STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145748	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montgomery Place	5550 South Shore Drive Chicago, IL 60637

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and records review, the facility failed to follow their food storage and labeling policy and failed to follow kitchen dress code to prevent food contamination. This failure has the potential of affecting all 31residents receiving food from the facility's kitchen. On 09/02/2025 at 10:20AM, during tour of the kitchen, V4 ([NAME] Director for Dinning) and surveyor observed an opened bag of carrots and an opened bag of peeled garlic in the cooler with no opened-on date. V4 stated all opened foods should be labeled with date when opened to notify kitchen staff which items to use first. V4 stated this is to prevent stale food that can cause foodborne illnesses being served to residents. Observed an open bag of vanilla wafers (Cookies), a 25 pounds (lb.) bag of breadcrumbs, 25lbs bag of cake mix open to air and not label with opened on date in the dry food storage room. V4 stated this is not our standard. V4 further stated all opened dry foods should be transferred to a self-sealing food container to preserve freshness and should be labeled with the opened-on date. V4 stated storing dry opened foods properly will prevent stale or spoiled foods from being cooked and served to residents which can make them sick. Observed a dented can of pumpkin puree on the can rack in the dry food area. V4 stated dented food cans should be placed outside the dry food storage area on the rack marked return for the vendor to pick it up. V4 stated foods in dented food cans can cause serious illnesses such as botulism. On 09/04/2025 at 11:09AM, V12(Server) was observed in the kitchen without wearing a hair net arranging to go ice-cream/soup cups. V12 stated he should have worn his hair net when he came back to the kitchen from break. V12 stated working in the kitchen without a hair net can cause hair to fall into residents' food contaminating the foods which can cause the residents to get sick.On 09/04/2025 at 11:20AM, V4 stated all staff working in the kitchen should wear hair nets to prevent food contamination which can cause foodborne illness to residents. Facility policy titled Food and supply storage dated 1/25 documents:-Cover, label and date unused portions and open packages.-Maintain designated area for items that are damaged (Such as dented cans) that are to be returned for credit. Facility policy titled Uniform Dress Code dated 1/25 documents: -Associates working with food-Wear approved hair restraint when on duty regardless of length of hair.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interview and record review, facility failed to follow their policy to provide pneumococcal vaccination with its education and their consent for 4 residents (R4, R6, R8 and R21) out of 5 reviewed for immunizations in a sample of 13. Findings include: On 09/03/2025 at 12:15 PM, V2 (Director of Nursing) stated that she is currently the Infection Preventionist.On 09/03/2025, V2 stated that the facility has not ordered the pneumococcal vaccinations yet. V2 stated pneumococcal vaccine is offered all year around. We order the pneumococcal vaccine with influenza for this year. V2 stated that the facility orders it together when they order the influenza vaccine to save on costs. V2 stated that flu season begins in October till April. V2 stated that they screen residents for the influenza immunization in September and administer the vaccine in October. V2 stated that she has not screen or educated R4, R8 or R21 for their pneumococcal vaccination. V2 stated that R4, R8 and R21 do not have their pneumococcal vaccine, nor do they have education or consent. V2 stated that it is important for these residents to have their vaccination to protect them from pneumonia related infections. V2 stated that R6 received her influenza vaccine on 9/1/2025 but no education was provided. V2 stated that it is important to provide education and receive consent prior to administering immunization. This allows residents and/or family member make a well informed decision to consent to receiving the immunization. R4's immunization record documents in part: No up to date pneumococcal vaccine administered. No documentation of education or consent. R8's immunization record documents in part: No pneumococcal vaccine administered. No documentation of education or consent. R21's immunization record documents in part: No pneumococcal vaccine administered. No documentation of education or consent.R6's immunization record documents in part: Influenza vaccine administered on 09/01/2025 but no education provided.Facility's Influenza and Pneumococcal policy (07/2024) documents in part: Before offering the pneumococcal immunization, each resident and or resident representative receives education regarding the benefits and potential side effects. The resident's medical record includes documentation that indicates, the resident or representative was provided education regarding the benefits and potential side effects of pneumococcal and that the resident either received the pneumococcal immunization or did not receive the influenza immunization due to medical contraindications or refusal. Before offering influenza immunization, each resident and or the resident representative receives education regarding the benefits and potential side effects of the immunization.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations interviews and records review, the facility failed follow their policy to prevent aspiration during feeding for one (R1) of 13 residents reviewed in a sample of 31.R1's current face sheet document's R1's medical diagnosis to include but not limited to: Dysphagia, oropharyngeal phase, Parkinson's disease with dyskinesia, without mention of fluctuations, muscle weakness (generalized). MDS (Minimum Data Set) Section C - Cognitive Patterns dated [DATE], documents R1's Brief Interview for Mental Status (BIMS) as 12/15, indicating R1 has moderately impaired cognation. Section K - Swallowing / Nutritional Status documents R1 Coughing or choking during meals or when swallowing medications and Complaints of difficulty or pain when swallowing.On 09/02/2025 at 1:00PM, V5(Certified Nursing Assistant-CNA) was observed by R1's bed side assisting R1 with eating his lunch. R1 was observed with food in his mouth trying to eat. R1's bed was observed to be slightly elevated. V5 stated the bed is elevated at about 30-40 degrees. V5 stated she is aware R1's bed is supposed to be elevated to 90 degrees when feeding to prevent choking. V5 stated she tried to elevate R1's bed but at about 40 degrees, R1 complained of pain so she left the bed at 40 degrees angle and continued to feed R1. V5 stated she did not notify V6(Licensed Practical Nurse-LPN), R1's nurse about R1's pain when bed was elevated.On 09/02/2025 at 1:05PM, V6 observed R1's bed and stated R1's bed was elevated at approximately 35-40 degrees. V6 stated when R1 is eating, his bed should be elevated to 90 degrees to prevent choking which can lead to aspiration pneumonia. V6 further stated V5 should have informed V6 that R1 was experiencing pain when his bed was elevated and V6 could have assessed and provided pain management for R1 and inform R1's provider. V6 stated feeding R1 with the bed elevated at 40 degrees is a choking hazard. On 09/03/2025 at 12:05PM, V2(Director of Nursing-DON) stated when a resident is eating in bed, the head of the bed should be elevated to 90 degrees to prevent choking. V2 further stated if the head of the bed is not elevated to 90 degrees when R1 is feeding, R1 can choke on his food and develop aspiration pneumonia. V2 stated V5 should not have continued feeding R1 in a low elevated bed and should have notified V6 R1 was experiencing pain with bed elevation. Facility polity titled Assisting Resident with feeding, dated 09/05/2024 documents: -Check to see that resident is sitting in an upright (90-degree) position.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews and record reviews, the facility failed to follow their infection control policies and procedures by ensuring appropriate hand hygiene was completed by staff upon exiting and entering a residents' rooms for 2 (R4, R8) out of 6 residents reviewed for infection control out of sample of 13.Findings include: On 09/02/2025 at 11:30 AM, surveyor observed V10 (Housekeeper) clean R8's bathroom. V10 then came out of the bathroom, exited R8's room without removing her gloves or washing her hands. Immediately right after surveyor observed V10 enter R4's room without sanitizing her hands and enter R4's bathroom. On 09/03/2025 at 12:48 AM, V2 (Director of Nursing) stated all staff members including housekeepers are expected to sanitize their hands and wear gloves prior to entering a resident's room. V2 stated that prior to exiting the room the staff member is expected to remove their gloves in the room and wash their hands. This prevents the spread of infection. V2 stated housekeepers should not go from room to room wearing the same gloves because this can spread infection.Facility's infection control policy (4/20/2025) documents in part: Handwashing is the single most important means of preventing the spread of infections. When handwashing is not available, employees shall use an alcohol-based hand sanitizer to prevent the spread of infections. The use of gloves does not eliminate the need for hand hygiene. Examples when to wash hands with soap and water: Before contact with each individual, his/her environment, and things that come in contact with the individual and after contact with each individual, his/her environment, and things that come in contact with the individual. After you go to the toilet.