

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Morgan Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  10935 South Halsted Street Chicago, IL 60628	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the community shower room on the third floor North-Wing is maintained in good repair and a sanitary manner. This failure has the potential to affect all 53 residents on the third floor North-Wing.</p> <p>Findings include:</p> <p>On 10/15/24 at 10am after the entrance conference, V1(Administrator) presented the census that shows that unit 3 North has 53 residents.</p> <p>On 10/15/24 at 10:40am, the following were observed in the 3-North community shower room:</p> <p>The hand-washing sink was leaking water and not properly affixed to the wall.</p> <p>Two visably soiled wet towels were on the floor of the shower stall.</p> <p>Missing Ceiling tiles.</p> <p>Broken soap dispenser by the sink and there was no soap available for handwashing.</p> <p>At this time, V8 (Housekeeper) was called to observe all the above. V8 stated that the lack of hot water, handwashing sink issue, missing ceiling tiles and broken soap dispenser are all maintenance issues. V8 stated If the soap dispenser was not broken, I would have put soap in there (pointing to the soap dispenser). V8 added I will let them know to come fix everything.</p> <p>On 10/15/24 at 12:24pm, V7(Maintenance Director) stated that no one told him about the soap dispenser and other issues. V7 stated that he was working on the hot water issue. Inquired from V7 how many shower rooms are on unit 3 North in case a resident needs to take a bath. V7 stated that there is one shower room on 3 North and one shower room on each of the other units also.</p> <p>Facility's policy titled Preventative Maintenance Program states in part: Purpose -To conduct regular environmental tours/safety audits to identify areas of concern within the facility. Preventative Maintenance Program will review the following areas during random rounds: #14: Ceiling tiles are free from water marks or spots.</p>

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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