

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  01/30/2026
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to ensure appropriate peri care supplies were available for two of three residents (R2, R4) reviewed for dignity in the sample of 11. Findings include: 1.29.2026 at 5:22 PM, R4 said, they (staff) have used paper towels to clean me. That makes me feel bad, they should have towels or wipes to clean me. 1.29.2026 at 6:09 PM, R2 said, they use paper towels to clean me. I don't like when they do that. It makes me mad. 1.29.2026 at 6:27 PM, V9 (CNA) said, I have had to use paper towels to clean residents. I've ripped up shirts, blankets and sheets to use to clean residents. 1.29.2026 at 6:38 PM, V10 (CNA) said, yes, I have used paper towels to clean residents when there was no linen. 1.30.2026 at 11:25 AM, V14 (LPN) said, staff should not use paper towels to clean residents, they should use towels or wipes. Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities booklet (undated) documents, in part: Your rights to dignity and respect: Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</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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