

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145775	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2026
NAME OF PROVIDER OR SUPPLIER Harmony Healthcare & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3919 West Foster Avenue Chicago, IL 60625	

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 - Actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview and record review the facility failed to ensure that one resident (R3) received the necessary treatment and care for R3 to maintain the highest level of functioning. Failed to identify and treat symptoms of altered cardiovascular status in a patient with CHF, hypertension and stage 3 kidney disease. This failure resulted in R3 having a weight gain of 53.4 pounds, 48% weight gain in 6 months. This failure affected one resident (R3) out of two residents reviewed for death. This failure resulted in R3's hospitalization with a diagnosis of acute decompensated heart failure and diuresing 15 pounds of fluid. Findings include:R3's medical diagnoses include but are not limited to chronic kidney disease, essential hypertension, chronic diastolic heart failure, Alzheimer's disease, shortness of breath, obstructive sleep apnea.R3's Minimum Data Set (MDS) section C dated 07/03/25 has a Brief Interview for Mental Status score of 10 indicating R3's cognition in moderately impaired.R3's Minimum Data Set (MDS) section GG dated 07/03/25 documents in part, C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. 3. Partial/moderate assistance.R3's Minimum Data Set (MDS) section GG dated 08/10/25 documents in part, C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. Dependent.R3's progress note dated 08/09/25 at 10:26pm documents in part, re-admitted following CHF (Congestive Heart Failure) hospitalization (8/5/25). Triggered for significant weight gain of 7.6% in 1 month and 48% in 6 months; weight gain likely fluid-related given CHF/CKD3B (chronic kidney disease) history. Weight trends: 2/4 144.4lbs (pounds), 3/3 148.0lbs, 4/2 150.4lbs, 6/4 169.8lbs, 7/2 185.0lbs, 8/1 203.8.R3's progress note dated 08/05/25 at 08:27am documents in part, Situation: 1. The change in condition, symptoms, or signs observed and evaluated is/are: Peripheral edema, temporal loss of consciousness. Recommendation: Appearance 1. Summarize your observations and evaluation: Resident was observed with peripheral edema and temporarily loss of consciousness while eating in the dining area. Vital within baseline. Patient back to baseline after loss of consciousness. Resident send out via 911 for further evaluation.R3's progress note dated 07/29/25 at 11:20am documents in part, Internal Medicine Progress Note CC (chief complaint)/Reason for Visit: Weight gain over 55lbs in 6 months. RD (Registered Dietician) follow up; cardiology consulted. History of Present Illness (HPI):. The patient has gained over 55 lbs in the past 6 months, with a current weight of 202.2lbs as of 07/23/25. Nutritional intake has been monitored closely by the registered dietitian and Med Pass BID (twice a day) supplementation is under review. Cardiology consulted for volume status and cardiac contribution. Monitor intake/output, adjust diuretics if needed. Daily weights to monitor trend. Nephrology referral if not already followed. Generalized weakness/Deconditioning. [Daily weights and intake/output were not found in the records reviewed.]Review of R3's physician's orders show order for cardiology consult was not placed until 08/06/25 after R3's change of condition and hospitalization. Review of R3's physician orders show no nephrology consult was ever ordered nor adjustments of diuretics.R3's progress note dated 07/27/25 at</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145775	If continuation sheet Page 1 of 3

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>5:19pm documents in part, Nutrition Summary: Resident was discussed during the NAR meeting due to excessive weight gain and concern for fluid retention. Total gain: 55.4lbs over 6 months. Bilateral lower extremity swelling noted at most recent weight. Referred to NP (Nurse Practitioner) for routine lab work to assess renal and metabolic status. Referred to cardiology consult to evaluate fluid status and CHF management. Continue monitoring weight and edema.R3's progress note dated 06/30/25 at 4:25pm documents in part, Reason for visit: Weight gain, increased need for ADL (activities of daily living) assistance, wheelchair bound. Monitor for CHF/CKD signs.R3's hospital record dated 08/10/25 documents in part, CXR (chest x-ray) shows cardiomegaly with pulmonary vascular congestion and pulmonary edema. Suspected small right pleural effusion. Pulmonary: Breath sounds; Examination of the right-lower field reveals decreased breath sounds and rales. Examination of the left-lower field reveals decreased breath sounds and rales. Decreased breath sound and rales present. Musculoskeletal: Right lower leg: Edema present. Left lower leg: Edema present.R3's hospital records dated 08/13/25 documents in part, Bilateral pleural effusions and bibasilar atelectasis. Diuresing well with 15lbs weight loss since admission.On 02/11/26 at 2:30pm V8 (Certified Nursing Assistant/CNA) stated that R3 liked sitting in the dining room with her husband and participate in activities. V8 stated that when R3 started gaining weight, R3 was in a lot of pain and had no desire to get out of bed. V8 stated that before R3's weight gain, R3 would notify staff when she needed to use the bathroom and only needed assistance from one staff member. V8 stated that R3 did not like to use the bathroom in adult diapers. V8 stated that after R3 gained weight, R3 became dependent on the use of diapers and could not get out of bed to use the bathroom. V8 stated that she could visually see R3's swelling. V8 stated that R3's whole body was swollen.On 02/17/26 at 11:15am V7 (Registered Nurse/RN) stated that at the beginning of her shift she noticed that R3 edema. V7 stated that when she noticed R3's edema, V7 called to inform the doctor. V7 stated that while on the phone with R3's doctor, the staff informed V7 that R3 had lost consciousness. V7 stated that R3's edema was significant.On 02/17/26 at 12:25pm V14 (Registered Dietician) stated that she remembers R3 having edema with a diagnosis of congestive heart failure and chronic kidney disease. V14 stated that R3's appetite never changed and wasn't the problem causing R3's weight gain. V14 stated that R3's edema was what was impacting R3's weight gain. V14 stated that R3's 48% weight gain was extremely significant and concerning. V14 stated that she never spoke to a physician about R3's weight gain and that she would communicate her concerns to the ADON (Assistant Director of Nursing).On 02/17/26 at 2:42pm V15 (Nurse Practitioner/NP) stated that weight gain started in March of 2025. V15 stated that she wanted R3 to be seen by a cardiologist but appointments take time. V15 stated that R3's weight was always concerning. V15 stated that she assumes that R3 had a functional decline because of the weight gain and the pressure from the weight. V15 stated that R3's excess fluid could affect R3's breathing and refractory period.On 02/18/26 at 1:20pm V18 (Transportation Coordinator) stated that he arranges upcoming doctor's appointments for the residents. V18 stated that the nurses inform him of any appointments that need to be made, and he then schedules them. V18 stated that R3 had no appointments scheduled in July 2025. V18 stated that he was informed to schedule an appointment for R3 on 08/07/25 and that appointment was scheduled for October 2025.R3's physician order dated 08/06/2025 documents in part, Schedule appointment with . MD (medical doctor) ASAP (as soon as possible) in 1 week.R3's care plan dated 01/16/25 documents in part, R3 as potential for renal insufficiency related to kidney disease stage 3. R3 will have no signs/symptoms of complications related to fluid overload. monitor and report changes in mental status, lethargy, tiredness, fatigue, tremors, seizures.R3's care plan dated 01/16/25 documents in part, R3 has altered cardiovascular status related to CHF, hypertension, afib (atrial fibrillation). R3 will be</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	free from signs/symptoms of complications of cardiac problems. Assess for shortness of breath and cyanosis every shift. Monitor/document/report to MD changes in lung sounds on auscultation, edema and changes in weight.Facility's policy titled Weights revised 07/03/25 documents in part, Policy statement: It is the facility's policy to obtain resident's monthly weight unless otherwise ordered differently by the physician. For a resident who is on dialysis, the resident's dry weight will also be obtained monthly. Procedures. 3. The significant weight changes (monthly 5%), quarterly (7.5%), and every 6 months (10%) will be assessed and addressed by the IDT (interdisciplinary team) which includes but not limited to the Dietician, Physician, Medical Specialist, Speech therapist, Nutritionist, and Nurses.Facility's policy titled Medical Appointment revised 07/02/25 documents in part, Policy Statement: It is the policy of this facility to ensure that all resident medical appointments are scheduled on a timely manner in accordance to the physician orders. Procedures: 2. Resident medical appointment shall be approved and ordered by the resident's physician and documented in the resident clinical records.Facility's job description titled RN Floor Nurse dated 12/1/2019 documents in part, Summary/Objective: In keeping with our organization's goal of improving the lives of the Guest we serve, the Registered Nurse (R.N.) plays a critical role in providing superior customer service and nursing care to all Guest and guest. The RN provides supervision of staff and will safeguard the health, safety and welfare of all Guests under their care by following applicable laws, regulations, and established nursing policies and procedures. Essential Functions: 1. Provides quality nursing care to Guests in an environment that promotes their rights, dignity and freedom of choice.10. Ensure that Guest care plans are being followed and assess each Guest's status in accord with their care plan. 14. Must be knowledgeable of individual care plans and support the care planning process by reporting specific information and observations of the Guest's needs, preferences and report any behavioral change.		