STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Cicero Rehabilitation and Nursing Cent	5825 West Cermak Road Cicero, IL 60804

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. Based on interview and record review, the facility failed to ensure trauma screenings were documented as recommended and/or failed to conduct/document required abuse risk assessments per regulatory requirements for three of three residents (R1, R2, R3) reviewed for abuse/misappropriation of property.Findings include:R1's diagnoses include bipolar disorder and unspecified psychosis. R2's diagnoses include schizoaffective disorders. R3's (5/2/26) facility concern form states resident misplaced $40. R3's diagnoses include paranoid schizophrenia.On 6/23/26, the surveyor reviewed facility assessments via EMR (Electronic Medical Records) however required abuse risk assessments were not documented for R1, R2, and R3.On 6/24/26 at 11:16am, V2 (ADON/Assistant Director of Nursing) presented trauma screenings for R1, R2, and R3 - not abuse risk assessments (as requested) and stated they use the trauma screen for the abuse risk assessment. The trauma screening form was reviewed and states risk measure for likelihood for psychiatric, behavioral and/or physical symptomatology related to trauma - risk for abuse is excluded. Surveyor inquired why abuse risk assessments were not conducted/documented for R1, R2 and R3. V2 responded, The Social Services Department said that everybody gets this screening; the title is a trauma screening, but they assess abuse risk for everybody. Abuse risk assessments for R1, R2, and R3 were not received during this survey.R1's (10/30/25) trauma screening determined a score of 4 (minimal trauma-related symptomatology). R2's (12/5/25) trauma screening determined a score of 5 (significant trauma-related symptomatology); therefore, assessments are recommended quarterly.R3's (1/8/24) trauma screening determined a score of 2 (minimal trauma-related symptomatology).On 6/24/26 at 2:35pm, V10 (Social Service) was asked if abuse risk assessments should be documented for each resident. V10 (Social Service) stated, Yeah, they should be done for each resident. V10 was asked when abuse risk assessments are required. V10 responded, Quarterly. V10 was asked why abuse risk assessments were not documented quarterly for R1, R2, and R3. V10 replied, I didn't believe that specific one, is one that we have, that was not something that we have. On 6/24/26 at 3:25pm, V2 (ADON) stated, We don't have a policy for abuse risk assessments. The screening assessment to determine the presentation of trauma factors including abuse and/or neglect policy (revised 6/24/26) states this nursing facility assesses each person to learn (to the extent possible) if there is any history of trauma/traumatic events. The purpose of this assessment tool is to screen residents to learn about any history of trauma and identify persons who have a history of mistreatment and/or to determine if factors exist making the person more susceptible or vulnerable to mistreatment. This information will be integrated into their comprehensive treatment plan assuring delivery of appropriate medical and mental health services. The assessment will be used to help identify persons who may present with a greater than normal risk for mistreatment in a residential setting. Persons assessed as low risk should be reassessed, as necessary, but during a significant change assessment is recommended, if moderate or high risk the frequency recommended is quarterly. Numerical scoring will indicate the risk measure for the likelihood for psychiatric, behavioral and/or physical symptomology related to trauma.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure comprehensive care plans include risk for abuse with preventive interventions for three of three residents (R1, R2, R3) reviewed for abuse/misappropriation of funds.Findings include:R1 was admitted to the facility on [DATE] with diagnoses which include bipolar disorder and unspecified psychosis. On 6/8/26, IDPH (Illinois Department of Public Health) received allegations that R1 was a victim of misappropriation of property. On 6/23/26, R1's care plan was reviewed, however, risk for abuse and preventive interventions were excluded.R2 was admitted to the facility on [DATE] with diagnoses which include schizoaffective disorders. On 6/22/26, IDPH received allegations that R2 was a victim of physical abuse. On 6/23/26, R2's care plan was reviewed, however, risk for abuse and preventive interventions were excluded.R3 was admitted to the facility on [DATE] with diagnoses which include paranoid schizophrenia.R3's (5/2/26) facility concern form states resident misplaced $40. On 6/23/26, R3's care plan was reviewed, however, risk for abuse and preventive interventions were excluded.On 6/24/26 at 11:16am, V2 (Assistant Director of Nursing) was asked if R1's comprehensive care plan includes risk for abuse. V2 (Assistant Director of Nursing) reviewed R1's care plan and replied, I'm not seeing the abuse or neglect in this (referring to R1's care plan) right now. V2 was asked if R2's comprehensive care plan includes risk for abuse. V2 reviewed R2's care plan and stated, I'm seeing the manipulative behaviors, resisting care, aggressive/inappropriate behaviors and identified offender but that particular one, I didn't see. V2 was asked if R3's comprehensive care plan includes risk for abuse. V2 reviewed R3's care plan and stated, I didn't see a risk for abuse.On 6/24/26 at 2:35pm, V10 (Social Service) was asked about the requirements for developing/implementing resident care plans. V10 (Social Service) stated, I'm making sure that I go through the PASRR (Pre admission Screening Resident Review) and inputting certain things that need to be put in for the Social Services. V10 was asked if risk for abuse should be included in resident care plans. V10 responded, Yes. V10 was asked who is responsible for abuse risk care plans? V10 replied, Social service is responsible. V10 was asked when comprehensive care plans were reviewed and/or revised. V10 replied, They get updated every quarter and if a behavior pops up, we (staff) add the behaviors.The abuse prevention program policy (revised 01/2019) states as part of the social history evaluation and MDS (Minimum Data Set) assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches which would reduce the chances of mistreatment for these residents. The comprehensive care plan policy (revised July 2022) states comprehensive care plans are to be done with every new admission, annual, significant change in status and quarterly. Comprehensive care plans will be developed for each resident that includes problem/need of the resident, measurable objectives and interventions to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plans will be reviewed and updated every quarter (90 days) at minimum. The facility may need to review the care plans more frequently based on changes in the residents' condition and/or newly developed health/psychosocial well-being issues.