

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  04/23/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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 two residents (R5 and R6) that receive supplemental oxygen in the facility had active Doctor's orders. This failure has the potential to affect 31 residents currently receiving oxygen in the facility.</p> <p>Findings include:</p> <p>R5 is [AGE] year old with diagnosis including but not limited to: chronic obstructive pulmonary disease, morbid obesity, anemia, congestive heart failure and nicotine dependence. R5 has a BIMS of 15, which indicates cognitively intact.</p> <p>R6 is [AGE] year old with diagnosis including but not limited to: chronic obstructive pulmonary disease, malignant neoplasm of unspecified part of left bronchus or lung, malignant neoplasm of upper respiratory tract, angina pectoris and muscle wasting. R6 has a BIMS of 14, which indicates cognitively intact.</p> <p>During investigation on 4/22/2025 at 12:05 PM, R6 was observed in bed receiving supplemental oxygen (O2) via nasal cannula at 4 LPM (Liters per minute). R6 stated that he had been receiving oxygen in the facility since his admission on 3/15/2025.</p> <p>Surveyor inquired about R6's O2 order.</p> <p>On 4/22/25 at 12:11 PM, V5 (LPN/ Licensed Practical Nurse) said that R6 did not have an active order for oxygen.</p> <p>On 4/22/25 at 12:32 PM, R5 said, I've been using oxygen now for about six months. I don't need it all the time, but I use it sometimes at bedtime because I feel short of breath.</p> <p>At that time, V5 (LPN) said that R5 did not have an active order for oxygen and that the purpose of the oxygen orders are to ensure that everyone (nursing staff) is aware of the need for oxygen.</p> <p>On 4/22/2025 at 12:33 PM, Surveyor and V5 noted an O2 concentrator at R5's bedside and oxygen tubing lying on her bed. R5 stated that the oxygen tubing on her bed and the oxygen concentrator at the side of her bed was hers.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/2025 at 1:10 PM, V2 (DON/ Director of Nursing) said that an oxygen order from a physician is needed to administer oxygen to a resident in the facility. Surveyor asked if R5 and R6 had been receiving O2. V2 said that she was unsure how long R5 and R6 had been receiving oxygen in the facility. Surveyor asked if obesity, COPD or malignant neoplasm possibly warrant the need for supplementary oxygen.</p> <p>On 4/23/2025 at 1:10 PM, V2 said, Yes, if a person had COPD with another diagnosis such as obesity or malignant neoplasm of the lung, he/ she could become short of breath and require oxygen at times. A resident could go into respiratory distress if the correct O2 order is not obtained or followed.</p> <p>Facility Oxygen report dated 4/22/2025 includes R5 and R6 as residents receiving supplementary oxygen in the facility.</p> <p>R5's Order Summary Report dated 4/22/2025 excludes any order for oxygen; R5's admission record documents an admitted [DATE].</p> <p>R6's Order Summary Report dated 4/22/2025 excludes any order for oxygen; R6's admission record documents and admitted [DATE].</p> <p>Facility policy titled Physician orders documents, to provide guidance to ensure physician orders are transcribed and implemented in accordance with professional standards.</p> <p>Facility policy titled Admission policy document, prior to or at the time of admission, the resident's attending physician must provide the facility with information needed for the immediate care of the resident.</p>		