

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Peterson Park Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 6141 North Pulaski Road Chicago, IL 60646	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review the facility failed to prevent resident to resident physical abuse for two (R1, R2) of seven residents reviewed for abuse. This failure resulted in R2 sustaining an injury near the right eye and being sent to the hospital for evaluation. It can be determined that the reasonable person would have experienced psychosocial harm as a result of the physical abuse, since a reasonable person would not expect to be injured in this manner in his/her own home or a health care facility. Findings Include: R1 has diagnosis not limited to Nicotine Dependence, Cigarettes, Peripheral Vascular Disease, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Acquired Absence of Right Foot, Mononeuropathy of Right Lower Limb, Complete Traumatic Amputation at Level Between Knee and Ankle, Right Lower Leg, Type 2 Diabetes Mellitus with Foot Ulcer, Morbid (Severe) Obesity due to Excess Calories and Major Depressive Disorder. R1's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 15 indicating intact cognitive response. R1's Care plan document in part: Focus: R1 is a long-time smoker and expresses the desire to smoke at this facility. Focus: R1 has/have a Right Below-the-Knee (BKA) Amputation. R1's Progress note dated 12/05/25 document in part: Visit Type: Follow-up Details: Chief complaint: Follow-up visit for evaluation of physical altercation with another resident. Patient seen and examined today 12/05/25. Per nursing, patient had a physical altercation earlier today with another resident. Per patient, he (R1) was hit on the Left side of his (R1) face, no bruising or redness or swelling noted on the affected area. Patient is aware and agrees that he (R1) will be sent out to Hospital for psych evaluation under petition. Social History: smoker, Nicotine Dependence Tobacco Abuse Counseling - patient is a current everyday smoker. Progress note dated 12/05/25 document in part Change of Condition Situation: 1. The change in condition, symptoms, or signs observed and evaluated is/are: Resident (R1) hit another resident 2. This started on: 12/05/25. 7. Other relevant information: Resident (R1) hit another resident 1. Summarize your observations and evaluation: resident hit another resident 2a. Recommendations of Primary Clinicians (if any): send to ER (Emergency Room) for psych evaluation. R1's Progress note dated 12/05/25 17:26 document in part: General Progress Note Text: Called Hospital, resident is admitted dx (diagnosis) Psyche evaluation (Under Petition). Progress note dated 12/8/25 15:03 document in part: admission Summary Note Text: patient from Hospital readmitted in the facility with the diagnosis of major depression with single episode w/o (without) psychosis. Abuse Reportable Initial Form dated 12/05/25 document in part: Allegation Type: Physical. On 12/05/25 at approximately 09:40 AM it was reported to this writer that during a dispute that occurred on the way out to the smoking patio between R1 and R2. R2 alleged that R1 hit him in the face. R2 was observed with redness on his upper cheek. Summary of Investigator's findings: Police were called they stated that it is unclear if there was an aggressor, and each individual thought they needed to defend themselves. R2 was sent to the hospital for evaluation. R2 had redness. On 01/29/26 at 02:28 PM R1 stated There is a smoke ramp that is between 2 doors. R2 was coming through the dining room and went through the</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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