STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145764	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Morgan Park Healthcare	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure that prescribed medication was administered to four residents (R7, R10, R11 and R12) within an hour of the scheduled time, and the facility failed to ensure that an IV (Intravenous) medication hanging at R10's bedside was labeled with the date and time it was administered. These failures affected four residents (R7, R10, R11 and R12) reviewed for nursing care in a total sample of twelve residents. Findings include:On [DATE] at 12:00 pm, V22 (LPN/ Licensed Practical Nurse) was standing near the medication cart on the 2nd floor (2 South) viewing the EMAR (Electronic Medication Administration Record).At that time, the 9 AM medication was flagged (red color coded) for four residents (R7, R10, R11 and R12).On [DATE] at 12:00 pm, V22 (LPN) stated the following, The medication turns red in the system when they are an hour or more late. Their medication (R7, R10, R11 and R12) isn't late, I just haven't signed them out yet.On [DATE] at 12:15 pm, R7 stated that she had not had her morning (9 am) medication yet.R7's BIMS (Brief Interview for Mental Status) score indicates a score of 15, which indicates cognitively intact.R7's 9 AM Medication list includes the following: Acidophilus/ Pectin 100 MG (Milligram), Docusate sodium 100 MG, Methadone HCL (Hydrochloride)10 MG and Quetiapine fumarate 150 MG.R7 is [AGE] year old with diagnosis including but not limited to: Essential hypertension, bipolar disorder, opioid abuse, neuralgia and neuritis. On [DATE] at 12:23 pm, R12 stated that he had not had his morning medication yet.R12's BIMS (Brief Interview for Mental Status) score indicates a score of 15, which indicates cognitively intact.R12's 9 AM Medication list includes the following: Gabapentin 400 MG oral capsule, Polyethylene Glycol 3350 powder 17 GM (gram) by mouth, Sennosides- docusate sodium 8.6- 50 MG oral tablet.R12 is [AGE] year old with diagnosis including but not limited to: Schizophrenia, acquired absence of right toes, acquired absence of left leg below knee, gangrene and pain in unspecified joint. On [DATE] at 12:30 pm, R11 stated the following, I'm still waiting on my morning medication.R11's BIMS (Brief Interview for Mental Status) score indicates a score of 10, which indicates moderate cognitive impairment.R11's 9 AM Medication list includes the following: Enoxaparin Sodium solution 40 MG/ 0.4 ML (milliliter) subcutaneous injection, Flomax 0.4 MG oral tab, Keppra 500 MG oral tab, Lactobacillus oral capsule, Nifedipine Extended Release- 60 MG oral tab, Suboxone sublingual film 4-1 MG, Sennosides- docusate sodium 8.6- 50 MG oral tab, and PEG 3350-Potassium CHL- Sodium bicarbonate- Sodium chloride- sodium sulfate 10 ML by mouth.R11 is [AGE] year old with diagnosis including but not limited to: Chronic obstructive pulmonary disease, epilepsy, other toxic encephalopathy, neuralgia and neuritis. On [DATE] at 12:57 pm, Surveyor noted an empty 50 ml- IV (milliliters-intravenous) bag hanging on an IV pole next to R10's bed.The IV bag was not labeled with a hang time (time of administration), or initials by the nurse that administered the IV fluid.On [DATE] at 12:58 pm, R10 stated the following, I have not received any medication yet today. I'm supposed to have my morning medication early, but I always get it late. It's lunch time already. That's why I'm still in bed, because I have not had my morning medication and I feel sluggish. I know that I will feel better after getting my medication.On [DATE] at 1:00 pm, V22 entered R10's room to administer her scheduled 9 am medication.At that time, V22 (LPN) stated the following, I think the overnight nurse gave R10 the IV medication this morning before she left. She worked 11p- 7a, but she (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sometimes gives R10 the 9 am medication early. I'm not sure. The IV bag should be labeled with a date and the initials of the nurse that gave it just so that the following nurse will know the time that it is administered. The medication should be signed out in the MAR as well to make sure that the medication is not given twice. I may have overlooked their medication (R7, R10, R11 and R12) this morning because my computer battery died.R10's BIMS (Brief Interview for Mental Status) score indicates a score of 15, which indicates cognitively intact.R10's 9 AM Medication list include the following: Bisacodyl 5 MG, Buprenorphine HCL- Naloxone HCL sublingual film 8-2 MG, Clonidine HCL 0.1 MG, Folic acid 1 MG, Miralax powder 15 GM, Penicillin G sodium injection solution 5 million units IV (intravenously) and Phenazopyridine HCL 200 MG, Pregabalin 50 MG, Pyridoxine HCL 50 MG, Senna tablet, Thiamine HCL 100 MG and Multivitamin.R10 is [AGE] year old with diagnosis including but not limited to: Type 2 Diabetes mellitus, hypokalemia, urinary tract infection and Methicillin resistant staphylococcus aureus infection, and polyneuropathy. On [DATE] at 3:36 pm, V2 (DON/ Director of Nursing) stated the following, Medication is usually scheduled for daily (9 am), twice a day (9 am and 5 pm), or at bedtime (9 pm). 10:00 am would be the latest time to give a mediation scheduled for 9:00 am. Medication should be signed out immediately after they are given. If the medication is not signed out, no one can determine when it was given. If it is not signed out, it wasn't given. If medication is scheduled for 9 am, it should be given one hour before and one hour after the scheduled time (between 8 am and 10 am). R10's IV medication should have been labeled by the nurse that gave it. We cannot say when the last dose of the medication was given if it is not labeled or signed out in the system. If a medication turns red on the MAR (Medication Administration Record) it is late.Facility policy titled Medication Administration and dated 1/2026 documents, Medication should be administered within one hour of the prescribed times or according to liberalized medication pass; the individual administering the medication shall initial the resident's Medication Administration Record on the appropriate line and date for that specific day after administering the medication.Facility policy titled Intravenous Therapy and dated 1/2026 documents, each solution bag should be labeled with contents, date and time when hung and expiration period of any medication.