

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 10/04/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on observation, interview, and record review, the facility failed to monitor its call light system and answer call lights within a timely manner for two (R62, R182) residents in a total sample of 35 residents reviewed.</p> <p>Findings include:</p> <p>On 10/01/2024, at 12:25PM, R62's call light was illuminating above R62's room door. There was an audible sound heard from the call light. Housekeeping staff were seen passing by R62's room and did not answer R62's call light.</p> <p>On 10/01/2024, at 12:34PM, R62's call light was still illuminating above R62's room door. No audible sound was heard from the call light.</p> <p>On 10/01/2024, at 12:48PM, R62 states she had a bowel movement and urinated. She has been waiting for someone to change her incontinence brief for a long time. R62 states she is unable to go to the bathroom on her own and toilet herself. R62 states a CNA (Certified Nursing Assistant) staff member came into her room about 1 hour ago. CNA informed R62 that the CNA would be back to change R62. R62 states no one ever came back to her room to change her incontinence brief and she is still soiled in urine and feces.</p> <p>On 10/01/2024, at 1:23PM, R62's call light observed off. Surveyor is located inside of R62's room. R62 states a nurse (identified as V7/LPN) came into her room about 10 minutes ago and turned her call light off. R62 states she made V7 aware that she was soiled with feces and urine. R62 stated that she needed to be changed. R62 states V7 told her okay and left the room.</p> <p>On 10/01/2024, at 1:48PM, V6 (CNA) states she is responsible for caring for R62. V6 states the facility's call light system does not have an audible sound but only a light that illuminates when a resident presses their call light button. V6 states she monitors the halls to check for any illuminated call lights.</p> <p>On 10/01/2024, at 1:50PM, V7 states she did answer R62's call light. R62 did make her aware that R62 was soiled and needed to be changed. V7 states she went to look for R62's assigned CNA to make her aware that R62 needed to be changed but V7 could not find the CNA.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/01/2024, at 1:54PM, V7 and surveyor located inside of R62's room. R62 makes V7 aware that she is still soiled, and no one has answered her call light and came to her room to change her incontinence briefs.</p> <p>R62s' Face sheet documents that R62 was admitted to the facility on [DATE], with diagnoses not limited to: cerebral infarction, hemiplegia and hemiparesis.</p> <p>R62's Minimum Data Set/MDS dated [DATE], documents that R62 has a Brief Interview for Mental Status/BIMS of 15/15, indicating that R62 is cognitively intact. R62's MDS documents that R62 is dependent with ADL (Activities of Daily Living) care and personal hygiene. R62 is incontinent of bowel and bladder.</p> <p>On 10/01/2024, at 1:17PM, R182 states he often has to wait for long periods of time to have his call light answered. R182 states he waited two hours to have his call light answered about 1 week ago.</p> <p>R182s' Face sheet documents that R182 was admitted to the facility on [DATE], with diagnoses not limited to: obesity, history of falls, chronic kidney disease, and cellulitis.</p> <p>R182's Minimum Data Set/MDS dated [DATE], documents that R182 has a Brief Interview for Mental Status/BIMS of 15/15, indicating that R182 is cognitively intact. R182's MDS documents that R182 is dependent with ADL care and personal hygiene. R182 is incontinent of bowel and bladder.</p> <p>Facility policy dated 09/2019 titled Call Light documents in part, Purpose: To respond to resident's requests and needs in a timely and courteous manner. Policy: All call lights will be answered by any staff within their scope of practice. 4. Requests shall be responded to in a courteous and professional manner.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45001</p> <p>Based on observation, interview, and record review the facility failed to provide an adequate amount of linen and towels to provide for resident care needs. This failure affects all 197 residents residing in the facility.</p> <p>Findings include:</p> <p>On 10/1/24, at 1:20 PM, V32 (Certified Nursing Assistant) stated there is no linen on the floor/unit (3 South) now. There is never enough linen. The beds should be changed daily on the morning shift. The Linen/Supplies closet holds the fitted, flat sheets, pillowcases, bath and face towels, gowns, and pads. Surveyor reviewed the contents of the supply closet for 3 South. Surveyor observed no flat or fitted sheets, 3 big towels, 2 small towels, 3 pillowcases, 7 gowns and 3 pads. Surveyor reviewed the two linen carts on 3 South with V32. Surveyor observed one cart was empty and the other cart had 2 pillowcases, 1 gown, 1 blanket, 1 flat sheet, 1 fitted sheet, 1 pad, 1 bath towel, 1 small towel that was stained with frayed edges and looked to be cut from a bigger towel.</p> <p>On 10/1/24, at 1:35 PM, surveyor observed resident room [ROOM NUMBER] with two beds with no sheets on them and resident room [ROOM NUMBER] with one bed with no sheets on it. V33 (Certified Nursing Assistant) stated the beds in rooms [ROOM NUMBERS] are not made up because there is not enough linen to do the beds. Typically, the beds would be made by now. It has been a pattern of not having enough linen for the unit (3 South).</p> <p>On 10/3/24, at 9:10 AM, reviewed the laundry department. In the dirty section of the laundry department, observed two bins with linen inside. V25 (Laundry Aide) stated one had sheets inside, and the other had pads, gowns, and blankets. Observed linen in a dryer. V25 stated it was towels and pillowcases. V25 (Laundry Aide) stated I have worked here for [AGE] years. We go up to the floors to retrieve the dirty laundry. We could use more supply of linen and towels. We get complaints that there is not enough linen. We get calls from the floors asking for towels, linen.</p> <p>On 10/3/24, at 9:12 AM, V26 (Laundry Aide) stated we could use more linen and towels.</p> <p>On 10/3/24, at 9:15 AM, reviewed a linen storage area with V24 (Housekeeping Director). Observed one package of washed clothes. V24 stated there are 60 washcloths per package. Observed one package of fitted sheets. V24 stated there are 12 sheets per package. Observed nine pillowcases. V24 stated staff are cutting the linen to use on the residents because there is a lack of linen. I only have a \$500 budget. The \$500 budget is for fitted sheets, flat sheets, pillowcases, blankets, bath towels, face towels, gowns, and pads. One package of sheets, one dozen pads cost \$54.95 per package.</p> <p>On 10/3/24, at 12:17 PM, observed the Linen/Supplies closet on 2 South to be empty of linen and towels.</p> <p>On 10/3/24, at 1:20 PM, V37 (Certified Nursing Assistant) stated typically we do not have enough linen and towels. When I need to make beds, I don't always have the linen needed. I have seen cut up towels.</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 - Many</p>	<p>On 10/3/24, at 1:33 PM, V1 (Administrator) stated I have been made aware that there is not enough linen. My housekeeping supervisor orders on a monthly basis. The linen company sends linen monthly. I am now monitoring what is going on with the linen, the linen that comes in, and I'm trying to order an extra three-day supply.</p> <p>On 10/3/24, at 3:50 PM, V2 (Director of Nursing) stated I expect the staff to have enough linen, towels so they can provide care at the start of shift and during the shift.</p> <p>45000</p> <p>On 10/02/2024, at 10:23AM, V29 (Registered Nurse) states he usually works the 11:00 PM-7:00 AM shift at the facility. V29 states he has heard of complaints that residents do not have enough linen to use in the facility. V29 states he is aware that some of the CNA (Certified Nursing Assistant) staff cut or tear the sheets into pieces in order to make a small towel like cloth in order to wash the residents. V29 states he is also aware of some of the CNA staff going to the store and buying towels with their own money to purchase towels for resident use in the facility.</p> <p>On 10/02/2024, at 11:40AM, V7 (LPN) states she has witnessed the CNA staff improvise and cut and tear sheets and blankets in order to make a small towel like cloth to wash the residents with. V7 states the amount of linen in the facility is not sufficient for resident use.</p> <p>On 10/03/2024, at 9:39AM, V25 (Laundry Aide) states when she starts her shift, she stocks the linen cart for each floor and takes them to the designated floors. V25 states there is one linen cart she stocks and takes it to both floors of the facility. V25 states the facility has two resident floors that are divided into two units each. V25 states today she delivered linen to the facility units as follows:</p> <p>Face towels: 15</p> <p>Bath towels: 10</p> <p>Fitted sheets: 4</p> <p>Flat sheets: 6</p> <p>Underpads: 10</p> <p>Gowns: 7</p> <p>Pillowcases: 2</p> <p>Facility census dated 10/01/2024, documents a total of 197 residents reside in the facility.</p> <p>On 10/03/2024, at 9:40AM, V24 (Housekeeping Director) states he is allowed a budget of approximately \$500-\$600 dollars a month to order linen for the residents in the facility. V24 states he is aware that staff are cutting up sheets and blankets in order to make towels for the residents to use. V24 states he is aware that there is a lack of linen supply in the facility and the allowed linen budget can only do so much.</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 - Many</p>	<p>There is no documentation/invoices to show that the facility is actively and consistently ordering linen for resident use.</p> <p>Facility policy titled Laundry Services documents in part, 1. Clean Linen a. An adequate supply of clean linen will be maintained for resident care.</p> <p>Facility policy titled Resident Rights documents in part, Rights to a Dignified Existence- A homelike environment, and use of personal belongings when possible.</p> <p>45111</p> <p>On 10/02/24 10:36 AM during resident council meeting, R81, R79, R120, R158 stated there are no linens for residents to use in the morning and most of the times. Residents have to wait for the morning shift to wash the towels before residents are able to take a shower in the morning.</p> <p>R129 (Resident council president) stated residents have told him that there are not enough linen in the facility, and R129 has brought it to the attention of V1(Administrator).</p> <p>R81 stated she likes to take her showers/baths first thing in the morning after she wakes up but there are not towels at that time and R81 has to wait until the towels are washed. R81 stated even then towels are not enough. R81 stated she does not like going for breakfast before taking a shower, but most of the times she has to because there are no towels in the unit.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record reviews the facility failed to refer six (R21, R79, R97, R120, R127, R135) out of six residents reviewed with newly evident or a possible serious mental disorder to the appropriate state-designated authority for review, in a total sample of 35.</p> <p>Findings include:</p> <p>10/02/2024, 11:29 AM V13 (Social Service Director) states that she handles the Pre-Admission Screening and Resident Review (PASRR) level I and level II. V13 states that someone else from corporate takes care of the initial PASRR level I when a resident is newly admitted to the facility. She reviews the tracker, and it will let her know who is triggered for a level II. The tracker will show to refer a resident to level II screening. V13 states that a PASRR level II is for serious mental illness and is used to determine the need of level of the resident. V13 says that she waits for instructions on who is referred to PASRR level II. She was not aware that once a resident is given a new serious mental illness, they are to be referred to have a PASRR level II done.</p> <p>10/02/2024, 2:45 PM, V13 states that there is no level I or level II for R21 and R127.</p> <p>R21's Face sheet documents that R21 is a [AGE] year-old individual admitted to the facility on [DATE], who has diagnoses not limited to: schizoaffective disorder, bipolar type, schizophrenia, bipolar disorder.</p> <p>There is no documentation to show that R21 was screened for a Pre-Admission Screening and Resident Review (PASRR) level II.</p> <p>R127's current face sheet document R127 is a [AGE] year-old individual admitted to the facility on [DATE], and has diagnoses not limited to: bipolar disorder, mood disorder.</p> <p>There is no documentation to show that R127 was screened for a Pre-Admission Screening and Resident Review (PASRR) level II.</p> <p>Facility policy date December 2023, titled Pre-Admission Screening and Resident Review (PASRR) documents in part, It is the policy of this facility to: Comply with Federal, State and the appointed screening agency, in standards addressing the PASRR assessment/screening process .Review the PASRR documents to help assess/ascertain what type of problems, needs and issues need to be addressed to help the resident function at his/her maximum level of well-being.</p> <p>45001</p> <p>R79 face sheet printed 10/2/2024, by facility indicates R79 has diagnoses that include but are not limited to schizoaffective disorder. The onset date is 7/15/2023.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R79 Notice of PASRR Level I Screen Outcome, 11/8/2022, documents in part: Level I Outcome: No Level II Required - No SMI/ID/RC. Rationale: The Level I screen indicates that a PASRR disability is not present because of the following reason: There is no evidence of a PASRR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted.</p> <p>R97 face sheet printed 10/2/24, by facility indicates R97 has diagnoses that include but are not limited to bipolar disorder, onset date 7/26/2022; major depressive disorder, onset date 1/13/2023.</p> <p>R97 Notice of PASRR Level I Screen Outcome, 7/25/2022, documents in part: Level I Outcome: No Level II Required - No SMI/ID/RC. Rationale: The Level I screen indicates that a PASRR disability is not present because of the following reason: There is no evidence of a PASRR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted.</p> <p>R120 face sheet printed 10/2/2024, by facility indicates R120 has diagnoses that include but are not limited to schizophrenia, bipolar disorder, major depressive disorder, all with onset date 1/17/2024.</p> <p>The facility was not able to provide a Notice of PASRR Level I or Level II Screen Outcome for R120.</p> <p>10/2/24, at 2:57 PM, V13 (Social Services Director) stated I started on 2/24/2024. I did not find a level I for R120. The resident was a transferred from another facility. Each resident should have at least a level I when admitted . It is needed to determine their need level. Level I determines if the facility is proper placement for the resident. Because R120's documents cannot be found, then I don't know if here is the correct placement. The level II determines the treatment the resident needs or interventions to be put in place for them. Level II focuses on mental illness, diagnoses, medications, substance abuse, medical diagnosis that trigger mental health behaviors. Level II is needed/triggered based on psych diagnosis and medications from level I. I called Maximus. They said they do not have a level I or level II for R120.</p> <p>Facility policy Pre-Admission Screening and Resident Review (PASRR), 12/2023, documents in part: It is the policy of this facility to: 1. Comply with Federal, State and the appointed screening agency, Maximus, in standards addressing the PASRR assessment/screening process. 2. Request full and complete PASRR materials (Level 1 and 2) from each referral source prior to or soon following admission.</p> <p>45111</p> <p>R135's current face sheet documents R135 was admitted on [DATE], and his medical diagnosis during admission included but not limited to schizophrenia, unspecified. Brief Interview for Mental Status (BIMS) dated [DATE]th, 2024, is 15/15, indicating R135 has intact cognition.</p> <p>R135's Face sheet documents: 2/11/2022, schizophrenia, unspecified, and further documents R135 was readmitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/02/24, 2:47 PM V13 (Social Services Director) stated corporate told her the employee who was working on the patch tracker is no longer working at the facility. V13 stated every resident needs a PASARR I before admission and determines if a PASARR II is needed. V13 stated PASARR II helps determine the level of care or treatments a resident needs including interventions such as psychotherapy and care plan interventions a resident need. V13 stated she did not know what would happen if a resident did not have a level I & II PASARR.</p> <p>On 10/02/2024, at 4:50 PM, V1(Administrator) stated the corporate office for the facility takes care of PASARRs for the residents and provides the facility with the PASARR information. V1 said R135's PASARR I & II are not on file in his medical records and stated, someone dropped the ball on the PASARRs.</p> <p>Policy titled Pre-Admission Screening and Resident Review (PASRR, dates Dec,2023 documents:</p> <p>Obtaining the necessary screening documents for persons who have resided in previous nursing homes is a complex problem and a new Level 1 screen in the Maximus AP system should be completed.</p> <p>It is the policy of this facility to:</p> <ol style="list-style-type: none"> 1. Comply with Federal, State and the appointed screening agency, Maximus, in standards addressing the PASRR assessment/screening process. 2. Request full and complete PASRR materials (Level 1 and 2) from each referral source prior to or soon following admission. 3. Review the PASRR documents to help assess/ascertain what type of problems, needs and issues need to be addressed to help the resident function at his/her maximum level of well-being. 4. Place the PASRR paperwork in the resident's business file and/or scan it into the EMR. 5. A facility representative shall request the complete screening from the referral source. 		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on record reviews and interview the facility failed to follow the Pre-Admission Screening and Resident Review (PASRR) policy for 2 of 8 residents (R12 and R49) in a total sample of 35 residents reviewed for PASRR assessment requirements. This failure has the potential to affect 2 residents (R12 and R49) in the correct determination of placement based on proper PASRR assessment.</p> <p>Findings include:</p> <p>R12 is [AGE] years old, initially admitted in the facility on 09/12/2024, with diagnosis that includes paranoid schizophrenia, dementia with behavioral disturbance, schizoaffective disorder, bipolar type, suicidal ideations. R12's psychotropic medication includes the following: Hydroxyzine Hydrochloride (antianxiety), Risperidone (antipsychotic), Trazodone (antidepressant).</p> <p>R12's care plan includes the following: R12 present signs and symptoms of depression, suicidal ideation (self-harmful behavior), and severe mental illness.</p> <p>R49 is [AGE] years old, initially admitted on [DATE]. R49's diagnosis includes bipolar disorder. R49's psychotropic medication includes the following: Ativan (antianxiety) and Mirtazapine (antidepressant).</p> <p>R49's care plan includes the following: R49 has behavioral symptoms of dysregulation related to psychopathology, drug seeking and level of anger, severe mental illness, and bipolar disorder.</p> <p>On 10/02/2024, at 02:45 PM, V13 (Social Service Director) stated that there is no PASRR screening done for both R12 and R49. V13 stated the employee that tracks all PASRR is no longer connected to the facility. All residents must have PASRR level 1 prior to admission. This should have been done in the hospital with the coordination of the facility. Per V13, PASRR level 1 and level 2 is important to determine level of care of a resident before admitting in the facility. It is required for all residents.</p> <p>Pre-Admission Screening and Resident Review (PASRR) policy dated 12/2023, reads: In accordance with Federal and State of Illinois regulatory standards and recommended practices, this organization requires each resident to be screened for Level 1 prior to or shortly thereafter admission. As of March 14, 2022, the Illinois system has changed to Maximus Assessment Pro (AP) and Path Tracker (PT). There is no longer an OBRA form. The facility makes reasonable efforts to make sure the required screening documents are in the AP/PT system prior to admission or shortly after the time of the individual's arrival. It is the policy of this facility to comply with Federal, State and appointed screening agency Maximus, in standards addressing the PASRR assessment/screening process.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>41356</p> <p>Based on observation, interviews, and records review the facility failed to provide an individualized care plan to include an identified hygiene concern related to a tracheostomy of 1 (R49) of 35 residents in a total sample of 35 residents reviewed for planning of care. This failure has the potential to affect 1 resident (R49) in maintaining hygiene of the tracheostomy area.</p> <p>Findings include:</p> <p>On 10/01/2024, at 12:05 PM, R49 was found sleeping on his bed with his right hand holding a transparent tube. After calling his first name, R49 woke and can verbalize. R49 stated that he has something in his hand and inserted the transparent tube inside of his tracheostomy opening.</p> <p>On 10/02/2024, at 12:41 PM, upon seeing R49's ability to take off the inner cannula of his tracheostomy and re-insert the same; V23 (Licensed Practical Nurse) was asked if it is common for R49 to take off his tracheostomy inner cannula and reinsert it back? V23 stated that R49 takes off his tracheostomy inner tube often and sometimes sucks on it.</p> <p>On 10/03/2024, at 11:05 AM, V22 (Licensed Practical Nurse) stated that R49 does take out his tracheostomy inner cannula (tube) and put it back in. When staff see it, they clean it. But since she works only a single shift, she cannot attest to those shifts that she was not working. V22 stated that there is a need to monitor, clean the inner cannula, and other interventions to maintain the cleanliness of R49's tracheostomy including addressing it in the care plan.</p> <p>Review of R49's history of antibiotic orders, documents that R49 received multiple antibiotics for respiratory infections including: Tobramycin Inhalation Capsule (Tobramycin) 300 mg three separate orders by physician for upper respiratory infections. Bactrim DS Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim) for Sputum found to have proteus and Acinetobacter baumannii which causes bacterial infection.</p> <p>On 10/03/2024, at 01:01 PM, V2 (Director of Nursing) stated that R49's taking off his tracheostomy inner cannula is not hygienic. Her expectation for nursing staff is to notify R49's doctor and notify family. Also, redirect R49 when the behavior happens. It needs to be care planed as well.</p> <p>On 10/03/2024, at 12:51 PM, V15 (Minimum Data Set/MDS Coordinator) stated, I am not aware that R49 takes out the inner cannula of his tracheostomy. If I was aware, it should be care plan. Staff are supposed to notify the doctor. It needs to be cleaned to reduce potential infection and clogging.</p> <p>Care plan policy dated 4/2024, reads: All residents will have a comprehensive assessment and an individualized plan of care developed to assist them in achieving and maintaining their optimal status.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on observation, interview, and record review, the facility failed to provide incontinence care for three (R56, R62, R94) residents and failed to provide scheduled showers for one (R87) resident. These failures affect four residents who are dependent for Activities of Daily Living/ADL care in a total sample of 35 residents reviewed.</p> <p>Findings include:</p> <p>On 10/01/2024, at 12:03PM, R87 states she has not received a shower in the facility for approximately 3 weeks. R87 states this is due to inconsistent water temperatures in the shower rooms in the facility. R87 states she has been requesting to have a shower but the water in the shower rooms are sometimes too cold to take a shower. R87 states she knows her body is not cleaned how it is supposed to be.</p> <p>On 10/02/2024, at 12:06PM, V6 (Certified Nursing Assistant/CNA) states the water on the second floor was cold when she checked it this morning and was not able to give R87 a shower today.</p> <p>On 10/02/2024, at 11:40AM, V7 (Licensed Practical Nurse/LPN) states she primarily works on the second floor of the facility and is consistently assigned to care for R87. V7 states that V6 (CNA) reported to her on 10/01/2024, that V6 was unable to provide R87 a shower due to cold water temperatures. V7 states R87 reported to V7 on 10/01/2024, that R87 has not received a shower in the facility for approximately one month. V7 states this is the first time she is hearing that R87 has not received a shower in a long period of time. V7 states the protocol for showers is for the CNAs to check the resident shower schedule, provide residents with a shower, and once the resident is inside the shower room, the nurse is supposed to go into the shower room and perform a skin assessment to observe for any skin tears or wounds. V7 states after the nurse performs the skin assessment, the nurse signs a shower sheet form indicating if any skin tears or wounds were found. V7 states the nurse's signature also indicates that the shower was performed for the resident. V7 states she has been assigned to care for R87 for the past month and has not seen any of the CNA staff provide a shower for R87. V7 states she also has not signed a shower sheet for R87 for the past month.</p> <p>R87's Face sheet documents that R87 was admitted to the facility on [DATE], with diagnoses not limited to: type 2 diabetes mellitus, acquired absence of left leg above knee, acquired absence of right leg above knee, and peripheral vascular disease.</p> <p>R87's Minimum Data Set/MDS dated [DATE], documents that R87 has a Brief Interview for Mental Status/BIMS of 15/15, indicating that R87 is cognitively intact. R87's MDS documents that R87 is dependent with ADL care, showers and bathing, and personal hygiene.</p> <p>Facility shower schedule titled 2 North Shower Schedule documents that R87 is scheduled to receive a shower in the facility twice a week on Mondays and Wednesdays.</p> <p>R87's shower sheets requested from V1 (Administrator) on 10/02/2024, at approximately 4:30 PM.</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 - Some</p>	<p>On 10/03/2024, at 1:02PM, V1 (Administrator) states there are no documentation of shower sheets for R87. R87s' care plan dated 07/29/2024, documents that R87 is care planned for ADL self care deficit.</p> <p>Facility policy undated, titled Activities of Daily Living, documents in part, Hygiene: 6. Showers or baths will be scheduled per facility protocol while incorporating residents shower/bath preferences.</p> <p>On 10/01/2024, at 12:36PM, R56 states his incontinence briefs were not changed since yesterday at approximately 6:00 PM. R56 states he was wearing the same incontinence briefs and was left in his own feces for hours. R56 states a CNA just recently changed his incontinence briefs about two hours ago. R56 states he does have wounds on his rear end that he does not want to get worse.</p> <p>R56s' Face sheet documents that R56 was admitted to the facility on [DATE], with diagnoses not limited to: paraplegia, injury at unspecified level of cervical spinal cord, stage three pressure ulcer, muscles wasting and atrophy.</p> <p>R56's Minimum Data Set/MDS dated [DATE], documents that R56 has a Brief Interview for Mental Status/BIMS of 15/15, indicating that R56 is cognitively intact. R56's MDS documents that R56 is dependent with ADL care and personal hygiene. R56 is incontinent of bowel.</p> <p>On 10/01/2024, at 12:48 PM, R62 states she had a bowel movement and urinated. She has been waiting for someone to change her incontinence briefs for a long time. R62 states she is unable to go to the bathroom on her own and toilet herself. R62 states a CNA staff member came into her room about 1 hour ago and informed R62 that the CNA would be back to change R62. R62 states no one ever came back to her room to change her incontinence briefs and she is still soiled in urine and feces.</p> <p>On 10/01/2024, at 1:54 PM, V7 (LPN) and surveyor located inside of R62's room. R62 makes V7 aware that she is still soiled with urine and feces, and no one has come to her room to change her incontinence briefs.</p> <p>On 10/01/2024, at 1:56 PM, V7 (LPN) makes V6 (CNA) aware that R62 is soiled and needs to be changed.</p> <p>On 10/01/2024, at 3:40PM, V6 (CNA) states she changed R62's incontinence briefs after V7 made her aware. V6 states when she changed R62, R62 was soiled with urine and feces.</p> <p>R62s' Face sheet documents that R62 was admitted to the facility on [DATE], with diagnoses not limited to: cerebral infarction, hemiplegia and hemiparesis.</p> <p>R62's Minimum Data Set/MDS dated [DATE] documents that R62 has a Brief Interview for Mental Status/BIMS of 15/15, indicating that R62 is cognitively intact. R62's MDS documents that R62 is dependent with ADL care and personal hygiene. R62 is incontinent of bowel and bladder.</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 - Some</p>	<p>On 10/02/2024, at 10:38 AM, V29 (Registered Nurse/RN) and surveyor located inside of R94's room. Surveyor and V29 observes that R94's incontinence briefs and bed sheets are visibly soiled. R94 is not interviewable. V29 states the staff are expected to check on the residents at least every two hours and as needed in order to meet the resident's needs. V29 states since R94 has soiled through her incontinence briefs and onto her bed sheets, it is likely that it has been more than 2 hours since R94's incontinence briefs were changed.</p> <p>On 10/02/2024, at 10:43AM, V31 (CNA) and surveyor located inside of R94's room and V31 observes that R94's incontinence briefs and bed sheets are visibly soiled. V31 states she is aware that R94's incontinence briefs and bed sheets are soiled. V31 states she started her work shift at 7:00 AM and has not provided incontinence care for R94 today because she did not have any towels to wash R94. V31 states if residents are left in urine and feces for prolonged periods of time, this can cause the resident's skin to breakdown. V31 states she will now change R94's incontinence briefs because the laundry department just brought up some more towels.</p> <p>R94s' Face sheet documents that R94 was admitted to the facility on [DATE], with diagnoses not limited to: cerebral infarction, hemiplegia, hemiparesis, aphasia, and unspecified dementia.</p> <p>R94's Minimum Data Set/MDS dated [DATE] documents that R94 has a Brief Interview for Mental Status/BIMS of 06/15, indicating that R94 is cognitively impaired. R94's MDS documents that R94 requires partial/moderate assistance with ADL care and personal hygiene. R94 is incontinent of bowel and bladder.</p> <p>Facility policy undated, titled Incontinency Care documents in part, Policy: Incontinent resident will be checked periodically every two hours and provided perineal and genital care after each episode. Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45001</p> <p>Based on observation, interview, and record review, the facility failed to secure Soiled Utility rooms that contained sharps and infectious waste materials. These deficient practices have the potential to affect all residents that reside in the facility.</p> <p>Findings include:</p> <p>On 10/2/24, at 8:59 AM, the door to the Soiled Utility room on 3 North was wide open. The door had a push button code entry lock on it. Inside the Soiled Utility room was a biohazard box with a red biohazard bag in it. There was clothes, or linen, inside the red bag. The room also had a hopper, an oxygen concentrator and five bins used for dirty laundry and trash. V42 (Floor Tech) stated the door is supposed to be closed at all times. V42 stated the door was already open when V42 arrived at the room. V42 did not know who opened the door.</p> <p>On 10/2/24, at 10:48 AM, surveyor opened the door of the Soiled Utility room on two South. The room did not have a lock on the door. The room had a cube size refrigerator (empty) that is used for urine and stool specimens. On the refrigerator was posted Do not refrigerate blood cultures. Did you label all specimens with: patient name and DOB (date of birth), date and time of collection, specimen source or site. The room also contained a hopper, two yellow dirty laundry bins and two grey garbage bins. V23 (Licensed Practical Nurse) stated the room is not kept locked. The refrigerator is for urine specimens and full sharps containers are kept in the room.</p> <p>On 10/2/24, at 11:00 AM, V35 (Licensed Practical Nurse) stated the refrigerator in the Soiled Utility room is the sample collection fridge. Samples of bowel and urine are kept in it. Dirty laundry, trash, full sharps containers are kept in the soiled utility room. Residents should not be in the soiled utility room.</p> <p>On 10/3/24, at 12:39 PM, the door of the Soiled Utility room on 3 North was wide open. Inside of the room were 2 grey garbage bins, 1 blue bin, 2 yellow dirty laundry bins, a full sharps container (V30 (Licensed Practical Nurse) shook the container to confirm it was full), a red biohazard bag with something in it inside of a box with the Biohazard sign printed on it and the box read May Contain Sharps.</p> <p>On 10/3/24, at 12:42 PM, V30 (Licensed Practical Nurse) stated the Soiled Utility room is supposed to be closed and locked. Residents should not have access to the room. We keep dirty laundry and trash in the room. There is a full sharps container inside the room. There is a biohazard box and bag inside of the room. Residents should not have access to full sharps containers because it is a safety hazard. They can stick themselves and others. Red bags are used for biohazard materials so residents should not have access to them because it is a safety hazard. It's infectious and contaminated.</p> <p>On 10/3/24, at 1:03 PM, the Soiled Utility room on 3 South did not have a lock and the door was ajar. Inside of the room was a 1-gallon container of Floor Stripper, a 1-gallon container of Glass and Surface Cleaner, a stick razor, 2 gray trash bins, 2 yellow dirty laundry bins, and 1 blue bin.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/3/24, at 1:09 PM, V36 (Licensed Practical Nurse) stated residents should not have access to the Soiled Utility room due to health hazards that are in there such as soiled linen. Residents should not be in there for their safety. Soiled linen and full sharps containers are kept in the room.</p> <p>On 10/3/24, at 1:33 PM, V1 (Administrator) stated soiled clothing and garbage is kept in the Soiled Utility rooms. Residents should not have access to the soiled utility rooms. Items that may cause harm may be located in there. For safety purposes residents should not be in the soiled utility rooms.</p> <p>On 10/3/24, at 3:50 PM, V2 (Director of Nursing) stated 3 South has dementia residents. 3 North has independent with substance abuse residents. 2 South and 2 North is skilled residents. I cannot speak specifically on what this facility keeps in the soiled utility rooms. I just started 9/30/24. If infectious waste, biohazard bags/boxes are in the soiled utility room the residents should not have access to the room. Residents should not have access if full sharps containers are in the room. Residents should not have access to the specimen refrigerator. Residents should not have access to floor stripper and surface cleaner.</p> <p>Facility policy Supervision and Safety, 3/24, documents in part: Our policy strives to make the environment as free from hazards as possible. Resident safety and supervision are facility-wide priorities. Our facility-oriented approach to safety addresses risks for groups of residents such as wanders, behaviors, aggressiveness, confusion, etc.</p> <p>Facility policy Sharp Object Disposal, 1/24, documents in part: Once removed, filled sharps receptacles are placed in the designated place for appropriate storage.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observations, interviews, and record reviews the facility failed to follow the tracheostomy care policy for maintaining a clean environment around a tracheostomy opening for 1 out of 1 resident (R49) and failed to label and date oxygen tubing for 3 out of 7 residents (R8, R96, R124) for a total sample of 35 residents reviewed for respiratory care.</p> <p>These failures have the potential to affect 4 residents (R8, R49, R96, R124) in avoiding respiratory health risk.</p> <p>Findings include:</p> <p>R49 is [AGE] years old, initially admitted on [DATE]. R49's medical diagnosis includes bacterial pneumonia and bacterial infections.</p> <p>On 10/01/2024, at 12:05 PM, R49 was found sleeping on his bed with his right hand holding a transparent tube. After calling his first name, R49 woke and can verbalize. R49 stated that he has something in his hand and inserted the transparent tube inside in his tracheostomy opening.</p> <p>On 10/02/2024, at 12:41 PM, after seeing R49's ability to take off the inner cannula of his tracheostomy and re-insert it, V23 (Licensed Practical Nurse) was asked if it is common for R49 to take off his tracheostomy inner cannula and reinsert it back? V23 stated that R49 takes off his tracheostomy inner tube often and sometimes sucks on it.</p> <p>V3 (Assistant Director of Nursing) stated that she is not familiar with R49 since she just started working in the facility, but said V3 would call the nurse that takes care of R49 often.</p> <p>On 10/03/2024, at 11:05 AM, V22 (Licensed Practical Nurse) stated that R49 does take out his tracheostomy inner cannula (tube) and put it back in. When staff see it, they clean it. But since she works only a single shift, she cannot attest to those shifts that she was not working. V22 stated that there is a need to monitor and clean the inner cannula, and other interventions to maintain the cleanliness of R49 tracheostomy including addressing it in the care plan.</p> <p>Review of R49's history of antibiotic orders, documents that R49 received multiple antibiotics for respiratory infections including: Tobramycin Inhalation Capsule (Tobramycin) 300 mg (three separate orders) by physician for upper respiratory infections; and, Bactrim DS Tablet 800-160 MG (Sulfamethoxazole-Trimethoprim) for Sputum found to have proteus and Acinetobacter baumannii which causes bacterial infection.</p> <p>On 10/03/2024, at 01:01 PM, V2 (Director of Nursing) stated that R49's taking off his tracheostomy inner cannula is not hygienic. And her expectation to nursing staff is to notify R49's doctor and notify family, and redirect R49 when behavior happens. It needs to be care plan as well.</p> <p>Per R49's care plan dated 5/25/2023 for bacterial pneumonia infection, R49 is at risk for contracting infections due to impaired immune status. Keep the environment clean and people with infection away.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Tracheostomy Care policy dated 1/2024, reads:</p> <p>The purpose of the policy is to maintain clean environment around tracheostomy opening. There are multiple procedure in the policy that help maintaining clean tracheostomy. Including the following: When cleaning inner cannula it should maintain in sterile condition. When removing inner cannula from tracheostomy tube it will be place in hydrogen peroxide. And should be place on sterile waterproof surface when taken out of the tracheostomy. During suctioning to prevent microorganisms into trachea. Sterile suctioning catheter should be used each time.</p> <p>45111</p> <p>R96's current face sheet documents R96 is a [AGE] year-old individual with medical diagnosis that includes but not limited to: chronic obstructive pulmonary disease, unspecified, chronic obstructive pulmonary disease with (acute) exacerbation, emphysema, unspecified, acute, and chronic respiratory failure with hypoxia. R96's MDS (Minimum Data Set) documents R96's Brief Interview for Mental Status (BIMS) dated [DATE], as 14/15, indicating R96 has intact cognition.</p> <p>On 10/01/2024, at 12:15 PM, R96 was observed laying in bed watching television and was on oxygen (O2) via nasal cannula. O2 was running at 2 LPM (liters per minute). R96's O2 tubing was observed not labelled with date or time it was changed. R96 stated nurses does not label tubing when they change it.</p> <p>R96's Physician Order Sheet (POS) documents:</p> <p>Active 9/20/2024 05:00-change oxygen tubing weekly every 7 day(s)</p> <p>Active 9/19/2024 21:42 Oxygen every shift at 2LPM continuously per nasal cannula</p> <p>R8's current face sheet documents R8 is a [AGE] year-old individual with medical diagnosis that include but not limited to acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, unspecified, spina bifida, unspecified, hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side. R8's MDS (Minimum Data Set) documents R8 Brief Interview for Mental Status (BIMS) dated Sep 2, 2024, as 15/15, indicating R8 has intact cognition.</p> <p>On 10/01/2024, at 12:19pm, R8 was observed sitting on her bed and was on oxygen (O2) via nasal cannula. O2 was running at 2 LPM (liters per minute). R8's O2 tubing was observed not labelled with date or time it was changed. R8 stated the nurse labeled the water humidifier bottle yesterday but not the O2 tubing.</p> <p>R8's Physician Order Sheet (POS) documents:</p> <p>Active 8/15/2024 7:00 AM Oxygen (O2) @ 2 Liters/Minute per nasal cannula, Maintain O2 Saturation @ 95% or greater every shift for sob (Shortness of Breath).</p> <p>R124's current face sheet documents R124 is a [AGE] year-old individual with medical diagnosis that includes but not limited to: other pulmonary embolism without acute cor pulmonale, hypoxemia, chronic obstructive pulmonary disease, unspecified, dependence on supplemental oxygen.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R124's MDS (Minimum Data Set) documents R124's Brief Interview for Mental Status (BIMS) dated Sep 11, 2024, as 15/15, indicating R124 has intact cognition.</p> <p>R124's Physician Order Sheet (POS) documents:</p> <p>Active 1/24/2022 Oxygen (02) @ 2 Liters/Minute per nasal cannula. Maintain O2 Saturation @ 92 or greater. No directions specified for order.</p> <p>On 10/01/2024, at 12:24pm, R124's oxygen tubing was observed not labelled with the date and time it was last changed. R124 stated the tubing was changed the day before but was not labeled.</p> <p>On 10/01/2024, at 12:24pm, V7 (Licensed Practical Nurse-LPN) come into R8 and R96's room and observed both their oxygen tubing were not labelled. V7 stated the facility protocol is to label the oxygen tubing when it is changed to let nurses know when to next change the tubing. V7 stated she did not know what would happen if the Oxygen tubing were not changed on time.</p> <p>On 10/03/2024, at 12:48pm, V2 (Director of Nursing) stated oxygen tubing should be dated with the date and time the tubing was changed and when not in use, it should be stored in a plastic bag to prevent contamination. V2 stated the oxygen tubing is changed once a week, therefore it should be labeled so that the nurse can know when to change it next. V2 stated that if the tubing is not labeled and changed on time, residents can develop respiratory infections and the tubing can also kink since it is old, and the resident might not get the amount of oxygen they require leading to lack of oxygen complications such as shortness of breath.</p> <p>Facility policy titled Oxygen Equipment, no date, documents: -Facility will use disposable nasal cannula and face masks. Equipment will be changed weekly and prn on date of facility's choice and dated.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45001</p> <p>Based on observation, interview and record review, the facility failed to ensure an accurate count of narcotic medication for two residents (R3 and R141) in a sample of 35 reviewed for medication storage.</p> <p>Findings include:</p> <p>On 10/1/24, reviewed 3 North #2 medication cart with V11 (Licensed Practical Nurse). Observed six packages of buprenorphine and naloxone sublingual film 8mg/2mg for R3 in the narcotic box. According to the Controlled Drug Receipt/Record/Disposition Form, the amount left is 7. Observed eleven packages of buprenorphine and naloxone sublingual film 4mg/1mg for R141 in the narcotic box. According to the Controlled Drug Receipt/Record/Disposition Form, the amount left is 12.</p> <p>R3's physician order summary printed by facility 10/3/24, documents in part: suboxone sublingual film 8-2 MG (milligram) (buprenorphine HCL-naloxone HCL dihydrate) give 1 tablet sublingually three times a day.</p> <p>R141's physician order summary printed by facility 10/3/24, documents in part: suboxone sublingual film 4-1 MG (buprenorphine HCL-naloxone HCL dihydrate) give 1 film sublingually two times a day.</p> <p>On 10/2/24, at 10:29 AM, V23 (Licensed Practical Nurse) stated I write controlled substance out immediately in the book after administering to the resident, so I don't forget to sign it out. Signing the controlled substance out keeps up with what time you are giving it and the amount left over.</p> <p>On 10/2/24, at 11:00 AM, V35 (Licensed Practical Nurse) stated the nurse should complete the controlled substance sheet in the book with what was given and what is left over immediately after administering the controlled substance. This is to make sure the controlled substance count is accurate, and the next nurse knows the controlled substance was given to the resident so not overdosing the resident.</p> <p>On 10/3/24, at 12:42 PM, V30 (Licensed Practical Nurse) stated once the nurse administers a controlled substance it is signed out in the narcotic book immediately. It is done immediately so you don't forget what was administered and you know the count is correct.</p> <p>On 10/3/24, at 1:09 PM, V36 (Licensed Practical Nurse) stated controlled substances should be signed out in the book as soon as you pop the medication out.</p> <p>On 10/3/24, at 3:50 PM, V2 (Director of Nursing) stated the narcotic should be signed out in the book once the medication is swallowed by the patient. It's for accuracy of the narcotic count. Staff should not be waiting until later in the shift to sign it out.</p> <p>Facility policy Narcotics, no date, documents in part: When a narcotic medication is administered, it should be signed out in the narcotic sign out sheet and MAR (Medical Administration Record).</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 10/04/2024
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.			
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45001</p> <p>Based on observation, interview and record review, the facility failed to ensure the potency of insulin medications by not labeling the medications with the dates they were opened and the dates they were to be discarded for three residents (R21, R80 and R169) of 35 residents reviewed for medication storage.</p> <p>Findings include:</p> <p>On 10/1/24, reviewed 3 North #2 medication cart with V11 (Licensed Practical Nurse).</p> <ul style="list-style-type: none"> -The cart was not locked, and the cart was not in V11's view. -observed insulin lispro injection vial for R21 not sealed, not labeled with opened and/or discard dates. -observed fiasp (insulin aspart) injection vial for R80 not sealed, not labeled with opened and/or discard dates. -observed Humalog (insulin lispro) injection vial for R21 not sealed, not labeled with opened and/or discard dates. -observed insulin lispro injection vial for R169 not sealed, not labeled with opened and/or discard dates. -observed basaglar kwik pen for R80 not sealed, not labeled with opened and/or discard dates. <p>On 10/1/24, reviewed 3 North medication room with V11.</p> <ul style="list-style-type: none"> -observed in the refrigerator, Humalog (insulin lispro) injection vial for R21 not sealed, not labeled with opened and/or discard dates. <p>R21's physician order summary reads in part: Humalog solution 100unit/ml (milliliter) (insulin lispro) inject 8 unit subcutaneously three times a day; insulin lispro injection solution (insulin lispro) inject as per sliding scale subcutaneously two times a day.</p> <p>R80's physician order summary reads in part: basaglar kwikpen subcutaneous solution pen-injector 100 unit/ml (insulin glargine) inject 15 unit subcutaneously at bedtime.</p> <p>R169's physician order summary reads in part: Humalog injection solution 100 unit/ml (insulin lispro) inject as per sliding scale subcutaneously with meals.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/2/24, at 10:29 AM, V23 (Licensed Practical Nurse) stated once insulin is unsealed, label it with the date it was opened and with the expiration date which is 28 days from opening it. Insulin should be labeled so we are not giving expired medications. When the nurse is not at the medication cart the cart should be locked and the computer screen should be hidden or closed. The cart should be locked so no one enters the cart and takes any of the medications out.</p> <p>On 10/2/24, at 11:00 AM, V35 (Licensed Practical Nurse) stated when the nurse is away from the medication cart, when the cart is out of site, it should be locked for patient safety and confidentiality. If the medication cart is not locked patients can take the medications, access needles and liquids. Insulin should be labeled with the date it was open and the expiration date which is 28 days after unsealing. If it is not labeled, then you don't know when it was opened and when to discard it.</p> <p>On 10/3/24, at 12:42 PM, V30 (Licensed Practical Nurse) stated when insulin is unsealed, it should be dated with the date opened and the date for 30 days after opening.</p> <p>On 10/3/24, at 1:09 PM, V36 (Licensed Practical Nurse) stated the medication cart should be locked whenever the nurse is away from it or turned around from it. When unsealed, insulin needs to be dated with the opened and discard dates.</p> <p>On 10/3/24, at 3:50 PM, V2 (Director of Nursing) stated the medication cart should be locked anytime the nurse walks away or the cart is not in eye view. It's for safety for the residents, so no one unauthorized can come take medications out. Insulin should be labeled with the open date and end/expiration date, for the potency of the medication.</p> <p>Facility policy Storage of Medications, 5/1/2018, documents in part: Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) permitted to access medications. Medication rooms, carts, emergency kits/boxes, and medication supplies are locked when not attended by persons with authorized access. Certain medication or package types, such as IV solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency.</p> <p>According to document Pharmacy Audit Assistance Service, Insulin Medication, no date, Fiasp insulin aspart, Humalog insulin lispro, Basaglar insulin glargine kwikpen have Beyond Use Date per pen or vial of 28 days.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observations, interviews, and record reviews the facility failed to maintain all fans and portable air conditioners used that circulate air in the kitchen in clean and sanitary condition; failed to ensure that testing strips were available to be used in the three-compartment sink that sanitizes equipment used for food preparation are not expired; failed to maintain the kitchen areas without stagnant water that attracts insects; failed to maintain all areas in the kitchen in a clean and hygienic status free from dirt and food wrappers including below the shelves, stoves, dishwasher, and three-sink compartment. These failures have the potential to affect all 196 residents with 1 resident not taking food by mouth.</p> <p>Findings include:</p> <p>On [DATE], at 10:03 AM. With V18 (Food Service Director/Dietary Director):</p> <p>At the food preparation area, two fans were seen one on the floor and the other on the wall. There was also a portable air conditioner besides the fan on the floor. All equipment were seen to have dirt sticking on the grills. V18 stated that it should be clean because air that circulates when using the fan and air conditioner that is not clean can affect food that is being prepared.</p> <p>At the three-compartment sink, V18 was asked how do staff test the concentration of chemical used to clean equipment in the three-compartment sink is correct? V18 stated that staff use a strip to check chemical concentration. V18 went to find the strip on the three-compartment sink to find testing strip. Since there was none available strip, V18 went to her office and took a strip that was expired dated [DATE]. After checking, V18 was informed that the strip was expired. V18 then went back to her office and searched the drawer. V18 found two more strips that were expired dated [DATE] and [DATE]. V18 checked the strips and searched further for a testing strip that was not expired but could not find any. V18 stated they would contact the company that supplies the strip and stated that she (V18) had no idea that testing strips should be checked because they expire. V18 stated that three-compartment sink cleans all equipment used in the kitchen like pots and pans that are used for food preparation.</p> <p>At the dishwasher area there were four (4) fans. Three fans hanging on the wall and one on the floor besides a portable air conditioner approximately between the dishwasher and the three-compartment sink. All equipment (fans and portable air condition) have dirt on the grills. Underneath the dishwasher, three-compartment sink, and stove were dirt and food wrappers. V18 was asked when was the last time staff cleaned the area? V18 stated I think it was last week but I'm not sure if staff cleaned all areas. After pointing at the fan V18 stated, I know it needs to be clean.</p> <p>(continued on next page)</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>After passing a small room near the walk-in freezer, inside the room were brooms and dustpans. A dustpan near the sink was seen full of dirty water grayish in color with a plastic cup floating and insects (similar to flies) flying over the stagnant water. V18 was informed and took the dustpan filled with stagnant water out. Multiple insects flew out of the room and some went into the food preparation area. V18 stated Why did they do this? V18 stated that the room is called the equipment room. The room was full of dirt. and equipment was not clean. V18 was asked why was there stagnant water inside the dustpan? V18 stated that staff should not leave a dustpan in that condition.</p> <p>On [DATE], at 11:09 AM, V14 (Maintenance Director) was asked about fans in the dietary area. V14 stated that he cleaned them up because they were all dusty. And that responsibility is for dietary and housekeeping staff and the fans should be clean. At 11:15 AM, V18 stated that it is not dietary or housekeeping staff that needs to clean the fans but maintenance staff. V18 stated, Who would take out the screw?</p> <p>Per Manual Sanitizing in Three-Compartment Sink policy and procedure dated 2016, reads: The most common chemical sanitizers are chlorine, iodine, and quaternary ammonia. The manufacturers label referenced for the appropriate concentration of the sanitizing solution and for length of submersion time.</p> <p>Upon request for policy related to environmental cleaning in the kitchen facility was not able to present.</p>		

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on observation, interview, and record review, the facility failed to follow the doctor's wound care order and keep a wound clean and dry for one resident (R442) and failed to follow policies for proper handling of garbage for 7 residents reviewed in a sample of 35. This failure caused harm to R442, who was admitted with a diagnosed surgical wound and hospital discharge orders for IV (Intravenous therapy) antibiotics for skin and soft tissue infection. R442's wounds were not cleaned, and wounds' dressings changed as ordered, causing the resident's wound dressing and wound to appear uncleaned increasing the risk of further infection/delaying the healing progress.</p> <p>Findings include:</p> <p>1. On 10/01/2024, 12:38 PM R442 states that his needs are not being met. He says he has a lot of pain to his left leg. R442 states that he had surgery to his left leg, and he that the leg has about 71 staples. R442 states that he takes pain medication, and it does help. R442 states that they are not doing the wound care and he states that he has been in the facility over a week, and it's been 3 or 4 days since the dressing has been changed. R442 states that he asked the wound care nurse about the dressing being changed and he states that wound care told him that they would be back next Monday. One large dressing covering R442's left lower leg (back) noted with what appears like large amounts of dark brown color drainage (fluid that comes out of a wound). Another large dressing covering R442's left lower leg (shin area) noted with what appears like large amounts of dark brown color drainage. No labels with date or time of dressing change are on the dressings.</p> <p>R442's current face sheet document R442 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to: disruption of external operation (surgical) wound.</p> <p>R442's current physician order sheet (POS) documents in part: Left Lower Leg Fasciotomy Sites (Medial and Lateral Calf) Clean with normal saline pat dry apply Xeroform cover with a dry dressing. One time a day every Mon, Wed, Fri related to disruption of external operation (surgical) wound, order start date 09/27/2024.</p> <p>R442's current physician order sheet documents in part: ceFAZolin in Sodium Chloride Intravenous Solution 2-0.9 GM/100ML-% (Cefazolin Sodium in Sodium Chloride) Use 2 gram intravenously every 8 hours for skin and soft tissue infection for 8 Days, order start date 09/26/2024.</p> <p>On 10/02/2024, 10:11 AM R442 is lying on his bed. One large dressing covering R442's left lower leg (back) noted with what appears like large amounts of dark brown color drainage (fluid that comes out of a wound). Another large dressing covering R442's left lower leg (shin area) noted with what appears like large amounts of dark brown color drainage. No labels with date or time of dressing change are on the dressings. R442 states that his wound dressings have not been changed and his wounds have not been cleaned. R442 states that he mostly has pain in the nighttime.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/03/2024, 9:50 AM, one large dressing was covering R442's left lower leg (back) noted with what appears like large amounts of dark brown color drainage (fluid that comes out of a wound). Another large dressing was covering R442's left lower leg (shin area) noted with what appears like large amounts of dark brown color drainage. No labels with date or time of dressing change are on the dressings. R442 states that the dressing has not been changed at all since last week. R442 states that the dressing has been hanging off. R442's left upper inner leg noted with multiple staples, dry dressing hanging off.</p> <p>On 10/03/2024, 10:36 AM, V16 (Wound Care/Licensed Practical Nurse) states that she has worked for the facility for almost a month. She has been the wound care nurse for a week. V16 states that the wound care team is aware that there are residents that are in the facility that need an initial skin assessment done. V16 states that the importance for the resident to have a complete skin assessment by wound care team is to prevent skin breakdown and to check if the resident doesn't have any wounds coming from the hospital or from home. V16 states that she has not performed any wound care for R442. V16 states that if wound care is not done as ordered, the wound can be exposed to further infection and the wound can get worse. V16 states that an infected wound can appear with mucus, color, bleeding, odor, and is hot to touch. V16 states that the resident can experience fevers, chills, pain, and possibly signs of sepsis. V16 states that it is important to follow wound care orders to prevent further harm or infection.</p> <p>On 10/03/2024, 11:05 AM V17 (Wound Care Coordinator/Licensed Practical Nurse) states that this her 4th day working as the wound care coordinator. V17 states that she has previous wound care experience. V17 states that she has not seen R442. V17 states she would like to go and confirm she hasn't seen R442 yet.</p> <p>On 10/03/2024, 11:16 AM V17 states that she can confirm that she has not seen R442 and is not familiar with his orders. V17 states that she was provided the wound care list yesterday, since the report is due on Friday. V17 states that she also did not have access to the computer the past 3 days, and she will review everyone on the list and see them. V17 states that if the wound care treatment is not done, a wound can get infected. V17 states that the signs of infection are swelling, pain, redness, warmth, elevated temperature, and odor. V17 states that they do not have to have all these signs to be infected. V17 states they are just indicators. V17 states that residents that were supposed to be seen yesterday for wound care, were not seen.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/03/2024, 12:03 PM V16 and V17 explained to R442 what they were there to do his wound care. V17 assessed R442 for pain. R442 states that his pain level is a 7 on a 0 to 10 pain scale. V17 called R442's nurse to administer his pain medication. R442 agreed for V17 to start wound care. One large dressing covering R442's left lower leg (back) noted with what appears like large amounts of dark brown color drainage (fluid that comes out of a wound). Another large dressing covering R442's left lower leg (shin area) noted with what appears like large amounts of dark brown color drainage. V17 states that he felt numbness to his shin area. R442 felt some areas of his left lower leg. Observed V17 removing one dressing at a time, slowly due to being very stuck to the wounds. V17 using normal saline to wet areas and slowly removing dressings. V17 was asked to describe what she sees and V17 states that without knowing what it is, she said it can be collagen, eschar, dead skin, or dried blood. V17 asked R442 if he had a skin graft done and R442 responded no, and he said it was just covered. R442 states that when he got to the facility, they looked at it and it did not look like this. R442 states that when he saw it when he first got to the facility, it looked like a fresh wound, and it didn't look black like how it looks now. R442 asked V17 why the wounds looked black and V16 states it looks like old blood. V17 states that it feels like it is a dressing, and it could be blood and the drainage mixed. V17 informed surveyor that this removal of dressing can take some time and V17 states that she wants to make sure that she takes her time removing the dressings. Surveyor got closer to the wounds, and they smelled malodorous. V17 states that the dressings appear saturated with drainage. As surveyor was walking out, V17 states that surveyor can look at the wound bed for the wound on the shin area, V17 states that the top of the wound noted with eschar, wound bed is dark pink granulated skin. V17 states that the dressing looked like black to dark burgundy possibly because of dried blood. V17 states that the dressings are long overdue to be changed.</p> <p>Reviewed R442's care plan, assessments. No skin assessment or wound care assessments noted. No wound care progress notes noted.</p> <p>R442's Minimum Data Set (MDS), dated [DATE], documents R442 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R442 is cognitively intact.</p> <p>R442's Minimum Data Set (MDS), section M dated 9/26/2024, documents in part R442 has a surgical wound.</p> <p>R442's treatment administration record (TAR) for September 2024, shows documentation that wound care treatment was signed off as administered. Discrepancies noted with R442's treatment administration record (TAR) for October 2024. It documents that V16 signed for wound care treatment on 10/02/2024. When interviewed V16, she states that she denies seeing R442 and providing him with any wound care treatment.</p> <p>R442's Nurse Practitioner Narrative/Physician Assistant note dated 9/30/2024 5:37 PM documents in part the resident (R442) was treated in the hospital for lower extremity revascularization with acute limb ischemia f/p (follow post) LLE (left lower extremity) thromboembolism and compartment fasciotomies. ASSESSMENT/PLAN: SURGICAL WOUND LEFT LEG</p> <p>-Wound care to see</p> <p>-keep area clean and dry</p> <p>-fall precautions</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-PT/OT (physical therapy/occupational therapy) consult</p> <p>-Cefazolin IV Q8h</p> <p>-Amoxicillin 875-125 mg Q8h</p> <p>On 10/04/2024, V1(Administrator) via email noted that R442 does not have any completed skin assessments done.</p> <p>Facility document dated 11/2023, titled Wound Policy documents in part: To promote healing of existing pressure and non-pressure ulcers . Any skin impairments, including pressure ulcers, non-pressure ulcer wounds, surgical wounds, skin tears, abrasions, etc., should be assessed and documented weekly by the Wound Nurse, or designee . The goals of wound treatment are to: a. Keep the ulcer bed moist and the surrounding skin dry, b. Protect the ulcer from contamination, and c. Promote healing.</p> <p>45111</p> <p>2. On 10/01/2024 at 12:10pm, V38 (Housekeeping) was observed dragging on the floor of the second-floor North unit hallway a large clear plastic bag, which was not tied or secured. Observed in the bag was soiled incontinence wear and garbage. V38 stated the garbage bag was too heavy for her, therefore she dragged it around the unit collecting garbage from residents' room and then put it in the dirty utility room. V38 stated she was moving too fast and should not have filled the garbage so much to a point where she could not carry it. V38 stated it is unsanitary to drag garbage on the unit because that is cross contamination and can spread germs in the unit.</p> <p>On 10/03/2024, at 3:41pm, V24 (Housekeeping Director) stated housekeepers are supposed to carry garbage upright and not drag it in the hallway because garbage and can spread bacteria and lead to infection control issues and residents can get sick. V24 said V38 (Housekeeping) should not have loaded garbage up so heavy that she could not carry it or lift it. V24 stated the garbage V38 was dragging in the hallway of the second floor North unit consisted of used incontinence wear and garbage from residents rooms and should not be dragged across the hall way. It should have been put it in the housekeeping cart which has a compartment for garbage, then the garbage cart emptied in the soiled utility room to prevent cross contamination in the units which could cause germs to spread which can make residents sick.</p> <p>Facility Policy titled Housekeeping Guidelines, no date, documents: Waste handling and disposal will be in accordance with local and state regulations.</p>		

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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>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49666</p> <p>Based on observation, interview, and record review, the facility failed to have functional and comfortable hot water for four (R90, R141, R154, R162,) residents and failed to have a safe environment for one (R443) resident. These deficient practices have the potential to affect all residents that reside in the facility.</p> <p>Findings include:</p> <p>On 10/01/2024, 12:52 PM R141 states that that the only concern she has is the hot water doesn't work and doesn't get hot. R141 states that she took a shower at 7:00 AM and the water was not hot. R141 states that the managers were made aware.</p> <p>On 10/01/2024, 12:58 PM R90 states that she does have an issue with the shower water not working and that she has showered with cold water. R90 states that the maintenance director has told her that he fixed it but R90 states that it is lukewarm and that she doesn't know if it works, and it has been like this for a long time.</p> <p>On 10/01/2024, 1:08 PM R162 states that the shower water is cold, and she would like to take a shower but not with cold water. R162 states that this has been going on for about 11 days or two weeks now.</p> <p>On 10/01/2024, 1:27 PM R154 states that the hot water in the rooms and shower do not work.</p> <p>On 10/02/2024, 11:02 AM V14 (Maintenance Director) states that the water temperature for hot water should be around 100 degrees Fahrenheit to 135 degrees Fahrenheit. When asked if there are any issues with the hot water temperature in the shower rooms, V14 states that there were a few issues and said that they are installing another water heater. V14 states because some residents were complaining that the water was not hot enough. V14 states that when there is one water heater, it was not enough. V14 states that if many residents are showering, the water would just be lukewarm. V14 states that this has been going on maybe for the past two weeks. V14 states that residents were asking him why the water was not warm enough. V14 states that by the end of this day the second water heater will be installed. V14 states that this system will contribute to the whole building.</p> <p>On 10/03/2024, 4:22 PM V14 (Maintenance Director) states we must disconnect one boiler to connect another since one another one is being installed. Today there is no warm water. We are working on that. V14 states that the facility always has had two water boilers but one had stopped being functional and the water was not staying hot long enough. V14 states that it is time for a new one because V14 states that if many people are using the shower water at once, and by the last few showers, they would have to wait to feel warm enough water. V14 states that this started maybe three weeks ago, and it was noticed because the residents were telling the CNAs (certified nursing assistants) and nurses.</p> <p>(continued on next page)</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 10/04/2024
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.			
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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>On 10/03/2024, 5:19 PM V14 states that it usually takes 1 to 2 minutes for the water to warm up. V14 turned on the hot water handle and he waited about 1 minute before checking the water temperature of the 2nd north shower room water, V14 states that the temperature reads 73 Degrees Fahrenheit. V14 states that is kind of cool.</p> <p>On 10/03/2024, 5:23 PM V14 turns on the 2nd south shower hot water handle and checked the water temperature, V14 states it reads 69 degrees Fahrenheit.</p> <p>On 10/03/2024, 5:26 PM V14 states that the 3rd North shower hot water is turned off right now. V14 states that for 3rd South shower water it is the one that maintenance is testing, and it is also off. V14 tried to turn on the hot water handle but it did not turn on. V14 states that he tried to look for the water temperature logs but was unable to locate them and he states that his assistance is out of work already until tomorrow.</p> <p>On 10/01/2024, 12:23 PM R443 is lying in bed, alert and responsive. R443's bed is very close to a window air conditioner unit, no cover is on the air conditioner unit, and there are metal sharp edges noted. R443 states that it has been like that since he has been in this room, and he states that it is dangerous. R443 states that he has been in this room since two days after Labor Day. R443 states that when he sleeps, and he moves it can pinch and poke his skin.</p> <p>On 10/02/2024, 10: 15 AM R443 is lying on his bed, next to the window air conditioner unit without a cover, exposed to metal edges and wires observed. Air conditioner not plugged in.</p> <p>On 10/02/2024, 10:25 AM V12 (Certified Nursing Assistant) states that she is going to let maintenance know about R443's air conditioner being without a cover and R443 being exposed to it. V12 states that the air conditioner is not plugged in. V12 states that she doesn't know how long that the broken air conditioner has been like that for.</p> <p>On 10/02/2024, 11:02 AM V14 (Maintenance Director) states that the air conditioning units are not functioning. They are there to cover the window holes. V14 states that he has ordered 22 new ones and is waiting for the manufacturer to produce them. V14 states that he is aware of R443's air conditioner status and the air conditioner does not have a cover. V14 states that what is exposed is metal but V14 states that R443 is not in danger because the air conditioner is not in use and not plugged in. V14 states that maybe the sharp edges can be hazardous. V14 states that the air conditioners problem was here before he started working for the facility.</p> <p>Facility policy date 11/2023 titled Preventative Maintenance Program documents in part, Purpose: To conduct regular environmental tours/safety audits to identify areas of concern within the facility . Preventative Maintenance Program will review the following areas during random rounds: All facility areas are kept clean and in safe condition. The water is at the appropriate temperature.</p> <p>Facility policy not dated, titled Supervision and Safety documents in part, Policy: Our policy strives to make the environment as free from hazards as possible. Resident safety and supervision are facility-wide priorities . Safety risks and environmental hazards are identified on an ongoing basis through employee training conducted upon hire, annually and as needed.</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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on observations, interviews, and record reviews the facility failed to maintain an effective pest control program, failed to follow the pest control policy in maintaining the kitchen environment clean to prevent harborage of pests and failed to maintain areas free from pests for 2 residents (R8 and R94) rooms. These failures have the potential to affect all the facility residents.</p> <p>Findings include:</p> <p>On 10/01/2024, at 10:03 AM with V18 (Food Service Director/Dietary Director) underneath the dishwasher, three-compartment sink, and stove there were dirt and food wrappers. V18 was asked when was the last time staff cleaned the area? V18 stated I think it was last week but I am not sure if staff cleaned all areas. In a small room near the walk-in freezer, there were brooms and dustpans. A dustpan near the sink was full of dirty water that was grayish in color with a plastic cup floating and insects (similar to flies) flying over stagnant water. V18 was informed and took the dustpan filled with stagnant water out. Multiple insects flew out of the room and some went into the food preparation area. V18 stated Why did they do this? V18 stated that the room is called the equipment room. The room was full of dirt and the equipment was not cleaned. V18 was asked why was there stagnant water inside the dustpan? V18 stated that staff should not leave the dustpan in that condition.</p> <p>On 10/02/2024, at 11:45 AM, during tray line food preparation with the following dietary staff V20 (Cook), V21 (Dietary Staff), V21 (Dietary Staff) a small cockroach from the three-compartment sink was seen moving towards the food preparation area where staff are doing the tray line. When V21 saw the cockroach V21 was surprised and screamed. V18 upon entering the kitchen was informed about the cockroach and stated she will inform V14 (Maintenance Director). V18 stated that V14 told her that pest control came yesterday.</p> <p>On 10/02/2024, at 1:24 PM, V14 presented a pest control company document dated 10/01/2024 that does not indicate areas where services were done. V14 stated that he cannot explain why there is not information on the specific areas that was serviced. A pest control company receipt dated 9/16/2024 documents that there were activities in the main kitchen area of German roaches including food carts. V14 was asked if there were traps installed per documentation of pest control company dated 9/16/2024. V14 stated, there might be traps in the kitchen. V14 then went to the kitchen to look at areas including the bottom of the food preparation area but could not find any traps.</p> <p>Facility Pest Control Policy dated 11/14, reads: The purpose is to prevent or control insects and rodents from spreading disease. The facility shall be kept in such cleaning condition and cleaning procedures used to prevent harborage or feeding insects or rodents. Floors and wall finishes in the food preparation, storage, and utensil washing areas, walk in refrigerating units, dressing rooms, lockers, toilet which may be washed and cleaned.</p> <p>45111</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R8's current face sheet documents R8 is a [AGE] year-old individual with medical diagnosis that include but not limited to acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, unspecified, spina bifida, unspecified, hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side. R8's MDS (Minimum Data Set) documents R8 Brief Interview for Mental Status (BIMS) dated Sep 2, 2024, as 15/15, indicating R8 has intact cognition.</p> <p>R96's current face sheet documents R96 is a [AGE] year-old individual with medical diagnosis that include but not limited to: chronic obstructive pulmonary disease, unspecified, chronic obstructive pulmonary disease with (acute) exacerbation, emphysema, unspecified, acute, and chronic respiratory failure with hypoxia. R96's MDS (Minimum Data Set) documents R96 Brief Interview for Mental Status (BIMS) dated July 2, 2024, as 14/15, indicating R96 has intact cognition.</p> <p>On 10/01/2024, at 12:24pm, V7 (Licensed Practical Nurse-LPN) come into R96's room and was observed trying to unkink R96's spirometer tubing which was on the floor and was caught between R96's clothes and other belongings. V7 tried to pull the spirometer tubing free, and as V7 was moving R96's belongings a pest (roach) was observed crawling on the floor of the room and was observed going into the bathroom. V17 stated she does not know what that was and she does not work in the maintenance department to know what different pests or insects were, and it was up to maintenance department to take care of.</p> <p>On 10/03/2024, at 1:19pm, R8 and R96 were observed in their beds and stated they have seen roaches in their room and have informed staff. R8 and R96 stated they did not know if the pests were being treated or not, and stated they did not like bugs and/or pests in their room.</p> <p>On 10/03/2024, at 4:09pm, V14 (Maintenance Director) stated he has only been here working at the facility since March 2024, and the outside pest control company come two times a month unless called when pests or rodents have been sighted at the facility. V14 stated each unit has a pest control log that nursing staff document when they see pest activity, then the outside vender, who comes twice a month looks at the pest log to determine where to apply treatments V14 stated the pest control company has been coming a little bit more often than usual because there had been pest activity in the building a month ago. V14 stated the outside company has not changed the chemicals they have been using since V14 started.</p> <p>V14 stated he does not inspect for any kind of pests in the building, and the inspections are done by the pest control company when they come to the building two times a month.</p> <p>V14 stated pests/rodents/insects can bring and spread diseases in the building and can also contaminate foods in the facility which can make residents sick.</p> <p>Facility Policy titled Housekeeping Guidelines, no date, documents: -The pest control service will be monitored by housekeeping personnel and pesticides used will be in compliance with federal, state and local laws. Housekeeping personnel shall report any problems or needs concerning pest control to the administrator and contact will be made to the outside service.</p>		