

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145806	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Warren Park Health & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 6700 North Damen Avenue Chicago, IL 60645	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>02569</p> <p>Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility is free of pests. This has the potential to affect all residents residing on the 2nd and 3rd floor.</p> <p>Findings include:</p> <p>On 2/18/25 mouse droppings observed on the toilet room floor of R6's room on 2nd floor.</p> <p>On 2/18/25 mouse droppings were observed in corner on floor next to wardrobe dresser of R7's room on 2nd floor.</p> <p>On 2/18/25 numerous mouse droppings (100 plus) observed on the floor next to wardrobe cabinet of R9's room of 3rd floor.</p> <p>On 2/18/25 at 10:05AM, R3 stated I haven't seen mice in my room but R6's room has mice in it.</p> <p>On 2/18/25 at 10:07AM R4 stated yes there are mice in the building.</p> <p>On 2/18/25 at 12:48PM R9 stated yes there are mice in my room. About two days ago I stomped and killed one with my foot. I am leaving this place today because I have an apartment.</p> <p>On 2/18/25 at 12:35PM R8 stated yes there are mice. If you go across the hall in R9's room there are mice in his room.</p> <p>On 2/18/25 at 1:45PM V5 (Maintenance Director) stated we have a pest control company come to the facility for regular service. I don't know why the pest control reports show no mouse activity. Tomorrow I will have the pest control company go through all residents' rooms to observe and treat for rodents and other insect pests.</p> <p>Facility policy titled Policy On Pest Control includes statement: General: It is the policy of the facility will be free of pest/ rodents.</p> <p>Responsible Party:</p> <p>Administrator, Maintenance.</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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