STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145688	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Princeton Rehab & Hcc	255 West 69th Street Chicago, IL 60621

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review, the facility failed to ensure resident right to maintain family authorized oversight by covering an in-room electronic monitoring device for one resident (R5) of five reviewed during patient care in a sample if 15.Findings include:R5 is a closed record and was not residing in the facility during this investigation. Current face sheet documents R5's medical diagnosis includes but not limited to: Chronic Obstructive Pulmonary disease with (acute) exacerbation, Unspecified Dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, Osteochondropathy, unspecified, Right ankle and foot. MDS (Minimum Data Set) section C-Cognitive abilities [DATE], documents R5's Brief Interview for Mental Status (BIMS) as 00/00 indicating R5 has severe cognitive impairment.On 06/12/2026 at 11:15AM, V33(Certified Nursing Assistant-CNA) was reached by phone and stated she usually and staff (no names provided) covered R5's camera when in R5's room. V33 stated on 4/19/2026, she went to change R5 and covered the recording camera. She did this to provide privacy for R5's perineal area to prevent exposing R5's private area to anyone watching the camera. V33 stated residents have a right to have a recording device in their rooms.V33 stated there was no signage on R5's door stating R5's room was under video surveillance. V33 stated the facility did not notify her there was a recording camera in R5's room and no one asked her if she (V33) wanted to be recorded. V33 the facility did not provide her education on video surveillance in residents room and what to do.V33 stated she was suspended during facility investigations following the incident with covering the camera and R5 being noted with a bruise on the forehead on the day V33 took care of R5. V33 stated she was reinstated after investigations and was not disciplined but did not work with R5 anymore.R5's Facility Reported Incident Report (FRI) dated 4/20/2026, documents V33 stated she worked with R5 on 4/19/2026 and covered the camera placed in R5's room by family while providing care.On 06/11/2026 at 4:32PM, V1 (Administrator) stated V33 knew it was wrong to cover the camera but felt uncomfortable providing perineal care with the camera recording. V1 stated the monitoring camera contract was signed by V35(R 5's Family member) on 03/21/2026. The date on some of the pages for the consent document is 4/21/2026, but that was the wrong date. V1 stated the recording camera consent start date was 3/21/2026.Policy titled Guidelines for electronic monitoring, no date documents:-Facility staff may not touch the electronic surveillance device.R5's Electronic Monitoring Notification and Consent agreement dated 3/21/2026 documents:-I understand I may place conditions or restrictions on the use of the electronic monitoring device. The conditions or restrictions I want to place on the electronic monitoring are (check one or more boxes).-V35 did not check the box to turn camera off during patient care.-Policy titled Resident Rights, dated 05/1999, documents:Staff shall demonstrate knowledge of the residents rights by respecting them 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