash can near the window to R14's laundry bin and nightstand area by the door. R15 stated that the mice were under their beds at night. R14, R15 and R16 were roommates. On 5/27/2026 at 11:25 AM, V22 (Maintenance Director) stated that they place flat glue board under the vents and behind the doors in rooms where residents or staff reported mice. And when a mouse is caught, they throw the trap away and replace it with a new one. V22 said they may sometimes put RDUs (diamond shaped black box to trap mice) in residents' rooms. After the interview with V22 on 5/27/2026, V22 accompanied the surveyors to a sample of rooms listed on the facility's Pest Control Sighting Log including R15's room. In R15's room, there were no RDUs, flat glue boards or any other pest control treatment done to R14, R15 and R16's room. V22 looked throughout every corner, under the vents and did not have an explanation. Although their room was reported on the log on 4/25/2026 and listed in the facility's Pest Control Sighting Log as treated for mice on 4/30/2026. According to their pest control Service Inspection Report, they visited on 4/30/2026 but did not service R15's room. Other rooms and locations were noted as visited in the inspection report. On different floors, R17 said they have mice in their room and R17 reported it. R17 and R18's room had just one RDU and no glue traps. And their room was reported in the log on 4/14/2026 and listed the on facility's Pest Control Sighting Log as treated for mice on 4/15/2026. According to their pest control Service Inspection Report, they visited on 4/15/2026 but they did not do what they indicated Today I set up 3 glue boards under radiator. V22 did not know why there were no glue boards in R17's room.(Face Sheets and MDS-Section C were received and reviewed for R14, R15, R16, R17 and R18.)The facility failed to follow their Pest Control policy dated 7/3/2025 which documents It is the facility's policy to ensure that there is an effective pest control process in the building.

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