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	04/17/2024

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 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. 32819 Based upon observation, interview, and record review the facility failed to ensure that (R138's) call light was functioning properly, failed to ensure that (R55's) noisy heater was repaired, failed to ensure that (R55's) screen was repaired, and failed to provide and/or repair damaged furniture for six of 63 residents (R37, R55, R98, R126, R136, R138) in the sample. Findings include: On 4/14/24 at 10:02am, the (2nd) drawer was noted to be leaning (the hinge on one side was coming off) and the (3rd) drawer was missing from R136's dresser. R136's (2/9/24) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact). Surveyor inquired about concerns with the dresser and R136 stated I asked if they (staff) could fix it and they said not yet because they're painting. On 4/14/24 at 10:21am, the wardrobe (left) top drawer was missing in R138's room. The large dresser (1st) and (2nd) drawers were also missing in R138's room. R138's (1/31/24) BIMS determined a score of 6 (severe impairment). Surveyor inquired about the missing drawers R138 stated In the room, everything damage, nobody change nothing. On 4/14/24 at approximately 10:29am, V18 (Certified Nursing Assistant) activated R138's call light (as requested) however the light (outside the door) was not on. Surveyor inquired why the light did not go on V18 responded The light isn't on? Surveyor inquired about the missing drawers in R138's room V18 stated We report it to maintenance, I know it been reported. On 4/14/24 at 10:36am, the (3rd) drawer was missing from the large dresser in R126's room. R126's (2/16/24) BIMS determined a score of 15 (cognition intact). Surveyor inquired about the missing drawer R126 stated They (staff) said they was gonna get a new one. On 4/14/24 at 10:46am, three drawers in R98's dresser were missing front panels and handles. R98's (3/14/24) BIMS determined a score of 15 (cognition intact). Surveyor inquired about concerns with the dresser R98 stated They just moved me in the room and the dresser they gotta fix. On 4/14/24 at 10:56am, the (1st) and (3rd) drawers were missing from R37's dresser. R37's (2/22/24) BIMS determined a score of 15 (cognition intact). Surveyor inquired how long the drawers were missing from the dresser R37 stated It's been a little while. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/14/24 at 11:11am, the (1st) drawer handle was missing a screw therefore dangling and the (2nd) drawer was noted to be leaning (the hinge on one side was coming off) on R55's large dresser. R55's (3/28/24) BIMS determined a score of 15. Surveyor inquired about concerns with R55's dresser drawers R55 stated It's been like that a long time. A loud noise was noted to be coming from the heater in R55's room. Surveyor inquired about the noise coming from the heater R55 responded It's been bothering me quite a bit. R55's (left) window screen was torn and dangling. Surveyor inquired about concerns with the screen R55 stated It's been like that for over a year. The (1/2025) building manager job description states ensure furnishing are maintained in safe, operable condition and/or arrange for replacement. The (2/5/24) facility assessment tool states prevent unnecessary wear and malfunctions of equipment by performing scheduled maintenance; identify and correct issues before they become serious hazards; communicate all identified needs to the proper entities. The (undated) nurse call downtime procedure policy states in the event a nurse call component failure is reported the following procedures will be followed: if feasible, the resident affected by the nurse call component failure shall be offered a room change immediately.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 32819 Based upon observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) care to five dependent residents (R7, R37, R55, R78, R138) in the sample of 63. Findings include: 1) R138's diagnoses include metabolic encephalopathy. R138's (1/31/24) BIMS (Brief Interview Mental Status) determined a score of 6 (severe impairment). R138's (1/31/24) functional assessment affirms moderate assistance is required for personal hygiene, and supervision or touching assistance are required for dressing. R138's (4/21/23) care plan states resident requires assistance from staff for personal grooming, assist resident with task as needed. Resident has an ADL self-care performance deficit due to impaired cognition, intervention: assist with personal hygiene as needed. On 4/14/24 at 10:21am, R138 was unshaven. R138's toenails were discolored, thick and long. R138's jacket collar was heavily soiled with white flakes and dried debris. R138's pants were also soiled with dried debris. On 4/14/24 at approximately 10:30am, surveyor inquired about the appearance of R138's collar V18 (CNA/Certified Nursing Assistant) stated Looks like dandruff from his (R138) beard. Surveyor inquired what was on the front of R138's jacket and pants V18 responded Look like he waste food on his self. Surveyor inquired when R138's clothes were last changed. V18 replied He had a shower last Friday (2 days prior). Surveyor inquired why R138 was unshaven V18 was unsure. On 4/15/24 (the following day) at 12:38pm, R138 was observed wearing the same soiled jacket and soiled pants. 2) R55's diagnoses include paraplegia. R55's (3/28/24) BIMS determined a score of 15 (cognition intact). R55's (3/28/24) functional assessment affirms moderate assistance is required for upper body dressing and resident is dependent on staff for bed to chair transfers. R55's care plan states (5/5/17) Resident requires use of a mechanical lift for transfers. (5/26/21) Resident requires extensive to total assistance from staff to complete ADLs, intervention: assist resident when dressing. On 4/14/24 at 11:11am, R55 was lying in bed fully dressed. However, a soiled gown was observed at the foot the bed. Surveyor inquired why R55 was lying a on top of a mechanical lift sling. R55 stated They put that there an hour ago, they supposed to come back and get me up, but nobody came back. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3) R7's diagnoses include dementia. R7's (5/19/20) care plan states resident has an ADL self-care performance deficit related to confusion and diagnosis of dementia, intervention: assist with ADL tasks as needed. R7's (2/14/24) BIMS states resident was unable to complete the interview. R7's (2/14/24) functional assessment affirms moderate assistance is required for dressing. On 4/14/24 at 11:07am, a dried white substance was observed on R7's black shirt, and dried brown spots were on the front of R7's pants. Surveyor inquired when R7's clothes were last changed. V18 (CNA) stated 'He took a shower yesterday. R7 was sitting in the dining room without shoes or socks at this time. R7's toenails were notably thick and long. Surveyor inquired about the appearance of R7's toenails. V18 responded He see a foot doctor. On 4/15/24 (the following day) at approximately 12:24pm, R7's shirt was visibly wet and soiled (from the neck to the waist) V33 (Licensed Practical Nurse) informed R7 that it was lunch time and did not address the wet/soiled shirt. R7 was subsequently served lunch in the dining room and multiple staff were present. However, they failed to address R7's wet/soiled shirt. 4) R37's diagnoses include legal blindness and acquired absence of right/left legs below knee. R37's (2/22/24) BIMS determined a score of 15 (cognition intact). R37's (2/22/24) functional assessment affirms moderate assistance is required for upper body dressing. R37's (9/12/24) care plan states resident requires assistance from staff for dressing/grooming, intervention: assist resident with task as needed. On 4/14/24 at 10:56am, dried white debris was observed on R37's black shirt. Surveyor inquired if R37 receives staff assistance for getting dressed. R37 stated I get help. Surveyor inquired when R37's shirt was last changed. R37 responded About 2 days ago. The (3/10/22) dressing/grooming policy states dressing/grooming refers to activities provided to improve or maintain the resident's self-performance in dressing and undressing, bathing, and washing, and performing other personal hygiene tasks. These activities are individualized to the resident's needs, planned, monitored evaluated, and documented in the resident's medical record. Determine if the resident has specific tasks and areas requiring dressing/grooming assistance. 43351 5) On 04/14/2024 at 11:16am, R78 has facial hair on the upper lip and chin. V25 (Resident Care Coordinator/RN (Registered Nurse)) checked R78's face per this surveyor's request and stated she (R78) has facial hair on her (R78) upper lip and chin. R78 was asked if she (R78) wanted staff to shave her (R78) facial hair. R78 stated yes. V25 stated I (V25) will make sure it is done. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/16/2024 at 1:59pm, V2 (Director of Nursing) stated there is no specific policy regarding the frequency of shaving female residents. Shaving of female residents should be done during ADL (Activities of Daily Living) care and as needed. If staff sees the resident has facial hair and the resident requested, staff must shave the resident. R78's (Active Order As of: 04/15/2024) Order Summary Report documented, in part Diagnoses: (include) but not limited to chronic obstructive pulmonary disease, heart failure, and vascular dementia. R78's (04/10/2024) Minimum Data Set documented, in part Section C. 0500 BIMS (Brief Interview for Mental Status): 05. Indicating R78's mental status as severely impaired. Section GG. Functional Abilities and Goals. GG0130. Self-Care. I. Personal hygiene: The ability to maintain personal hygiene, including shaving: 01. (Dependent). R78's (01/22/2024) care plan documented, in part Focus: has adl self-care performance deficit secondary to activity intolerance. Goal: will maintain current level of ADL (Activities of Daily Living) function. Interventions: provide needed level of assistance and support to complete Activities of Daily Living. R78's (4/4/2024 - 4/17/2024) POC (point of care) Task Bladder Continence documented that R78 was incontinent from 04/04/2024 to 4/14/2024. Indicating R78 was provided incontinence care on these dates by staff. The (04/16/2024) email correspondence with V1 (Administrator) documented, in part Subject: Policy and Procedure. Our expectation for Residents being shaved is that resident will be shaved per their preference as needed. The (03/2023) Certified Nursing Assistant Job Description documented, in part I. Job Summary: Provides residents with daily nursing care in accordance with current federal, state and local standards, guidelines and regulations, facility policies and as may be directed by the Charge Nurse, Supervisor, Assistant Director of Nursing, Director of Nursing or Administrator to ensure that the highest quality of care is maintained at all time. IV. Essential Functions. B. Provides assistance with activities of daily living to a specific number of residents and/or as directed by the staff nurse. The (09/2020) Shaving the Resident documented, in part Purpose: To remove facial hair and improve the resident's appearance and morale. The (02/2024) Shower/Baths documented, in part Policy: Showers or bed baths will be completed for residents daily. Procedure: 1. At the time of the shower or bed bath, The CNA/Hab (habilitation Aide completes a head to toe viewing of the skin.

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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. 32819 Based upon observation, interview, and record review, the facility failed to provide a mobility device for one of 63 residents (R55) in the sample reviewed for range of motion/mobility. Findings include: R55's diagnoses include paraplegia. R55's (3/28/24) functional assessment includes lower extremity impairment on both sides. No impairment of upper extremities. R55's (5/26/21) care plan states resident is wheelchair bound due to history of multiple gunshot wounds resulting in paraplegia. Intervention: (4/25/23) Resident uses trapeze for reposition. R55's (3/28/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 4/14/24 at 11:11am, R55 was observed lying in bed. Surveyor inquired if staff provide active and/or passive range of motion. R55 stated They used to but stopped, it's been probably about a year ago. Surveyor inquired if R55 could move his legs. R55 responded No, not really. I was shot in the head, face and spine. Surveyor inquired if R55 can reposition himself in bed. R55 replied I need a trapeze. I had one a long time ago, but now I don't have one. I feel like a corpse that can talk, that's how I be feeling. It's like they (facility staff) trying to be keeping me weak. On 4/16/24 at 4:16pm, surveyor inquired why R55 was not provided a trapeze if the care plan intervention includes trapeze for repositioning. V3 (Assistant Director of Nursing) stated I wouldn't know, that would be restorative. On 4/17/24 at 10:01am, surveyor inquired about R55's functional status. V38 (Restorative Nurse) stated He's (R55) paraplegic, he turns very well with my staff. He's (R55) able to propel himself in the wheelchair. Surveyor inquired if bed mobility devices were provided to R55. V38 responded Not at this time, he's never asked me for anything. Surveyor inquired why R55 was not provided a trapeze to reposition himself. V38 replied He never asked for one. Surveyor inquired if R55's current care plan interventions include uses trapeze for reposition. V38 stated I do see that. Surveyor inquired why R55's care plan intervention was not implemented. V38 responded He hasn't had one probably when I updated the care plan, but he never requested one from me. The (3/10/22) passive or active range of motion policy states the following should be recorded in the resident's medical record: any problems or complaints made by the resident. Report other information in accordance with facility policy and professional standards of practice. The (08/2020) magement of falls policy states provide assistive devices for mobility, as appropriate for the resident.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 32819 Based on observation, interview, and record review, the facility failed to follow policy procedures and failed to take prevantative safety measures to ensure a resident's bed reduced the risk of a fall or injury for two of 63 residents (R55, R138) in the sample. Findings include: 1) R138's diagnoses include metabolic encephalopathy and ataxic gait. R138's (1/31/24) BIMS determined a score of 6 (severe impairment). R138's (1/31/24) functional assessment states resident walks independent. R138's (8/15/23) care plan states resident is at risk for falls due to antipsychotic use, impaired cognition, and unsteady gait. On 4/14/24 at 10:21am, R138's bed was noted to be angled and away from the wall. R138 subsequently sat on the bed, and it moved. On 4/14/24 at 10:28am, surveyor inquired if R138's bed was locked V18 (Certified Nursing Assistant) pushed R138's bed (which moved) stated Nope then locked the bed. 2) R55's diagnoses include paraplegia. R55's (3/28/24) BIMS determined a score of 15 (cognition intact). R55's (3/28/24) functional assessment affirms resident is dependent on staff for bed to chair transfers. R55's (5/2/17) care plan states resident requires use of a mechanical lift for transfers. On 4/14/24 at 11:11am, R55 was observed lying in bed (alone in the room) and the bed was in high position. Surveyor inquired if R55 can walk. R55 affirmed that he could not. Surveyor inquired why R55 was lying a on top of a mechanical lift sling. R55 stated They put that there an hour ago, they supposed to come back and get me up, but nobody came back. The (08/2020) management of falls policy states develop a plan of care to include goals and interventions which address resident's risk factors. Assess and monitor resident's immediate environment to ensure appropriate management of potential hazards.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 32819 Based upon observation, interview, and record review the facility failed to follow physician orders, implement care plan interventions, ensure staff are aware of policy procedures, follow policy procedures, and failed to provide catheter care for one of 63 residents (R98) in the sample reviewed for indwelling urinary catheters. Findings include: R98's diagnoses include neuromuscular bladder dysfunction and paraplegia. R98's (10/31/23) Physician Orders include indwelling urinary catheter care daily and as needed. R98's (2/20/24) care plan states resident requires the use of an indwelling catheter due to neurogenic bladder. Interventions: provide catheter care, monitor output every shift. R98's (3/14/24) functional assessment affirms substantial/maximal assistance is required for toileting. R98's (3/14/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 4/14/24 at 10:46am, R98's indwelling urinary catheter bag contained 1900cc (cubic centimeters) in the bag. Surveyor inquired who empties the catheter bag. R98 stated The CNA (Certified Nursing Assistant) empties it. Surveyor inquired if the catheter was emptied since yesterday. R98 affirmed it was not. On 4/16/24 at 2:04pm, surveyor inquired about the required frequency for emptying indwelling urinary catheter bags. V2 (Director of Nursing) stated I would have to check the policy for that. Surveyor inquired about the expectation of staff to empty indwelling urinary catheter bags. V2 responded Follow the policy and procedure. The (9/20) indwelling catheter policy states empty drainage bags at least once each shift and as needed. The (2020) catheter care audit tool states collection bags are emptied at least every eight hours.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 43351 Based on observations, interviews, and record review the facility failed to ensure nebulizer masks were labeled and contained, failed to ensure the nebulizer tubing was off the floor, failed to ensure nasal cannula was dated, and failed to ensure a resident's nebulizer machine and CPAP (Continuous positive airway pressure) Mask were not on roommate's dresser. These failures affected two (R78 and R136) residents reviewed for respiratory care in the total sample of 63 residents. Findings include: 1) On 04/14/2024 at 11:18am, R78's nasal cannula was connected to a large tank of oxygen via a humidifier bottle. This surveyor requested V25 (Resident Care Coordinator/Registered Nurse (RN)) to check R78's nasal cannula and humidifier bottle for labels. V25 checked the nasal cannula tubing and humidifier and stated there are no labels. These are not dated. On 04/14/2024 at 11:20am, R78's nebulizer mask and tubing were not contained. This surveyor requested V25 to check the nebulizer mask and tubing for labels. V25 checked the nebulizer mask and tubing and stated there are no labels. These are not dated. On 04/14/2024 at 11:21am, this surveyor inquired for the containment of the nebulizer mask. V25 stated the nebulizer mask should be contained in a self sealing bag. V25 then opened R78's drawer and rummaged through the drawer and stated there is no plastic bag for the nebulizer mask. These are dirty (while holding the nebulizer mask and tubing). I (V25) need to replace them. V25 disposed of the nebulizer mask and tubing in the trash can. On 04/16/2024 at 12:14pm, V3 (Assistant Director of Nursing (ADON)/Infection Preventionist) stated it is expected for the nebulizer mask to be inside a self sealing bag when not in use because we (facility) don't want the mask to touch any surface that is dirty or contaminated. Nebulizer mask and tubing should be changed weekly and as needed and should be labeled with the date these were changed so we know when these were changed. The nasal cannula should be changed monthly and as needed and should be labeled with the date it was changed so we know when this was changed. On 04/16/2024 at 12:16pm, this surveyor requested V3 to provide policies and procedures on labeling and dating of nasal cannula and nebulizer mask and tubing and containment of nebulizer mask. On 04/16/2024 at 2:02pm, surveyor inquired with V2 (Director of Nursing) how would staff know nebulizer mask and tubing and nasal cannula have been changed and if staff are expected to date nebulizer mask and tubing and nasal cannula. V2 stated Can I (V2) get back to you (this surveyor) on that? This surveyor requested V2 to provide labeling and dating of nebulizer mask and tubing and nasal cannula, and containment of nebulizer mask policy and procedure. R78's (Active Order As of: 04/15/2024) Order Summary Report documented, in part Diagnoses: (include) but not limited to chronic obstructive pulmonary disease, heart failure, and vascular dementia. Order Summary. Respiratory: Change O2 (oxygen) tubing monthly and prn (as needed). Duoneb Solution 0.5 - 2.5(3) milligrams/millimeters (mg/3ml) (ipratropium Albuterol) 1 vial inhale orally via nebulizer every 6 hours as needed for Respiratory Symptoms. Order Status: Active. Order Date: 04/06/2024. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R78's (04/10/2024) Minimum Data Set documented, in part Section C. 0500 BIMS (brief interview for mental status): 05. Indicating R78's mental status as severely impaired. R78's (04/15/2024) Care plan documented, in part Focus: requires oxygen therapy due COPD and acute respiratory illness. Goal: will maintain adequate O2 saturation. Interventions. Administer oxygen per MD orders. The (4/16/2024) In-service/Meeting Attendance Record documented, in part Staff are required to change oxygen tubing every month. Nebulizer set up every week and prn. All the above mentioned items must be dated and labeled Procedure. Our expectation is that the nurse will label the tubing on the date the tubing is change. The (04/16/2024) email correspondence with V1 (Administrator) documented, in part Subject: Policy and Procedure. Our expectation is that the nurse will label the tubing on the date the tubing is change(d). The (04/16/2024) email correspondence with V2 (Director of Nursing) documented, in part Our expectation for containment of oxygen tubing, cannula and nebulizer mask and tubing is to ensure it is bagged appropriately. The (09/2020) Equipment Change Schedule documented, in part Policy: Equipment will be changed following established schedules to prevent cross contamination. Procedure: 1. Oxygen: a. Oxygen tubing, nasal cannula and masks are changed every month and PRN. D. Aerosol set up: device, tubing, drain bag and humidifier jar changed weekly and prn. 10. Individual resident equipment: 11. Nebulizer set ups for bronchodilator therapy changed weekly and prn (as needed). The (undated) Infection Prevention and Control Manual General Policies Cleaning and Disinfecting Nebulizer Equipment documented, in part Policy: Cleaning and disinfecting of nebulize machine will be completed based on the manufacturer's recommendations. Procedure: 8. Replace nebulizer mask and tubing weekly. 32819 2) On 4/14/24 at 10:02pm, R136's (undated) nebulizer tubing was observed on the floor. On 4/14/24 at approximately 10:10am, surveyor inquired about the un-bagged tubing on R136's floor V17 (Registered Nurse) stated This supposed to be for his (R136's) breathing treatment. Everything was in a drawer right here (pointing at roommate dresser) in a bag. Most of this is in a bag and labeled. V17 removed R136's bagged CPAP mask from the roommate dresser and affirmed that R136's nebulizer machine was also on the roommate dresser. Surveyor inquired why R136's respiratory equipment was on the roommate dresser V17 responded He (R136) used to be in this room alone.

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 32819 Based upon observation, interview, and record review the facility failed to implement (R55, R136, R138) fall prevention interventions, and failed to ensure that sufficient nursing staff were provided to meet the individualized needs for six of 52 (3rd floor) dependent residents (R7, R37, R55, R98, R136, R138). These failures have the potential to affect 52 (3rd floor) residents. Findings include: The (4/14/24) census includes 52 (3rd floor) residents. On 4/14/24 at 9:54am, surveyor inquired about the current (3rd floor) staffing. V17 (RN/Registered Nurse) stated I'm working with (V18/CNA-Certified Nursing Assistant) and (V19/CNA) today. Surveyor inquired if only one nurse was assigned to the 3rd floor. V17 responded Yes and usually two CNA's. R136 resides on the 3rd floor. R136's diagnoses include dementia, Parkinson's disease, and history of falling. R136's (2/9/24) functional assessment affirms R136 requires a wheelchair for mobility, supervision or touching assistance is required for walking. On 4/14/24 at 10:02am, R136 was in the bathroom however his wheelchair was near the bed. At approximately 10:12am, surveyor inquired why R136 was unattended while in the bathroom. V17 (RN) stated He is so deviant. We always encourage him to get help when getting up, but he doesn't listen. V17 subsequently affirmed that R136 fell at the facility on 4/3/24 (11 days prior). Surveyor inquired if R136 sustained any injuries during 4/3/24 fall R136 replied Yeah, on my knee. I tried to crawl to my bed and burnt it up real bad. A large scab was observed on R136's right knee at this time. R138 resides on the 3rd floor. R138's diagnoses include metabolic encephalopathy. R138's (8/15/23) care plan states resident is at risk for falls due to antipsychotic use, impaired cognition, and unsteady gait. On 4/14/24 at 10:21am, R138's bed was noted to be angled and away from the wall. R138 subsequently sat on the bed, and it moved. R138 was unshaven and toenails were long. R138's jacket collar was heavily soiled with white flakes and dried debris. R138's pants were also soiled with dried debris. On 4/14/24 at approximately 10:30am, surveyor inquired if R138's bed was locked V18 (CNA) pushed R138's bed (which moved) stated Nope then locked the bed. Surveyor inquired about the appearance of R138's collar V18 responded Looks like dandruff from his (R138) beard. Surveyor inquired what was on the front of R138's jacket and pants V18 replied Look like he waste food on his self. Surveyor inquired when R138's clothes were last changed V18 stated He had a shower last Friday (2 days prior). Surveyor inquired why R138 was unshaven V18 was unsure. On 4/14/24 at approximately 10:32am, surveyor inquired about the current 3rd floor staffing V18 (CNA) stated We got 52 (residents) so I got half of that therefore assigned to 26 residents. Surveyor inquired if two CNA's and one nurse were currently assigned to 52 residents. V18 responded Yes ma am. Surveyor inquired if two CNAs and one nurse assigned to 52 residents was adequate. V18 replied I just work and do as I'm told. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R98 resides on the 3rd floor. R98's diagnoses include neuromuscular bladder dysfunction and paraplegia. On 4/14/24 at 10:46am, R98's indwelling urinary catheter bag contained 1900cc (cubic centimeters) in the bag. Surveyor inquired who empties the catheter R98 stated The CNA empties it. Surveyor inquired if the catheter was emptied since yesterday R98 affirmed it was not. [The (9/20) indwelling catheter policy states empty drainage bags at least once each shift and as needed]. R37 resides on the 3rd floor. R37's diagnoses include legal blindness and acquired absence of right/left legs below knee. On 4/14/24 at 10:56am, dried white debris was observed on R37's black shirt. Surveyor inquired if R37 receives staff assistance for getting dressed R37 stated I get help. Surveyor inquired when R37's shirt was last changed R37 responded About 2 days ago. R7 resides on the 3rd floor. R7's diagnoses include dementia. On 4/14/24 at 11:07am, a dried white substance was observed on R7's black shirt, and dried brown spots were on the front of R7's pants. Surveyor inquired when R7's clothes were last changed V18 (CNA) stated 'He took a shower yesterday. R7 was sitting in the dining room without shoes or socks at this time. R7's toenails were notably thick and long. Surveyor inquired about the appearance of R7's toenails V18 responded He see a foot doctor. R55 resides on the 3rd floor. R55's diagnoses include paraplegia. R55's (3/28/24) functional assessment affirms resident is dependent on staff for bed to chair transfers. R55's (5/2/17) care plan states resident requires use of a mechanical lift for transfers. On 4/14/24 at 11:11am, R55 was observed lying in bed (alone in the room) and the bed was in high position. R55 was fully dressed however a soiled gown was observed at the foot the bed (not in a hamper). Surveyor inquired why R55 was lying a on top of a mechanical lift sling R55 stated They put that there an hour ago, they supposed to come back and get me up, but nobody came back. Surveyor inquired about concerns with facility staffing R55 stated They come when they feel like. They got so many people (residents) sometimes it's hard for them to get to you right away. On 4/15/24 (the following day) at approximately 12:24pm, R7's shirt was visibly wet and soiled from the neck to the waist V33 (Licensed Practical Nurse) informed R7 that it was lunch time and did not address the wet/soiled shirt. R7 was subsequently served lunch in the dining room and multiple staff were present however theyalso failed to address R7's wet/soiled shirt. On 4/15/24 at 12:38pm, R138 was observed wearing the same soiled jacket and soiled pants. The (2/5/24) facility assessment tool states individual staffing assignments are determined at the facility level and take into consideration the current support/care needs of the residents that include, but are not limited to medical/physical conditions, acuity, physician orders, therapeutic needs, infection prevention and control needs, behavioral support as well as any other special care needs as identified. The (08/2020) management of falls policy states develop a plan of care to include goals and interventions which address resident's risk factors. Assess and monitor resident's immediate environment to ensure appropriate management of potential hazards. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility's census dated 4/14/24 documents that there were 50 residents on the 1st floor, 57 residents on the 2nd floor, and 52 residents on the 3rd floor. The daily schedule shows that on 04/14/24 (weekend) the nursing schedule is as follows: 1st floor - 2 nurses on shift 7am - 7pm; 1 nurse from 7pm to 7am; 5 CNAs shift from 7am to 3pm; 5 CNAs from 3pm to 11pm; 2 CNAs from 11pm to 7am for a census of 50 residents. 2nd floor - 3 nurses on duty from 7am to 7pm; 1 nurse 7pm - 7am + 1 nurse 7pm - 11am; 5 CNAs from 7am to 3pm; 4 CNAs from 3pm to 11pm; 3 CNAs from 11am to 7am for a census of 57 residents. 3rd floor 1 nurse 7am-7pm; 1 nurse +/- - 7h; 2 CNAs from 7am to 3pm; 2 CNAs from 3pm to 11pm; May 1, 11am - 7am for a census of 52 residents. The ratio of CNAs per resident is considerably low on the 3rd floor compared to the 1st and 2nd floors, which have approximately the same number of residents. The 2nd floor has fewer residents than the 3rd floor. The PBJ report documents: Excessively Low Weekend Staffing Triggered. Definition: Triggered = Submitted Weekend Staffing data is excessively low.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on observation, interview and record review the facility failed to ensure two licensed personnel conducted a physical inventory of controlled substances at each change of shift. These failures have the potential to affect nine residents (R45, R86, R130, R201, R202, R203, R204, R205, R206) receiving controlled substances residing on the second floor. The facility also failed to follow physician's order for one resident (R14) during an observation of medicatoin administration. Findings include: 1) On 4/14/24 at 11:27am, surveyor reviewed the (2nd floor) April (year incorrect) Controlled Substance Shift Count Documentation form for R201 and R202, with V27 (Licensed Practical Nurse/LPN). The 4/13/24 second shift has one not two signatures. This observation was pointed out to V27 and V27 stated, (V27) did count with the off going nurse. (V27) don't know why she (off going nurse) didn't sign it. When asked when the sheet should be signed, V27 replied, It should be signed right after the count is done. On 4/14/24 at 12:00pm, surveyor reviewed the (2nd floor) April (year incorrect) Controlled Substance Shift Count Documentation form for R45, R86, R130, R203, R204, R205 and R206, with V28 (Licensed Practical Nurse/LPN). The 4/13/24 second shift entry has one not two signatures and the 4/14/24 first shift had one signature and the 4/14/24 second shift had one signature. This observation was pointed out to V28 and V28 stated, Yeah, (V28) counted with the off going nurse. She (off going nurse) must have forgot to sign it. (V28) should not have signed before (V28) counted with the nurse. When asked when the sheet should be signed, V28 replied, It should be signed once we (off going nurse and on coming nurse) finish completing the count. On 4/14/24 at 1:00pm, surveyor reviewed R86's Controlled Drug Receipt/Record/Disposition form with V28 (Licensed Practical Nurse/LPN). The last entry for 4/10/24 showed a count of 10 medication tabs of Tramadol 50 milligrams (mg) remaining but there were only nine tabs of Tramadol 50mg observed in the blister packet. This observation was pointed out to V28 and V28 stated, There are only 9 tabs here. When asked what is the protocol when the controlled substance count is not accurate, V28 replied, (V28) am going to notify the physician and the Director of Nursing (DON). R86's Order Summary Report, dated 4/16/24, documents, in part, Tramadol HCl Tablet 50MG Give 1 tablet by mouth every 8 hours as needed for Pain bilateral knees. R86's Admission Record documents, in part, diagnoses of right knee effusion, right knee osteoarthritis, hypertension and hypothyroidism. R86's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R86 is cognitively intact. In R86's Progress Note, on 4/14/24 at 2:25pm, V28 (Licensed Practical Nurse/LPN) documents, in part, 9 50mg tramadol noted for pt. count book noted for 10 NP (nurse practitioner) made aware gave order to monitor patient for pain or discomfort DON and sister aware. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/16/24 at 8:52am, when asked about the policy and procedure for counting controlled substances, V2 (DON) stated, The oncoming and off going nurse should be signing the flow sheet. Once the off going and oncoming nurse finish counting, the flowsheet should be signed off. This is done to ensure the count is correct. Facility presented document title, Resident on Narcotics/Controlled Substances for rooms 213-225.This document report lists the 7 residents, R45, R86, R130, R203, R204, R205 and R206, who receive narcotics/controlled substances. Facility presented document title, Resident on Narcotics/Controlled Substances for rooms 226-236. This document report lists the 2 residents, R201 and R202, who receive narcotics/controlled substances. Facility policy title Controlled Drug Documentation, dated 3/2021, documents, in part, proof-of-Use forms should be used each time a dose of the medication is administered Controlled substances must be counted and verified every shift, usually at shift change .and must be signed by both the incoming and outgoing staff. A discrepancy between the number of controlled drugs on hand and the sheet's balance must be brought to the attention of the Resident Care/Nursing Director (or equivalent) immediately, following the facility's policy. Facility job description title Staff Nurse (Registered Nurse/Licensed Practical Nurse), dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times. Assume all Nursing procedures and protocols are followed in accordance with established policies. Perform routine charting duties as required and in accordance with our established Charting and documentation Policies and Procedures. Facility job description title Director of Nursing, dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times. Assume all Nursing procedures and protocols are followed in accordance with established policies. Make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed. 2) R14 resides on the 3rd floor. R14's (2/24/23) Physician Orders state Sodium Chloride Tablet 1 gram, give 2 tablets by mouth three times a day. On 4/15/24 at 12:34pm, V33 (Licensed Practical Nurse) dispensed and administered one tablet of Sodium Chloride 1 milligram (mg) to R14 therefore resident received the incorrect dose. Surveyor inquired if one (1) Sodium Chloride tablet was administered to R14 V33 stated Yes. Surveyor inquired how many Sodium Chloride tablets were prescribed for R14 V33 responded I think it's two. The (09/2020) medication administration policy states drugs must be administered in accordance with the written orders of the attending physician.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 32819 Based upon observation, interview, and record review the facility failed to follow policy procedures and failed to maintain a medication error rate below 5%. There were two medication errors out of 26 opportunities, resulting in a 7.69% medication error rate. Two of 13 residents (R14, R100) in the medication administration sample were affected. Findings include: R100's (10/21/22) POS (Physician Order Sheets) include EC (Enteric Coated) Aspirin (Delayed Release) 81 MG (milligrams) tablet daily. On 4/15/24 at 9:27am, V31 (LPN/Licensed Practical Nurse) dispensed R100's (9am) medications into a medication cup and affirmed that she was prepared to administer them. However, the Aspirin 81mg dispensed was not enteric coated. Surveyor inquired about the dispensed Aspirin. V31 reviewed the Aspirin container and affirmed it was not enteric coated. V31 subsequently removed the EC Aspirin 81mg from the medication cart and stated, You made me nervous; this is the enteric coated Aspirin. R14's (2/24/23) POS includes Sodium Chloride Oral Tablet 1 gm (gram) give 2 tablet by mouth three times a day. On 4/15/24 at 12:34pm, V33 (LPN) dispensed and administered one (1) tablet of Sodium Chloride 1gm to R14 therefore the incorrect dose was received. Surveyor inquired if one (1) Sodium Chloride tablet was administered to R14 V33 stated Yes. Surveyor inquired how many Sodium Chloride tablets were prescribed for R14 V33 immediately accessed the medication administration record and responded I think it's two (2). The (09/2020) medication administration policy states drugs must be administered in accordance with the written orders of the attending physician.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on observation, interview and record review the facility failed to label an opened multi dose vial. This failure has the potential to affect 1 resident (R132) reviewed for medications in the sample of 63 residents. The facility also failed to ensure that the (3rd floor) medication cart was locked while unattended, this failure has the potential to affect 52 (3rd floor) floor residents Findings include: 1) On 4/14/24 at 11:27am, with V27 (Licensed Practical Nurse/LPN), during observation of medication storage, R132's vial of Fluticasone Propionate Nasal spray was observed opened and not labeled with an open date, in the medication cart for rooms 226 to 236. This observation was pointed out to V27 and V27 stated, (V27) do not see a date on here that shows when it was opened. This medication does not need to be labeled with an open date because it does not expire. It does not come with a sticker to label it with an open date like the other medications. When asked if Fluticasone Propionate nasal spray is a multi-dose medication, V27 replied, Yes. R132's Order Summary Report, dated 4/15/24, documents, in part, Fluticasone Propionate Nasal Suspension 50 microgram (mcg/act) 1 spray in both nostrils two times a day for allergy symptoms. R132's Admission Record documents, in part, diagnoses of chronic obstructive pulmonary disease, shortness of breath, essential hypertension and hyperlipidemia. R132's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R132 is cognitively intact. On 4/16/24 at 8:52am, V2 (Director of Nursing/DON) stated Once a multi-dose medication is opened follow policy and procedure per pharmacy. If instructions say put open date on it, then follow policy and procedures. Once open there's a different expiration date. When asked about potential effects of residents receiving medications that are opened without an open date and not following manufacturer's recommendations, V2 replied, I don't know. Facility policy title Multi-Dose Vials, Use Of, dated 3/2021, documents, in part, Multi-dose vials (MDVs) contain a preservative, so that they may be used multiple times. The opened and beyond use (expiration) dates will be noted and initialed at the time the vial cap is removed. Facility policy title Storage/Labeling/Packaging of Medications, dated 3/2021, documents, in part, Each resident's medications are stored in original containers and must be properly labeled. Facility policy title Infection Prevention and Control Manual General Policies Multi-Dose Vials and Large Volume Sterile Solutions, undated, documents, in part, Date vial to reflect the date opened. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility policy title Infection Prevention and Control Manual Resident Care, undated, documents, in part, All medical supplies, including medications and wound care items, will be monitored for expiration data and will be discarded and replaced as indicated. The manufacturing package insert of vial of Fluticasone Propionate Nasal spray, title Fluticasone Nasal Spray Prescribing Information, documents, in part, After 120 metered sprays, the amount of fluticasone propionate delivered per actuation may not be consistent and the unit should be discarded. Facility job description title Staff Nurse (Registered Nurse/Licensed Practical Nurse), dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times. Assume all Nursing procedures and protocols are followed in accordance with established policies. Facility job description title Director of Nursing, dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times. Assume all Nursing procedures and protocols are followed in accordance with established policies. Make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed. 2) The (4/14/24) census includes 52 (3rd floor) residents. On 4/15/24 at 12:47pm, the (3rd floor) medication cart was at the Nurse's station. V33 (Licensed Practical Nurse) opened the (3rd floor) medication cart, removed medication and walked to the dining room leaving the medication cart unlocked and unattended. V33 returned to the medication cart at approximately 12:50pm surveyor inquired why the medication cart was left unlocked and unattended V33 stated It forgot to lock it. The (09/2020) medication administration policy received excludes medication storage and/or Nurse supervision of the medication cart when unlocked. The policy regarding drug storage was requested on 4/16/24 however was not received during this survey.

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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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on observation, interview and record review the facility failed to ensure the container of the multi blood glucose test strips were labeled with the open date. These failures have the potential to affect 6 residents (R45, R103, R204, R207, R208 and R209) who receive blood glucose monitoring tests. Findings include: On [DATE] at 1:00pm, with V28 (Licensed Practical Nurse/LPN), during observation of medication storage, an opened container of the multi blood glucose test strips with no open date labeled was observed in the medication cart for used for R45, R103, R204, R207, R208 and R209. The label on the container of multi blood glucose test strips states open date with a blank place to write the open date on the container. This observation was pointed out to V28 and V28 stated, The container should be labeled when opened because the strips expire after 28 days. If you use expired strips, it may give the wrong readings. We cannot use these strips since they are opened without an open date on it, so (V28) am going to discard them. V28 then took the blood glucose strips and put them into the sharp's container. On [DATE] at 8:52am, V2 (Director of Nursing/DON), said, (V2) have to get the policy and procedure on blood sugar strips. (V2) am not sure if the bottle of glucometer strips needs to be labeled with an open date once opened. When asked the potential effects of using expired blood sugar strips, V2 replied, I don't know how to answer that. I hope they're using policy and procedure so we wouldn't be using expired strips. Facility presented document title, Resident's whom receive blood glucometer finger sticks for rooms , d+[DATE]. This document report lists the 6 residents, R45, R103, R204, R207, R208 and R209, who receive blood glucose monitoring tests Manufacturing manual inside the container of multi blood glucose test strips title (Blood Glucose Monitoring) Test Strips, revision date of ,d+[DATE], documents, in part, When you first open the vial, write the date on the vial label. Use the test strips within 3 months of first opening the vial. Facility job description title Staff Nurse (Registered Nurse/Licensed Practical Nurse), dated ,d+[DATE], documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times. Assume all Nursing procedures and protocols are followed in accordance with established policies. Facility job description title Director of Nursing, dated ,d+[DATE], documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times. Assume all Nursing procedures and protocols are followed in accordance with established policies. Make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed.

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	04/17/2024

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 45346 Based on observation, interview and record review, the facility failed to maintain an effective pest control program to ensure that the facility is free of cockroaches. This failure has the potential to affect all 159 residents in the facility. Findings include: On 04/15/2024 at 10:15am opened the door to the second-floor shower room and observed three small cockroaches crawling into the drain located in the middle of the floor in the shower room. On 4/16/2024 at 10:15am entered the lower-level women's bathroom and observed one brown cocroach crawling along the wall where the roll of toilet paper was hanging and eventually crawling into the toilet paper holder. On 4/16/2024 at 10:17am informed V1(Administrator) to send V7(Housekeeping Supervisor) to the lower-level women's bathroom to meet with the surveyor. On 4/16/2024 at 10:55am V7(Housekeeping Supervisor) was informed by the surveyor that one brown cockroach was observed crawling along the wall in the lower-level women's bathroom and then crawled into the toilet paper holder. V7 stated the pest control company comes to the facility on ce a week. V7 stated we try to keep a pest free facility at all times. On 4/16/2024 at 12:31pm R15 stated the facility does have cockroaches. R15 pointed to the wall adjacent to R15's bed and stated, See there is a roach that I smashed on the wall today. On 4/16/2024 at 12:32pm surveyor observed a smashed brown cockroach on R15's wall. Reviewed the facility's Pest Control Policy with a review date of 1/23, which documents in part, all employees will maintain the Pest Control Program by communicating and documenting pest sightings, maintaining a clean environment, and eliminating conditions conducive to pest harborage. Reviewed the facility's Infection Prevention and Control Manual (Infection Control Manual 2023) General Policies-Pest Control which documents in part, the facility maintains an effective pest control program to remain free of pests and rodents. Reviewed the Residents' Rights for People in Long-term Care Facilities provided by the facility which documents in part, your facility must be safe, clean, comfortable, and homelike. Midnight Census Report provided by facility on 4/14/24 at 10:44 am, documents facility's census of 159 residents.