

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 02/14/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on observation, interview and record review the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary and comfortable environment for seven residents (R3, R4, R5, R9, R19, R21, R22). Failed to provide functional furniture to store clothes for two residents R3 and R5. Failed to provide adequate window coverings for one resident (R3). Failed to ensure there were no holes in the walls of resident living areas for three (R4, R5, and R9). Failed to ensure the floors were clean and no garbage was on the floor for two residents (R3 and R19). This failure affected seven residents out of 22 residents reviewed for homelike environment. Findings include:</p> <p>On 02/13/26 at 10:25am surveyor entered R3's bedroom and observed multiple items on the floor that included dried food, multiple paper wrappings and disposable cups. Observed floor with dry black substance across multiple areas of the floor. Observed R3's window curtains with width too short to cover entire window, approximately 1/3 of window exposed.</p> <p>On 02/13/26 at 10:46am V9 (Registered Nurse/RN) stated that R3's floor has garbage on it and could be swept and mopped. V9 stated that anyone could pick the garbage off the floor. V9 stated that R3's bookshelf is broken, and the drawers don't work well.</p> <p>On 02/13/26 at 10:58am V8 (Maintenance Director) stated that R3's bookshelf needs to be replaced completely. V8 stated that no resident should have to have broken furniture. V8 stated that R3 has trash on the floor and housekeeping, or anyone should have gotten up. V8 stated that R3 curtains could be better.</p> <p>On 02/13/26 at 1:09pm V1 (Administrator) stated that residents should have working furniture. V1 stated that working furniture is part of the resident's homelike environment. V1 stated that everyone is responsible for picking up garbage if they see it. V1 stated that residents should have curtains that cover the whole window for privacy, comfort and a homelike environment. V1 stated that maintenance should make sure that the curtains are up and in working order. V1 stated that maintenance should make sure that all furniture including closets, drawers and bookshelves are in working order.</p> <p>On 2/13/2026 at 9:50am surveyor observed the toilet lid missing in R21 and R22's room and the baseboard peeling away from wall.</p> <p>On 2/13/2026 at 10:20am R4 stated he has holes in his walls, and the baseboard is pulled away and the dry wall is disintegrating.</p> <p>On 2/13/2026 at 10:21am surveyor observed in R4's room the baseboard under the bed pulled away from</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 - Some</p>	<p>the wall and the wall behind it with holes and disintegrating. There was also a large hole in the wall behind bed 3. Surveyor also observed the entire call light box hanging from the wall behind R4's bed.</p> <p>On 2/13/2026 at 10:24am surveyor observed R5's closet drawer with the front of the drawer sitting on the floor next to the closet with bare screws or nails protruding from the wood and the baseboard pulled away from the wall with holes in it. The pulled baseboard had masking tape on it and the wall to secure it to the wall. Surveyor also observed a rectangle hole on the other side of the wall that provided access to the sink's pipe. The cut out was not secured to the wall.</p> <p>On 2/13/2026 at 10:25am R5 stated she had seen a big mouse two nights ago come through the hole and she sleeps with her lights on because she doesn't want a mouse or roaches to crawl on her while sleeping. R5 also stated only the hot water works and it sprays everywhere when you turn it on. R5 stated she told staff about it 3 weeks ago and the only thing they did was write it down.</p> <p>On 2/13/2026 at 10:42am V8 (Maintenance Director) said, No, it (closet drawer) should not be missing and I guess, the drawer with nails sticking out is dangerous and not homelike.</p> <p>On 2/13/2026 at 10:55am surveyor reviewed the work order binder and none of these issues were found in the binder.</p> <p>n 2/13/2026 at 10:49 AM, V21 (Certified Nurse's Assistant-(CNA) stated housekeeping cleans good and housekeeping/floor techs respond quickly to staff cleaning requests. V21 verified observation of both shower rooms on the second floor containing dirty floors, brown splatter on the shower's toilet wall, tub filled with water and debris, and missing drywall along the base of the floor behind the toilet.</p> <p>On 2/13/2026 at 11:01 AM, V20 (Housekeeper) he (V20) is responsible for cleaning residents' rooms and the floor techs are responsible for cleaning the shower room, bathroom, hallway, dining room, elevator and taking out garbage. V20 stated the purpose of cleaning and sanitizing the facility is the health of residents.</p> <p>On 2/13/2026 at 11:08 AM, Observed trash along walls in R19's bedroom.</p> <p>On 2/13/2026 at 11:15 AM, Observed bathroom floor in R9's room is dirty and there is a 24-inch hole in the bathroom wall.</p> <p>Facility's policy titled Policy and Procedure Safe, Clean, Comfortable and Homelike Environment reviewed 01/2025 documents in part, Policy: The facility will provide a safe, clean, comfortable, and homelike environment to the residents while taking into consideration a person-centered care, where residents' independence is promoted. Purpose: To ensure that the facility remains pleasant to live. To ensure that the facility is cleaned on a regular basis according to the federal/state guideline. Procedure: 1. The facility will be kept clean and well-maintained through regular cleaning schedule, preventive maintenance program, and repair or enhancement of existing structures, systems, and fixtures. 2. Promote a homelike environment by: a. Keeping the residents' room clear of debris, clutter, or spills and free of odors. f. Having a privacy curtain that is clean and good condition.</p> <p>Facility's job description titled Certified Nursing Assistant dated 07/24 documents in part, Job Summary: The purpose of this position is to assist the nurses in the providing of resident care</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>primarily in the area of the daily living routine. Main Duties: 4. Keep residents' bed, dresser, bathroom, and general living area clean and tidy. 16. Detect and report situations that have a high probability of causing accidents or injuries to residents and/or staff.</p> <p>Facility's job description titled Maintenance Director documents in part, The primary purpose of this position is to maintain the orderly functioning of all equipment in the facility including the kitchen, laundry, heating, air conditioning, and elevators as well as purchasing necessary supplies for repairs, maintenance, and emergencies within budgetary guidelines. Main Duties: 9. Perform all repairs that do not fall under the purview of housekeeping. 17. Supervise repairs and routine maintenance of the building and all the departmental equipment.</p> <p>Facility's undated policy titled Attachment J: Statement Of Resident Rights documents in part, No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the constitution of the United States solely on account of his or her status as a resident of the Community, nor shall a resident forfeit any of the following rights: (a) Resident rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. () A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance of enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review, the facility failed to ensure that residents were free from physical abuse. This failure affected two residents (R14 and R15) of Four residents reviewed for resident-to-resident abuse. Findings Include: R2's admission record includes diagnoses of bipolar, depression, hypertension, delusional disorder, schizophrenia, heart failure, seizures and unspecified psychosis. R2's (2/3/26) Brief Interview Mental Status (BIMS) score is 12 which indicates that R12 has moderate impairment. R14's admission record includes diagnoses of chronic respiratory failure, COPD, congestive heart failure, pulmonary embolism, hemiplegia and hemiparesis. R14's (1-12-26) Brief Interview of Mental Status (BIMS) score is 12 which indicates that R12 has moderate impairment. R15's admission record includes diagnoses of anxiety, smoker, COPD (Coronary Obstructive Pulmonary Disease), asthma, hypertension, substance abuse, and left AKA (Above Knee Amputation). R15's (12/24/25) Brief Interview Mental Status (BIMS) score is 15 which indicates that R15 is cognitively intact. On 2/13/26 at 10:45 am, R15 observed in room sitting in a wheelchair stated that when she was R2's roommate. R15 stated, R2 came into the room and hit me from behind in my jaw then knocked all my stuff from my bedside table on the floor. I (R15) was concerned with her behavior because I am in a wheelchair from a leg amputation. The staff heard the commotion and came into the room and took R2 out. I did feel safe because she was sent to the hospital. This incident happened in the middle of January. During surveyor's review of R15's EHR (Electronic Health Record) progress note, there was no documentation of R2 hitting R15. R2's progress notes dated 1/19/26 documents in part, Resident was reported to have been physically aggressive toward peer, refusing redirection, and exhibiting threatening behavior towards staff. New orders received for resident to be transferred to hospital for Aggressive Behavior. On 2/13/26 at 12:07 pm V17 RN (Registered Nurse) stated, R15 reported that R2 brushed passed her and bumped into her shoulder. Since it was a touch, that is a form of abuse. I could not get any information from her (R2), and I was not able to redirect her. So that's why R2 was sent out to the hospital. I verbally reported the incident to V1 Administrator. She (V1) asked me what happened and told me to call the doctor. All residents in the facility should be free from abuse and have a safe environment. On 2/13/26 at 1:27 pm R14 stated, R2 came into his room and asked for two dollars. I (R14) said no she got mad and cursed me and through the water pitcher that hit me on the side of my face. Water and ice went all over me. R14 stated having water thrown in my face made me feel low because I didn't understand why she would do this to me when I really didn't know her. I did report the incident to the nurse on duty. The nurse came in and looked at me. I was not physically hurt just emotionally. R14's progress note dated 2/2/26 documented in part, Patient (R14) reported that R2 threw a pitcher of ice water into his face. Patients verbalized the incident clearly. R2's progress notes dated 2/2/26 documents in part Patient entered another resident's room and began begging for candy. When the resident told her no, the patient took the resident's water pitcher from the bedside table and threw water and ice onto the resident. The patient left the room. On 2/13/26 at 11:50 am, V16 License Practical Nurse (LPN) stated that R14 reported that R2 came into his room and threw a pitcher of ice water into his face. R14 verbalized the incident clearly. R2 denied the incident and acted like nothing happened. R2 was monitored after the incident. I did report the incident to the administrator who is the abuse coordinator. R2 was transferred to another facility the next day. Every resident should be free from abuse in the facility. On 2/13/26 at 12:33 V1 Administrator stated that all residents should be free of abuse and should feel safe in the facility. Residents that are abused in the facility should be reported to me. V1 stated that she was not aware of the incident until she saw the documentation which was this week (Week of 2/9/26) that R2 threw</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>water in R14's face and was not made aware of the incident of R2 hitting R15. On 2/13/26 at 2:23 pm V2 Director of Nursing (DON) stated that she was not aware of R2 throwing water in R14's face and R15 being hit by R2, V2 stated that every resident should be free from all abuse in the facility. If a resident causes abuse to another resident they should be sent out for an evaluation. On 2/13/26 at 2:35 pm, V21 Certified Nursing Assistant (CNA) stated, I was here when R2's roommate (R15) said R2 hit her. I heard the commotion in the hallway. I do not know what happened in the room. I heard R15 tell V17 who was the nurse that R2 hit her. R2 was in behavior mode and could not be redirected. R2 pulled the fire alarm that day also. All residents should be free from abuse in the facility. R2 (2/10/26) Care plan documents in part, focus: The resident demonstrates behavioral distress related to: Poor verbal skills & inability to express self in more appropriate language. Problems are manifested by: Verbally abusive behavior when agitated. Problems are manifested by: Use of profanity, demeaning statements, verbal threats and yelling at others. Intervention: Explain Rules of Conduct and each person's obligation to always treat others with dignity and respect. If the resident becomes verbally or physically abusive attempt to calm the resident by explaining that ladies and gentlemen do not talk/ behave this way. We do not touch other people. The facility's Abuse policy dated 1/2024 documents in part, Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. Purpose: immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment and misappropriation of property.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interviews and record review, the facility failed to investigate and report an allegation of resident-to-resident physical abuse to IDPH (Illinois Department of Public Health) within the regulatory time requirement. This failure affected 2 residents (R14 and R15) in a sample of 3 residents reviewed for abuse. Findings include: On 2/13/26 at 10:45 am, R15 stated that R2 came into the room that they shared and knocked all R15's belongings on the floor and swung around R15 from behind and hit R15 on the right side in the jaw. I did tell the nurse what happened and R2 was sent out to the hospital that day. During surveyor's review of R15's EHR (Electronic Health Record) progress note, there was no documentation of R2 hitting R15. On 2/13/26 at 1:27 pm R14 stated that R2 came into his room and asked for two dollars, and he said no. R2 got mad and cursed R14 and threw the water pitcher that hit him on the side of his face, where water and ice went all over him. R14 reported the incident to the nurse on duty. R14's progress note dated 2/2/26 documented in part, Patient (R14) reported that R2 threw a pitcher of ice water into his face. Patients verbalized the incident clearly. On 2/13/26 at 12:07 pm V17 RN (Registered Nurse) stated that R15 reported that R2 brush passed her and bumped into her shoulder. Since it was a touch, that is a form of abuse. I verbally reported the incident to V1 Administrator. On 2/13/26 at 11:50 am, V16 LPN (License Practical Nurse) stated that R14 reported that R2 came into his room and threw a pitcher of ice water into his face. V16 stated that this incident was reported to the administrator who is the abuse coordinator. On 2/13/26 at 12:33 V1 Administrator stated, It was not reported to me about any abuse from R2. I (V1) saw the documentation (progress note) which was this week (Week of 2/9/26) about R2 throwing water on another resident. I spoke with the nurse (V16) and asked her why she didn't report it. She (V16) said she did not know she was supposed to report it. When I found out about it, I did not report it to the state agency because it was too late. I was not made aware of R2 hitting R15. The nurse (V17) did not report the incident to me. Facility's in-service record dated 1/7/26 topic: abuse education, abuse policy, eight forms of abuse, identification, protection and abuse prevention. Presented by V1 Administrator. Facility's statement of Resident Rights documents in part, (iv) Consistent with S 483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law. Facility's document dated 1/24 and titled, Policy and Procedure Abuse Prevention Program documents in part, Policy: Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This includes but is note limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. Facility's job description titled, Facility Administrator documents in part, Purpose of the Position: The primary purpose of the position is to direct the day-to-day functions of the facility I accordance with current federal, sated and local standards, guidelines, and regulations that govern long-term are facilities to assure that the highest degree of quality care can be provided to our residents at all times.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to maintain clean kitchen and food storage room floors and walls, compromising safe and sanitary dietary conditions. This failure has the potential to affect 213 residents residing in the facility. On 2/13/2026 at 11:29, V22 (Dietary Manager) stated the dietary aides and cooks are responsible for cleaning the floors in their assigned stations; she (V22) is in the process of revising job descriptions; has not received complaints of bugs in food; has not observed bugs in the kitchen; and there is not a staffing issue in the kitchen. V22 stated the purpose of clean and sanitation in the kitchen practice good cleaning practices for the health of the residents. V22 verified the kitchen contained dirty floors with trash on the floors and debris along the walls throughout the kitchen. V22 verified mice and insect glue traps in the storage room under storage racks. On 2/13/2026 at 12:54 pm, V27 (Dietary Aide) stated all dietary staff are responsible for keeping the kitchen clean and sanitary; she (V27) mopped the kitchen after breakfast this morning; she has seen roaches in the kitchen on the counter by the sink; exterminator treats the kitchen twice a week; and the purpose of keeping the kitchen clean is to prevent the residents from getting sick. V27 verified the kitchen floor contained dirt, trash, and debris throughout the kitchen. Facility's Policy titled Residents' Rights undated documents, in part, in section (i) Safe Environment: The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and support for daily living safely. Facility's Food Service Supervisor Job Description undated documents a Job Summary: The Food Service Supervisor is responsible for planning, organizing, staffing, directing, coordinating, reporting, budgeting, and physical management of the dietary department's employees and equipment in a way that the dietary services of the facility shall be maintained in accordance with established policies. The Food Service Supervisor is directly responsible to the administrator. Main duties include. #5. Supervise the receiving and storage of food and kitchen supplies and maintain the storage room in a neat and orderly manner. #7. Inspect and supervise food preparation and service to ensure that infection control and the highest standards in all aspects of the dietary department are followed. Facility's Dietary Aide Job Description undated documents a Job Summary: The Dietary Aide is responsible for aiding all food functions as directed/instructed and in accordance with established food policies and procedures. Essential Duties and Responsibilities include- Ensure that the department is maintained in a clean & safe manner by assuring that necessary equipment & supplies are maintained. Dietary Aide must also ensure the facility's standards on Infection Control Precautions are being followed when performing daily tasks. Sweeping and mopping floors in the kitchen/dish room as instructed by supervisor. Facility's Food and Sanitation Policy dated 4/2017, in part The following sanitary practices in food preparation and cooking to keep food safe. Identification of potential hazards in the food preparation process and adhering to critical control points can reduce the risk of food contamination and thereby prevent foodborne illness.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interviews and record review, the facility failed to ensure that the dumpster was closed and free from trash. These failures have the potential to affect all 213 residents residing at the facility. Findings include: On 2/13/2026 at 10:01 am, Surveyor and V11 (Maintenance Assistant) observed the facility dumpster area with foul odor, two dumpsters that had four open lids, scattered debris and trash surrounding the perimeter on the ground around the dumpster area. V11 stated that he believes that the dumpster lids should be closed and that the housekeeping department is responsible for the dumpster area. V12 stated, I don't deal with that (referring to the dumpster area). V11 then explained if the dumpster lids are left open and trash is left around the dumpster area pest such as roaches and mice can come into the facility. On 2/13/2026 at 10:07 am, Surveyor and V12 (Housekeeping Supervisor) observed the facility dumpster area with foul odor, two dumpsters that had four open lids, scattered debris and trash surrounding the perimeter on the ground around the dumpster area. V12 stated that the dumpster area should be cleaned more than daily. V12 then explained if the dumpster area is left with trash and lids open it is not good and can attract cats, varmints and rodents to the facility. The facility's policy dated 5/14 and titled Waste Management documents, in part: Purpose: to prevent the spread of infection: Standards: 4. Trash containers will be emptied when full but at the end of each shift. Plastic liners shall be tied and placed in outside dumpster and the dumpster lid kept closed. 5. Maintenance and Housekeeping personnel shall assure (ensure) the dumpster area is kept clean and all trash bags are inside the dumpster, and dumpster lids closed.</p>		

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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>Based on observation, interview and record review the facility failed to assure that one resident (R9) had ceiling suspended curtains to create full visual privacy. This failure affected one resident out of 22 residents reviewed. Findings include: On 02/13/26 at 12:00pm observed R9 sitting in bed in a 4 person fully occupied room, with no privacy curtain observed around R9's bed. On 02/13/26 at 12:00pm R9 stated that on 08/03/25 his privacy curtain fell from the ceiling and the facility never replaced it. R9 stated that he has no privacy and cannot change his clothes at the bedside. R9 stated that he would like to have some privacy. R9's progress note dated 08/03/25 at 7:57pm documents in part, Resident was lying in bed watching television when the privacy curtain and attached track suddenly detached from the ceiling and fell. The resident immediately notified staff. Upon assessment the resident denied pulling on or laying against the curtain at any time prior to the incident. Work order request placed in maintenance log. On 02/13/26 at 1:09pm V1 (Administrator) stated that all residents should have privacy curtains and window curtains for privacy, comfort and homelike environment. V1 stated that maintenance should make sure that all the curtains, including privacy curtains are up and in working order. On 02/13/26 at 2:41pm V12 (Housekeeping Supervisor) stated that housekeeping is in charge of replacing privacy curtains. V12 stated that all residents should have privacy curtains for privacy. Facility's undated policy titled Attachment J: Statement Of Resident Rights documents in part, No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the constitution of the United States solely on account of his or her status as a resident of the Community, nor shall a resident forfeit any of the following rights: (a) Resident rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. () A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance of enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. Facility's job description titled Maintenance Director documents in part, The primary purpose of this position is to maintain the orderly functioning of all equipment in the facility including the kitchen, laundry, heating, air conditioning, and elevators as well as purchasing necessary supplies for repairs, maintenance, and emergencies within budgetary guidelines. Main Duties: 9. Perform all repairs that do not fall under the purview of housekeeping. 17. Supervise repairs and routine maintenance of the building and all the departmental equipment. Facility's policy titled Policy and Procedure Safe, Clean, Comfortable and Homelike Environment reviewed 01/2025 documents in part, Policy: The facility will provide a safe, clean, comfortable, and homelike environment to the residents while taking into consideration a person-centered care, where residents' independence is promoted. Purpose: To ensure that the facility remains pleasant to live. To ensure that the facility is cleaned on a regular basis according to the federal/state guideline. Procedure: 1. The facility will be kept clean and well-maintained through regular cleaning schedule, preventive maintenance program, and repair or enhancement of existing structures, systems, and fixtures. 2. Promote a homelike environment by: a. Keeping the residents' room clear of debris, clutter, or spills and free of odors. f. Having a privacy curtain that is clean and good condition.</p>		

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 02/14/2026
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a safe, functional, clean and comfortable environment. This failure affects all 213 residents residing in the facility. Finding includes:</p> <p>On 2/13/2026 at 9:43am surveyor observed the base boards missing by room [ROOM NUMBER] and on the right side of the hallway on the first floor between rooms 111 & 113. Surveyor also observed missing floor panels in the center of the hallway floor.</p> <p>On 2/13/2026 at 9:59am surveyor observed the baseboard by medical equipment room missing with a hole in the wall, stained ceiling panels are not secured due to the holding rails being warped in the 1st floor dining room and missing parts of squares in the floor on the elevator (Elevator 3). At 10:10am on the second-floor surveyor observed the wall, in the shower room, behind the toilet with a brown substance splattered on the wall and the bottom of the toilet and floor with grayish black debris across from the nurse's station.</p> <p>On 2/13/2026 at 10:55am surveyor reviewed the work order binder and none of these issues were found in the binder.</p> <p>On 2/13/2026 at 1:46pm surveyor observed the tile is broken in front of the elevator on the third floor.</p> <p>On 2/14/2026 at 1:50pm via email V8 (Maintenance Director) said, No, the baseboard should not be peeling or pulled from the wall and the walls should not have holes in them in resident rooms and that these issues does not provide a homelike environment for the residents.</p> <p>On 2/14/2026 at 2:07pm via email V1 (Administrator) said, No they (residents) shouldn't have residence walls with holes in them, and no they shouldn't have stained ceiling tiles even though they are replaced often but with so many leaks, and over flows we get water marks, but no, they shouldn't have them.</p> <p>V21 verified observation of both shower rooms on the second floor containing dirty floors, brown splatter on the shower's toilet wall, tub filled with water and debris, and missing drywall along the base of the floor behind the toilet.</p> <p>On 2/13/2026 at 10:49 AM, V21 (Certified Nurse's Assistant-(CNA) stated V21 stated housekeeping cleans good and housekeeping/floor techs respond quickly to staff cleaning requests. V21 verified observation of both shower rooms on the second floor contained dirty floors, brown splatter on the shower's toilet wall, tub filled with water and debris, and missing drywall along the base of the floor behind the toilet. Maintenance is responsible for repairs around the facility.</p> <p>On 2/13/2026 at 11:01 AM, V20 (Housekeeper) he (V20) cleans residents' rooms and floor techs are responsible for cleaning the shower room, bathroom, hallway, dining room, elevator and taking out garbage. V20 stated the purpose of cleaning and sanitizing the facility is the health of residents.</p> <p>Policy titled Preventative Maintenance Program with a reviewed date of 1/2026 documents, in part, 5. All facility areas are kept clean and in safe condition. 14. Ceiling tiles are free from</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Morgan Park Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 10935 South Halsted Street Chicago, IL 60628	
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>watermarks or spots and 15. Wall coverings are intact and free of tears or loose seams.</p> <p>Job Description titled with an updated date of 7/2024 documents, in part, the primary purpose of this position is to maintain the orderly functioning of all equipment in the facility, 4. Assure the proper maintenance and running condition of all electricity and plumbing in the entire facility including (but not limited to) c. the resident's room and perform all repairs that do not fall under the purview of housekeeping.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest control that eliminated roaches and mice in the facility. This failure has the potential to affect all 213 residents in the facility. Findings include:</p> <p>On 2/13/2026 at 10:30 AM, R18 stated bugs she identified as roaches are seen in the hallways and seldom in her room; no roaches in her food but have seen roaches in the dining room crawling on trays left over from lunch or dinner; mice seen in the hall running from one room to the next; and seen roaches in the shower room.</p> <p>On 2/13/2026 at 10:49 am, V21 (Certified Nurse Assistant-(CNA) stated she saw roaches on unit 2 North's hallway floors this week and have not seen any roaches in resident's food.</p> <p>On 2/13/2026 at 11:08 AM, R19 stated bugs in his room are roaches and are coming from the resident's room next door.</p> <p>On 2/13/2026 at 11:15 AM, R9 stated they saw bugs described as roaches crawling on his table and has seen mice in their room since he was admitted 8 months ago and no roaches in food.</p> <p>On 2/13/2026 at 10:01 am, Surveyor and V11 (Maintenance Assistant) observed the facility dumpster area with two dumpsters that had four open lids and trash surrounding the dumpster area. V11 stated that he believes that the dumpster lids should be closed and that the housekeeping department is responsible for the dumpster area. V12 stated, I don't deal with that (referring to the dumpster area). V11 then explained if the dumpster lids are left open and trash is left around the dumpster area pest such as roaches and mice can come into the facility.</p> <p>On 2/13/2026 at 10:07 am, Surveyor and V12 (Housekeeping Supervisor) observed the facility dumpster area with two dumpsters that had four open lids and trash surrounding the dumpster area. V12 stated that the dumpster area should be cleaned more than daily. V12 then explained if the dumpster area is left with trash and lids open it is not good and can attract cats, varmints and rodents to the facility</p> <p>On 2/13/26 at 10:13 am, V10 (Certified Nursing Assistant, CNA) stated that she has witnessed roaches all throughout the third-floor unit including residents rooms at the facility. V10 also stated that about a month ago she has witnessed a resident kill a mouse and bring the dead mouse to the nursing station to the unit nurse.</p> <p>On 2/13/26 at 10:16 am, R6 stated that she observed roaches in her room and mice in the nourishment room underneath the sink. R6 stated that she reports the sightings of roaches and mice to the facility staff, and nothing is being done because she continues to see them. At 10:19 am, Surveyor and R6 observed mouse/rodent droppings located underneath the sink cabinet area within the nourishment room on the third floor. The observed droppings were located on the floor surface beneath the plumbing area and appeared to be consistent with rodent feces.</p> <p>On 2/13/26 at 10:22 am, Surveyor observed R7 in bed asleep with dead roaches next to R7's nightstand in R7's room.</p> <p>On 2/13/26 at 10:25 am, R8, R12 and R13 all stated that they see roaches in their room crawling</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>throughout the baseboards usually at nighttime. R8, 12, and R13 all stated that about one month ago there was a mouse on a glue trap in R8, R12 and R13's room. R8 stated that he reported the mouse on the glue trap however nothing was done. R8 further explained that the mouse laid on the glue trap making a squeaking noise so R8 put the mouse on the glue trap in a trash bag and took the mouse to the third-floor nurses station and staff then disposed of the mouse. R12 and R13 all stated they witnessed the event.</p> <p>On 2/13/26 at 10:30 am, R9 stated that he sees mice coming through the baseboard in his room every night. R9 stated that V8 (Maintenance Director) sprayed foam around the baseboards in R9's room however he still sees the mice every night. R9 also stated that he sees roaches in his room every day. R9 states that he continues to request staff to place glue traps for his room however nothing has been done.</p> <p>On 2/13/26 at 10:33 am, Surveyor observed three small roaches in the third-floor shower room behind the linen cart across from the shower stall area.</p> <p>On 2/13/26 at 10:40 am, R10 and R11 both stated that about one week ago R10 and R11 observed a dead mouse in their room. R11 stated that he placed the dead mouse in a plastic bag and took it to the housekeeping staff and requested a glue trap for R11's room however the housekeeping staff stated they did not have a glue trap and tossed the mouse into the garbage.</p> <p>On 2/13/26 at 10:48 am, V13 (Licensed Practical Nurse, LPN) denied ever seeing mice or roaches at the facility. At 10:55 am, Surveyor and V13 went into the third-floor shower room and observed three roaches behind the linen cart across from the shower stall area. V13 stated, This is the first time I seen roaches here.</p> <p>O 2/13/26 at 10:56 am, V14 (CNA) stated that she sees roaches every day in all the residents rooms. When V14 was asked the facility's protocol for when there is a sighting of a pest and V14 stated, I just step on it (referring to the roaches) and kill them.</p> <p>On 2/13/26 at 11:20 am, V1 (Administrator) denied any knowledge of mice in the facility. V1 stated that she was not aware of residents with concerns for mice in the facility. V1 then stated that she is aware of residents with concerns for roaches in the facility and that the pest control company treats the facility twice a month. When V1 was asked if there has been request for the pest control company to treat the facility more frequently, V1 stated that at this time the pest control company only visits the facility twice a month.</p> <p>The facility's policy dated 5/14 and titled Waste Management documents, in part: Purpose: to prevent the spread of infection: Standards: 4. Trash containers will be emptied when full but at the end of each shift. Plastic liners shall be tied and placed in outside dumpster and the dumpster lid kept closed. 5. Maintenance and Housekeeping personnel shall assure (ensure) the dumpster area is kept clean and all trash bags are inside the dumpster, and dumpster lids closed.</p> <p>The facility's policy dated 11/24 and titled Pest Control Policy documents, in part: Purpose: To prevent or control insects and rodents from spreading disease. Standards: 1. The Environmental Service Director will be responsible for coordinating the facility pest control program . 3. The pest control program will be conducted on a regular and as needed basis . 5. Employees are instructed to promptly report all observations of pests to their department heads 10. The facility shall be kept in such condition and cleaning procedures used to prevent the harborage or feeding of insects or rodents.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>16. Outside dumpsters shall be of sufficient size so that the lid can be tightly closed. The container shall be stored on a smooth surface of non-absorbent material. 17. The dumpster shall be kept clean and maintained in good repair.</p>