

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145839	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Park Ridge Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 665 Busse Highway Park Ridge, IL 60068	
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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observation, interview, and record review, the facility failed to follow their facility assessment and ensure adequate nursing staffing. This failure affects all 43 residents residing in the facility. Findings include: During the course of this survey 1/20/2026, it is to be noted that three CNA's (Certified Nurses Assistants) were assigned to the floor while one CNA was conducting a 1:1 supervision assignment. On 1/20/2026 at 10:10AM, V5 (Licensed Practical Nurse) said the morning shift, there should be two nurses however sometimes there is only one. It is definitely better when there are two nurses on duty. Normally there are three CNA's assigned on first shift but sometimes there is four and sometimes there is only two. It can be a struggle with only two CNA's. R3 was observed lying horizontal on his bed. His upper torso was observed to be hanging off the bed with his head touching the floor mat. At 10:55AM, R3 was still observed in this position. This surveyor asked V6 (Certified Nursing Assistant) to come look at R3 and said he should not be like this and finally repositioned him. At 11:20AM, V2 (Director of Nursing) said staffing has been a concern recently due to staff being sick, etc. Our facility is small so we do not have a long list of staff that we can call to help cover when there are call-offs. We have not used agency staff for many years. At 11:50AM, V2 said typically we should be staffing two nurses and four CNA's for day shift. Recently this has been a struggle because we have one resident, R2, who needs to be on 1:1 supervision, which pulls one of our CNA's from the floor. Sometimes we only have one nurse during the day also. Facility Assessment states in part but not limited to the following: Direct Care Staffing: Day shift: 2 nurses, 4 CNA's; Evening shift: 2 nurses, 4 CNA's; Night shift: 1 nurse, 2 CNA's. Facility Assignment Sheets/Actual Working Schedules were reviewed from 12/20/2025-1/19/2026. It is to be noted that out of 31 days reviewed, there were only 2 days that were staffed according to the facility assessment requirements.		

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: 145839	If continuation sheet Page 1 of 1