

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  01/27/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</b></p> <p>Based on observation, interviews and record review the facility failed to ensure that a brown substance was not on the bathroom wall of three residents (R4, R5, and R10). This failure has affected three of four residents reviewed for homelike environment.</p> <p>Findings include:</p> <p>R4 is a [AGE] year old with diagnosis including but not limited to: Urinary tract infection, anxiety, epilepsy, insomnia and chronic kidney disease. R4 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively impaired.</p> <p>R5 is a [AGE] year old with diagnosis including but not limited to: Type 2 diabetes mellitus, asthma, pain, acquired absence of right great toe and essential hypertension.</p> <p>R10 is a [AGE] year old with diagnosis including but not limited to: Heart failure, constipation, hypoglycemia, muscle weakness and edema.</p> <p>On 01/21/25 at 11:55 AM, R5 complained about brown stains on her bathroom wall and said that she believes the stains are feces from a previous roommate.</p> <p>Surveyor went to observe R5's bathroom, which was also connected to R4 and R10's bedroom.</p> <p>On 01/21/25 at 11:55 AM, Surveyor noted brown stains on R4, R5 and R10's bathroom. At that time, R4 entered the bathroom from her room and said, This is disgusting. Its feces on our bathroom wall and I told a tall guy in housekeeping about this last week. I was told that the stains would be cleaned from our wall. I don't even like using the restroom because it's nasty.</p> <p>On 01/21/25 at 11:55 AM, at 12:07 PM, V5 (AM Housekeeper) entered the resident's bathroom with Surveyor and observed the stains on the wall. At that time, V5 said that she did not know about the brown stains on R4, R5 and R10's bathroom wall and did not know what the brown substance was.</p> <p>On 01/21/25 at 1:40 PM, V16 (Housekeeping Director) said that it was the duty of the housekeeping staff to clean and disinfect any stains or marks on resident's bathroom walls for sanitary purposes.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/27/25 at 10:10 AM, V2 (DON/ Director of Nursing) said that there should never be brown stains on a resident's bathroom walls and that the expectation of the facility is to maintain a clean, homelike environment for the residents.</p> <p>Facility housekeeping policy documents, purpose to provide guidelines to maintain a safe and sanitary environment for residents, facility staff and visitors.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</b></p> <p>Based on observations, interviews and record review, the facility failed to ensure that one dependent resident (R7) received timely incontinent care. This failure resulted in R7 waiting an hour, sitting in her feces before being cleaned.</p> <p>Findings include:</p> <p>R7 is a [AGE] year old with diagnosis including but not limited to: acquired absence of right leg above knee, acquired absence of left leg above the knee, diarrhea, obesity, muscle wasting and atrophy. R7 has a BIMS (Brief Interview of Mental Status) score of 15, indicating cognitively intact.</p> <p>On 01/21/2025 at 12:30 PM, Surveyor observed R7 on the second floor in the hallway complaining that she was soiled with feces and had been waiting since 12:00 PM to be cleaned by her CNA (Certified Nurse Assistant). At that time, R7 said that V9 (CNA) told her (R7) that the mechanical lift was not charged and that R7 would have to wait until it charges to be transferred to the bed and cleaned.</p> <p>On 01/21/2025 at 12:45 PM, V7 (LPN/ Licensed Practical Nurse) said. R7 told me at 12:00 PM that she needed to be changed. She hasn't been changed yet because the mechanical lift is not working or not charged. V9 (CNA) went to see if the lift was charged a while ago. I haven't been able follow-up about the lift.</p> <p>On 01/21/2025 at 1:00 PM, R7 complained that her buttocks were itching and that she is concerned about her hemorrhoids worsening for being soiled for so long.</p> <p>On 01/21/2025 at 1:06 PM, V9 (CNA) brought a mechanical lift from another unit to transfer R7 and render incontinent care. At that time, V9 said that the mechanical lift was not charged and that he (R7) had to wait because the battery does not charge quickly.</p> <p>On 01/22/25 at 10:50 AM, V2 (DON/ Director of Nursing) said that the expectation is that if the patient is visibly soiled, or has stated that they are soiled, the patient is changed as soon as possible to prevent skin breakdown and to maintain dignity.</p> <p>Surveyor inquired about the mechanical lifts in the facility.</p> <p>On 01/21/25 at 2:30 PM, V11 (CNA) said that there was only one working mechanical lift on the second floor and that sometimes residents have to wait to receive incontinent care.</p> <p>On 01/27/25 at 1:10 PM, V8 (Restorative Director) said that the expectation is for the mechanical lifts to be charged after each use and in the event that the lifts are not charged, the facility has a manual mechanical lift that could be used.</p> <p>R7's care plan documents the following: R7 has an ADL self-care performance deficit related to impaired mobility; R7 requires total assist via mechanical lift with two-person staff participation for transfers and to use toilet; R7 requires extensive, one person staff participation with personal hygiene and oral care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Activities of Daily Living (ADLs) documents, purpose to preserve ADL function, promote independence, and increase self-esteem and dignity.</p> <p>Facility policy titled Incontinency Care documents, purpose to prevent excoriation and skin breakdown, discomfort and maintain dignity.</p>