

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 12/05/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based on record review and interview the facility failed ensure that fall risk assessments were accurate for two of four residents (R2, R3) reviewed for falls.</p> <p>Findings include:</p> <p>The fall prevention and management policy states residents will be reassessed for fall risk at least quarterly or more frequently if there is a change in their condition. Reassessment will be conducted by the interdisciplinary care team.</p> <p>1. R2's (11/14/24) functional assessment states upper and lower extremity functional limitation (on one side) was identified.</p> <p>R2's (11/18/24) incident report affirms resident stated that the CNA (Certified Nursing Assistant) was trying to help him get into the bed. When he stood up, he lost his balance and fell .</p> <p>R2's (11/18/24) post fall risk review determined a score of 9 (moderate risk) however the following concerns were identified: the Gait Analysis section includes Exhibits loss of balance while standing however it was not selected [R2 lost his balance when he fell]. Decrease in muscle coordination was also not selected [R2 diagnoses include reduced mobility, muscle wasting/atrophy, hemiplegia/hemiparesis and R2's functional assessment affirms upper and lower extremity limitations].</p> <p>On 12/4/24 at 2:17pm, surveyor inquired about R2's functional status V2 (Director of Nursing) stated He (R2) did use a wheelchair and needed a 1 person assist. Surveyor inquired about R2's (11/18/24) fall V2 (DON/Director of Nursing) responded The CNA was trying to transfer him to the bed. She (CNA) said that when she stood him (R2) up his leg buckled, he lost his balance, fell forward on her, and they both went down. Surveyor inquired if R2's (11/18/24) post-fall risk assessment was accurate V2 reviewed R2's EMR (Electronic Medical Records) and replied Yeah. Surveyor inquired if Exhibits loss of balance while standing was selected on R2's assessment V2 stated Oh, no that's not checked. Surveyor inquired if Decrease in muscle coordination was selected V2 responded No, that was based off the Nurse assessment, but he does have a diagnosis of hemiplegia and hemiparesis. Surveyor inquired why R2's (11/18/24) risk assessment was determined to be moderate risk after he fell V2 stated Usually if they (residents) fall, they become a high fall risk.</p> <p>2. R3's (11/30/24) incident report affirms resident stated he fell on his buttock when trying to get out of bed.</p> <p>(continued on next page)</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's (11/30/24) fall risk review determined a score of 4 (moderate risk) however the following concerns were identified: History of Falls within last 3 months is marked No History [R3 fell on [DATE]] and for Ambulatory/Elimination Status Ambulatory/ Continent was selected [R3's diagnoses include paraplegia and neuromuscular dysfunction of bladder. R3 also uses a wheelchair and has an indwelling urinary catheter].</p> <p>On 12/4/24 at 2:46pm, surveyor inquired about R3's (11/30/24) fall and V2 (DON) stated The Nurse said she was passing medication and when she walked past the room, she said that he (R3) was sitting next to his bed. He (R3) stated that he was trying to get in his chair to go to the bathroom. Surveyor inquired if R3's (11/30/24) fall risk assessment was accurate V2 stated No, it should have been 1-2 falls within the last 3 months because he just fell . Surveyor inquired if R3 is ambulatory V2 responded No, he uses the wheelchair. Surveyor inquired if R3 is continent and V2 stated He has a (Brand Name catheter) as well.</p>

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based on observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that indwelling urinary catheters/urine drainage bags are monitored, and failed to document when indwelling urinary catheters are inserted and/or urine drainage bags are changed for three of three residents (R2, R3, R4) reviewed for catheters. These failures resulted in R2 sustaining (10/14/24) abdominal pain and UTI (Urinary Tract Infection). R3 and R4 sustained Purple Urine Bag Syndrome which is a rare phenomenon where the urine drainage bag turns purple due to a chemical reaction between bacteria in the urine and the plastic of the bag often associated with UTI's in patients using long-term catheters.</p> <p>Findings include:</p> <p>On 11/22/24, IDPH (Illinois Department of Public Health) received allegations regarding the facility's lack of catheter care resulting in R2's UTI.</p> <p>1. R2 was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>R2's diagnoses include flaccid neuropathic bladder.</p> <p>R2's care plan states (8/9/24) resident has indwelling catheter related to diagnosis of flaccid neuropathic bladder. Intervention: Change indwelling catheter and urinary drainage bag as needed per MD (Medical Doctor) orders. Monitor for signs/symptoms of pain/discomfort. (10/23/24) Resident is on antibiotic for urine infection.</p> <p>R2's POS (Physician Order Sheets) include (6/26/24) Change urinary catheter as needed if displaced, clogged, or there is no urinary output. Change urinary drainage bag with each catheter change as needed. (7/2/24) Catheter size 18 FR (French) indication obstructive uropathy.</p> <p>R2's progress notes include (10/14/24) resident discharged to hospital. Reason for transfer: Abdominal Pain. (10/22/24) admitted from hospital. Primary Admitting Diagnoses: UTI, Abdominal Pain.</p> <p>On 12/4/24 at 10:41am, V2 (DON/Director of Nursing) presented R2's (September-November 2024) MARS (Medication Administration Records) and stated He (R2) didn't have no TARS. [Treatment orders should be transcribed on the TAR, not the MAR].</p> <p>R2's (September & October 2024) MARS include Change urinary catheter as needed if displaced, clogged, or there is no urinary output. Change urinary drainage bag with each catheter change as needed for catheter care however the required catheter size is excluded, and nothing is documented on either MAR. In addition, R2's (November 2024) MAR excludes any catheter care.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 2:26pm, surveyor inquired where indwelling urinary catheter orders are supposed to be transcribed and V2 stated Some of the orders go to the MAR and some of them go to the TAR. Surveyor inquired what the MAR is used for V2 responded That is the medication administration. Surveyor inquired if catheters belong on the MAR and V2 replied They can go on the MAR because the template allows it to go on the MAR. [The MAR is for prescribed medication]. Surveyor inquired how often urine drainage bags should be changed V2 stated Drainage bags are changed um, I know that one of the orders is every 30 days, and PRN (as needed) if there is any leakage, color changes of the bag like sediment or any obstruction and it's not draining properly. Surveyor inquired when R2's indwelling urinary catheter was placed V2 responded Let me look it up, I think he had it for a while they said. V2 reviewed R2's EMR (Electronic Medical Records) and stated I think he came here with the catheter; I would have to go through all of his records. I know that he went out maybe like October and it was changed then because he had a UTI. Surveyor inquired if the size or type of catheter is on R2's MAR V2 responded He had a suprapubic catheter but I'm not seeing a size or the site on there. Surveyor inquired when R2's urinary drainage bag was changed (prior to developing the UTI) V2 replied I can't even see when the bag was changed. (R2 was admitted in March 2024 - 7 months prior). Surveyor inquired if R2's (November 2024) MAR includes catheter care V2 stated No, I seen that it was missing when I pulled it. Yeah, it's not there. Surveyor inquired why R2 was transferred to the hospital on 10/14/24 V2 responded He had abdominal pain. Surveyor inquired why R2 was admitted to the hospital and V2 replied He had a UTI.</p> <p>2. R3's diagnoses include neuromuscular dysfunction of bladder.</p> <p>R3's (11/29/23) care plan states resident has an indwelling urinary catheter related to neuromuscular dysfunction of the bladder. Interventions: Change catheter and urinary drainage bag as needed per Medical Doctors orders.</p> <p>R3's POS includes (2/12/24) May change urinary drainage bag as needed (schedule as PRN). (6/26/24) Foley catheter 18Fr diagnosis neuromuscular dysfunction of bladder. May change urinary catheter if displaced, clogged, or no urinary output as needed.</p> <p>R3's (November-December 2024) MARS include the following: Change urinary catheter as needed [the required catheter size (18Fr) is excluded]. May change urinary drainage bag as needed however nothing is documented.</p> <p>R3's (9/9/24) BIMS determined a score of 15 (cognition intact).</p> <p>On 12/2/24 at 2:00pm, Surveyor inquired if R3 acquired a UTI at the facility R3 stated No however R3's urinary catheter bag and tubing appeared purple (discolored), and sediment was noted in the tubing. The contents in the catheter bag were barely visible due to dark discoloration. Surveyor inquired when R3's catheter was placed and R3 responded That was April. Surveyor inquired when R3's catheter bag was last changed R3 replied I don't even know.</p> <p>On 12/4/24 at 2:26pm, Surveyor inquired what color indwelling urinary catheter tubing and/or bags are supposed to be and V2 (Director of Nursing) stated The tubing should be clear, the bag should be clear as well unless there's urine in it and it should have no sediment in it or anything.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 2:51pm, surveyor inquired when R3's indwelling urinary catheter was placed V2 stated I'm not sure when the catheter was placed, I see the order at the beginning of the year January 4. Surveyor inquired when R3's urine drainage bag was changed V2 responded I don't see where it's changed at, I just see the order for PRN.</p> <p>On 12/4/24 at 3:05pm, V2 inspected R3's indwelling urinary catheter (as requested). Surveyor inquired what color is R3's urine drainage bag? V2 stated Purple. R3 responded Nobody came in here and changed it. Surveyor inquired about the contents in R3's catheter tubing V2 replied I see a little sediment. R3 responded They (staff) should have changed this a long time ago. V2 exited R3's room and affirmed That needs changed bad.</p> <p>3. R4's diagnoses include hydronephrosis with ureteral stricture.</p> <p>R4's (9/10/24) care plan states resident has a suprapubic catheter. Interventions: monitor and report to Medical Doctor signs/symptoms of UTI.</p> <p>R4's (7/2/24) POS includes suprapubic catheter 20Fr for obstructive uropathy. May change urinary drainage bag as needed for prevention when unable to observe urine contents in the urinary drainage bag/tubing or as ordered by the physician (schedule as PRN). [Change suprapubic catheter if occluded is excluded].</p> <p>On 12/2/24 at 3:20pm, V2 (DON) presented R4's (November 2024) MAR. Surveyor inquired about R4's requested (November 2024) TAR V2 stated He (R4) don't have a TAR, just the MAR.</p> <p>R4's (November- December 2024) MARS exclude change suprapubic catheter (20Fr) and nothing is documented for urinary drainage bag change.</p> <p>On 12/2/24 at 1:40pm, surveyor inquired when indwelling urinary catheters are changed at the facility V6 (LPN/Licensed Practical Nurse) stated About every week. I know it's due on the night shift. Surveyor inquired when R4's catheter bag was last changed and V6 accessed R4's EMR (Electronic Medical Records) and stated, It's not coming up on the TAR but there's an order for it. V6 and surveyor subsequently inspected R4, his urinary catheter bag and tubing appeared purple (discolored) and thick sediment was noted in the tubing. The contents in the bag were barely visible due to dark discoloration.</p> <p>On 12/4/24 at 2:58pm, surveyor inquired when R4's indwelling urinary catheter was placed V2 stated I don't have a date for him either. Surveyor inquired when R4's urine drainage bag was changed V2 responded It's nothing documented. Surveyor inquired what a purple discoloration of the urinary drainage bag is indicative of V2 replied It could be hydration, like the tea looking color or some sediments that set in for a while.</p> <p>On 12/4/24 at 3:10pm, (2 days after the initial inspection) V2 inspected R4's catheter (as requested). Surveyor inquired what color is R4's urine drainage bag V2 stated It's purple. Surveyor inquired about the contents in R4's catheter tubing V2 responded It's sediment in the tubing. It's um, white milky sediment.</p> <p>(continued on next page)</p>		

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F 0690 Level of Harm - Actual harm Residents Affected - Few	The (10/31/18) catheter care policy includes Policy: To establish guidelines to reduce the risk of or prevent infections in resident with an indwelling catheter. Urinary catheter and tubing will be removed and reinserted when any of the following are observed: inability to observe urine contents in the urinary drainage bag or tubing.