STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145776	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Sheriden Commons	4538 North Beacon Chicago, IL 60640

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure residents' received accommodation in the correct incontinent product size as evidence by the facility ordering only a size 3 extra-large for resident measuring a size 5 extra-large per the incontinent product brand's measuring guidelines. This failure affected 2 of 2 residents (R1 and R3) reviewed for incontinent product sizing. A.On 4/6/2026 at 1:49 PM, R1 stated incontinence briefs provided by the facility do not fit her (R1); she weighs about three hundred and fifty pounds or more and residents are told these are the only sizes available.On 4/6/2026 at 2:26 PM, V7 (certified nurse assistant) stated she (V7) noted occasional issues obtaining size 3, 4, or 5 incontinent products if shipments arrive late.R1's Face Sheet dated 4/8/2026 documents a diagnosis of but not limited to morbid (Severe) obesity, difficulty in walking, constipation, heart failure, and chronic kidney disease and minimum data set section c dated 1/14/2026 documents a BIMS (Brief Interview Mental Status) of a 14 which is an indication of an intact cognition.R1's Minimum Data Set section GG dated 1/14/2026 documents functional abilities of impairment on both sides and is dependent on toileting hygiene.R1's Care Plan documents a focus of requires assist with bed mobility as evidenced by the following limitations and potential contributing diagnosis Heart failure, HTN, unsteadiness, CAD, morbid obesity. Date Initiated: 05/08/2021 Revision on: 05/06/2023 and FUNCTIONAL, bladder/bowel incontinence r/t Physical limitations secondary to Dx Morbid obesity, HLD, CAD, Heart failure, Insomnia, CKD and require assistance from staff. Date Initiated: 04/24/2023 Revision on: 05/07/2023.B. On 4/6/2026 at 2:42 PM, R3 stated her (R3) incontinence product size is no longer available; the facility previously stocked sizes 4 and 5 but recently changed companies; complained to V6 (central supply coordinator) who involved the incontinent product company representative and explained to the new central supply company's representative that the current product is too small and not absorbent; the third floor has more dependent residents and several may need care simultaneously; the facility changed management companies about 3-4 months ago and the new management company only orders incontinent products up to a size 3 extra-large; and she (R3) weighs about 450 pounds and wears a size 4 to 5 extra-large.On 4/6/4026 at 2:55 PM, observed R3 has 2 bags of size 3 extra-large incontinent product briefs in her room but she (R3) stated she usually a 4 extra-large or 5 extra-large. R3's Face Sheet documents a diagnosis of but not limited to respiratory failure with unspecified hypoxia, type 2 diabetes mellitus, unspecified asthma, hyperkalemia, and other specified disorders of muscle.R3's Care Plan dated 3/27/2025 documents FUNCTIONAL, bowel and bladder incontinence r/t Impaired Mobility, Physical limitations, Presence of catheter pure wick secondary to diagnosis of diabetes mellitus, hypertension, morbid obesity, necrotizing soft tissue infection, respiratory failure, vitamin d deficiency, shoulder pain, anemia, major depression. Date Initiated: 10/18/2024 Revision on: 11/03/2024.R3's Minimum Data Set Section C documents a BIMS (Brief Interview Mental Status) of a 15 which indicates an intact cognition.R3's Minimum Data Set Section GG documents R3 is dependent on toileting hygiene.On 4/6/2026 at 2:26 PM, V7 (certified nurse assistant) stated she (V7) noted occasional issues obtaining size 3, 4, or 5 incontinent products if shipments arrive late.On 4/6/2026 at 3:08 PM, V9 (certified nurse assistant) stated no resident complained of being left in a soiled incontinent product for a long period of time and the largest incontinent product is 3 extra-large.On (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/8/2026 at 9:57 AM, surveyors observed V5 (Activities Director) and V11 (Nurse's Aide) used the central supply company's incontinent product measuring tape to measure R3 from hip to hip and stated R3 measured 55 inches or 109 cm which is equivalent to a size 5 extra-large in the new incontinent product briefs the facility has adopted using. On 4/7/2026 at 9:32 AM, V6 (central supply coordinator) stated the facility orders diapers in sizes small through 3 extra-large; some residents have reported diapers being too small; under new ownership, the facility now orders supplies through an outside central supply company and uses an EHR (electronic health record) sizing tool to determine a resident's incontinent product size; residents reported incorrect sizing after the certified nurse's assistants (CNAs) were in-serviced by the central supply company on how to size a resident for an incontinent product with the incontinent products measuring tape but the sizing issue persisted; identified discrepancies where some residents needed larger sizes than indicated; after gathering data, V6 emailed the central supply company; weight is part of the sizing criteria; and the largest size currently available is 3 extra-large.On 4/7/2026 at 11:18 AM, V2 (Director of Nursing) stated residents are measured from hip to hip not by a residents weight via the central supply companies incontinent product brand's measurement tape; a resident that weighs 300 pounds will wear the same size incontinent product as a resident who weighs 400 pounds if their hip to hip size is the same; a couple of residents complained about the central supply company way of measurement was not sufficient to meet their incontinent product size and so central supply company updated our order based on the residents request; and the largest size incontinent brief the facility supplies to the residents is a 3 extra-large.On 4/7/2026 at 2:05 PM, V3 (Regional Nurse Consultant) stated that if a resident complained about his/her incontinent products was too small, she would perform a physical assessment checking for redness or creasing in the area if the brief is not containing urine. V3 stated the incontinent product briefs are not inexpensive, and if a resident requests a larger size than indicated by central supply measurement guidelines, the central supply company will educate the resident that a 4XL will not fit properly and will be too large because the facility follows the central supply companies guidelines of measuring residents from hip to hip with a measuring tape specific for measuring sizes appropriate to the companies incontinent brief's brand. On 4/7/2026 at 2:28 PM, reviewed central supply company's incontinent product brand measurements document which documents 3 ways to measure a resident for sizing:By taking hip and hip waist measurements with the measuring tape specific to the incontinent products the facility has adopted measuring tape.From 1 inch to 14 inches a small incontinent product brief/protective underwearFrom 15 inches to 20 inches a size of medium incontinent product brief/protective underwearFrom 20 inches to 26 inches a size large incontinent product brief/protective underwearFrom 27 inches to 30 inches a size extra-large (xl) incontinent product brief/protective underwearFrom 31 inches to 33 inches a size 2 extra-large (xl) incontinent product brief/protective underwearFrom 34 inches to 37 inches a size 3 extra-large (xl) incontinent brief/protective underwearGreater than 40 inches: assess for a 4 extra-large (xl) or 5 extra-large (xl)2. By using the incontinent product tape measure3. By using the height and weight charts below which document up to a size 2 extra-large with weights between 220 pounds to 255 pounds. On 4/7/2026 at 2:28 PM, reviewed central supply company's in-service education with staff on sizing residents for an accurate size incontinent brief with no concerns.Reviewed facility's central supply product invoices created 3/30/2026 and approved 4/1/2026 documents sizes large, extra-large, 2 extra-large, and 3 extra-large briefs were ordered.Reviewed facility's central supply product invoices created 3/25/2026 documents sizes small, large, extra-large, 2 extra-large, and 3 extra-large briefs were ordered and large, extra-large, and 3 extra-large underwear were ordered.Reviewed facility's central supply product invoices created 3/23/2026 documents sizes large, extra-large, 2 extra-large, and 3 extra-large briefs were ordered.Reviewed facility's central supply product invoices created 3/13/2026 documents sizes large, extra-large, 2 extra-large, and 3 extra-large briefs were ordered.Reviewed facility's central supply product invoices created 3/9/2026 documents sizes large, extra-large, 2 extra-large, and 3 (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	extra-large briefs were ordered and size large, 2 extra-large, and 3 extra-large incontinent protective underwear wear ordered.Facility's CNA job description undated documents, in part, Provides certified nursing assistant services to assigned residents in accordance with care plans, facility policies, and procedures at the direction of supervisors; always follow appropriate safety and hygiene measures to protect residents and themselves; provides supportive services to nurse(s) and other staff as needed and performs duties as assigned; and assists residents with or performs activities of daily living for resident in accordance with care plans and established policies and procedures.Facility's Policy titled accommodation of needs dated 9/1/2024 and revised 1/15/2026 documents, in part, The facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual needs and preferences of a resident, except when the health and safety of the individual or other residents would be endangered.Facility's policy titled Resident Rights dated 9/1/2024 and revised 3/26/2026 documents, in part, residents have the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents.

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observation, interview, and record review, the facility failed to ensure all portions of the call light systems are working by ensuring the system can be heard away from the nurses' station on the second and third floor of the facility. This failure affected 8 residents (R1, R6, R7, R8, R9, R10, R11, and R12) of 10 residents reviewed for the facility's call light system on the second and third floor unit. On 4/6/2026 at 1:49 PM, R1 stated R1 stated that response times to call lights vary depending on who is on the floor; sometimes staff respond quickly, but at times the call light stays on for 20-30 minutes and the call light on the unit was broken for about two months.On 4/8/2026 at 9:30 AM, surveyors tested the new call light system in the hallway of wing B on the third floor by R8's room. The call light above R8's door turned on but there was no audible sound heard from the nursing station where the new call light system was located which was about 30 feet away from the nurse's station.On 4/8/2026 at 9:45 AM, the call light was activated in R10's room and no sound could be heard by surveyors. V10 (certified nurse's assistant-(CNA) verified she could not hear the call light from the nurse's station and stated that she (V10) can hear the call lights go off anywhere on the unit if she is at the nurse's station but cannot hear the call lights when she is in another resident's room.On 4/8/2026 at 9:49 AM, V10 (certified nurse assistant-(CNA) verified the call light system cannot be heard from the nurse's station and there are no other speakers in the hallway of the unit to increase the volume of the call lights from the call light device at the nursing station. V13 stated the call light system could not be heard near R6, R7, R8, R9, and R10's room. On 4/8/2026 at 10:43 AM, R11 and R12's called light activated by V13 (certified nurse's assistant-(CNA) and the light above the door to R11 and R12's room lit up and V13 verified the sound from the call light system designated at the nurse's station could not be heard.On 4/8/2026 at 10:45 AM, V13 (certified nurse assistant-(CNA) stated that during her shift she monitors call lights by frequently checking the hallway lights above residents' doors, even if she cannot hear the call light sound from the nurses' station; she (V13) she cannot hear a call light if she is inside another resident's room, and therefore may not know when another resident activates their call light; morning care typically takes about 20 minutes, and if a resident pulls the call light due to an emergency such as choking or a fall, their condition can change quickly and may result in death; and the call light sound was not working at one point, but the visual hallway lights were functioning and the system was repaired the same day.On 4/8/2026 at 10:43 AM, R11 and R12's called light activated by V13 (certified nurse's assistant-(CNA) and the light above the door to R11 and R12's room lit up and V13 verified the sound from the call light system designated at the nurse's station could not be heard.On 4/8/2026 at 10:45 AM, V13 (certified nurse assistant-(CNA) stated that during her shift she monitors call lights by frequently checking the hallway lights above residents' doors, even if she cannot hear the call light sound from the nurses' station; she (V13) she cannot hear a call light if she is inside another resident's room, and therefore may not know when another resident activates their call light; morning care typically takes about 20 minutes, and if a resident pulls the call light due to an emergency such as choking or a fall, their condition can change quickly and may result in death; and the call light sound was not working at one point, but the visual hallway lights were functioning and the system was repaired the same day.On 4/8/2026 at 11:39 AM, V2 (Director of Nursing) stated the call light system has been in place for more than six months and includes a hallway light and an audible ping sound at the nurses' station; did not know whether the sound volume could be increased; was not aware that staff could not hear the call light at the end of the hallway and said he (V2) would notify maintenance; the visual light outside each resident's door is the primary mechanism alerting staff, but they intend to enhance the audible sound further; that if staff cannot hear the call light from inside another resident's room, residents may be at risk; and the expectation is to answer call lights as soon as they are activated.On 4/8/2026 at 12:28 PM, V14 (Maintenance Director) stated the call light should generally be heard by all staff on the unit and that any staff member may answer it; the call light audible sound at the furthest end of the hallway near (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the nurses' station is very low and cannot be heard if there is any background noise; this was the first time he had been made aware of the issue, and they respond quickly to all repair needs; he was contacting an electrician to install a duty station sound system that would announce call light activations at both ends of each hallway so that all staff can hear them.Reviewed the work order place on 4/8/2026 for an electrician to install a sound system to amplify to sound of the call lights on units 2 and 3. Facility's CNA job description undated documents, in part, Provides certified nursing assistant services to assigned residents in accordance with care plans, facility policies, and procedures at the direction of supervisors; always follow appropriate safety and hygiene measures to protect residents and themselves; provides supportive services to nurse(s) and other staff as needed and performs duties as assigned; and assists residents with or performs activities of daily living for resident in accordance with care plans and established policies and procedures.Facility's Maintenance Job Description documents, in part, documents Directs the day-to-day activities of the Maintenance Department in accordance with current federal, state, and local standards, guidelines and regulations governing the facility, and to assure the facility is maintained in a safe and comfortable manner.Facility's policy titled Call Lights: Accessibility and Timely Response dated 9/1/2024 to revise 1/15/2026 documents, in part, the purpose of this policy is to ensure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow resident to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response.