STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145875	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Barr Lincoln Park	2732 North Hampden Court Chicago, IL 60614

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F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to display [NAME] information in a public and accessible location, informing residents of their right to explore or decline community transition, and their right to be free from retaliation, regardless of their decision on transition.These failures have the potential to affect all 85 residents in the facility. Findings include: On 11/18/2025 at 2:36 PM, V5 (Social Service Director) stated V30 ([NAME] agent) is the agent that works for [NAME] program. V5 submitted a list of six (6) residents with two (2) residents crossed out. V5 stated the 2 residents that were crossed out were already discharged , not through [NAME] program. V5 was asked if residents included on the list were being coordinated to V30 ([NAME] Agent). V5 stated she communicates with V30 including email communication. V5 was requested to submit email correspondence related to [NAME] Program and other document to support coordination between facility and V30. V5 was then requested to go to the location where [NAME] information is posted informing residents with [NAME] program. V5 went to the 2nd floor in front of elevator where a bulletin board with glass sliding was located. V5 checked each poster and stated there is no [NAME] Program posted. V5 said, I can see it is not there; somebody may have taken it out. V5 was asked if there are other places to check for the [NAME] information. V5 replied there are no other places information being posted except this bulletin board. On 11/19/2025 at 12:00 PM, a follow up was done to V5 on the request of documents related to [NAME] program. V5 replied she will follow up on the request. V5 was asked specific question related to participation of facility related to [NAME] program. V5 replied, I need to follow up with that, to most of the questions. When asked about providing educational materials or information on [NAME] program to residents, V5 stated she was not aware on providing educational information to residents regarding [NAME] program. On 11/20/2025 at 10:37 AM, V1 (Administrator) stated the [NAME] program for resident is to be able to get housing and be notified of their ability to get housing through the program. V1 stated the [NAME] agent can access (Online System); the facility does not need to provide information to [NAME] agent. V1 was asked if all the information in (online system) including educational material, discharge paperwork is accessible via (online system). V1 stated, I will get back on that, I don't know yet. V1 was made aware the facility does not have [NAME] information posted for resident referral. V1 stated, I get that you are asking for proof or evidence that facility is coordinating with the [NAME] agent. Facility's [NAME] policy and procedure was also requested from V1. All requests to V5 and V1 related to [NAME] program were not provided.

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to properly label and store food. These deficient practices have the potential to affect all 85 residents receiving food prepared in the facility kitchen. Findings include: On 11/18/2025 at 10:03AM, a tour of the kitchen was conducted with V20 (Food Service Manager). V20 and surveyor observed in the walk in-cooler, the following food items: - *1 open box of multiple heads of romaine lettuce that is wet and discolored a dark black color, with a receive date of 11/17/25.- * 1 open box of multiple heads of cabbage with discolored black spots on different areas of the cabbage leaves, with a receive date of 11/10/25.- * Multiple packages of ground beef meat inside a gray bin with a receive date of 11/17/2025, no use by date or expiration date labeled on the bin. V20 was observed removing the box of romaine lettuce from the cooler and stated the lettuce looks bad and believe it's molded already. V20 stated she has to discard the box of lettuce.V20 was observed removing the outer layers of the cabbage leaves, which contained the discolored black spots, from multiple heads of cabbage. V20 was observed discarding the cabbage leaves. On 11/18/2025 at 10:24AM, surveyor observed inside the dry food storage room with V20. Surveyor observed two white deep freezers located inside. V20 stated one freezer is the vegetable storage freezer, and the other freezer is the meat storage freezer. Surveyor observed the following inside the vegetable storage freezer: - *1 open bag of carrots, no receive date, and no use by date or expiration date labeled on the bag of carrots.- *1 open bag of cauliflower, no receive date, and no use by date or expiration date labeled on the bag of cauliflower. Surveyor observed the following inside the meat storage freezer: - *1 open box of sausage, no use by date or expiration date labeled on the box of sausage. V20 stated all food items stored in the coolers and freezers should have an open date and expiration date written on the packaging. V20 stated all food items without an expiration date or use by date should be discarded and not stored in the cooler or freezer for resident use. V20 stated there is no way to determine how long a food item has been stored if it is not labeled with a date. If residents are served expired food items in the facility, then there is a potential for residents to contract a food borne illness. Facility document, dated 11/19/2025, titled Order Listing Report documents there are no residents who are NPO/nothing by mouth in the facility. Facility document, dated 11/18/2025, titled Client List Report documents a total of 85 residents receive food prepared in the facility's kitchen. Facility policy dated 06/30/2025 titled, Kitchen documents, Food should be free of slime and mold. Refrigerated food should be covered, dated, labeled, and shelved to allow air circulation. Open containers or potentially hazardous food or left over should be dated and used within 3-5 days in the refrigerator.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to refer one resident with a known mental illness for a new level I Pre-admission Screening and Resident Review (PASRR) screening. This failure affects one (R64) out of eight residents reviewed in a total sample of eighteen. Findings Include:According to the admission Record, R64 is [AGE] years old, admitted to the facility on [DATE] with diagnosis of bipolar disorder with psychotic features, and major depression. On 11/20/25 at 10:55 AM, V28 (Admissions Director) stated R64's PASRR level I should be done prior to admission into the facility on 4/23/24 to determine if the nursing facility is able to meet R64's needs. V28 also stated R64's PASRR level I was incorrectly done in 2024 by the hospital, but the facility did not follow up until 11/18/25. The facility policy for PASARR Screening, dated 7/16/25, documents: The Medicaid-certified nursing facility will ensure that level I of the Pre-admission Screening and Resident Review (PASRR) is completed either by transferring hospital/facility, upon admission, or as soon as practicable thereafter, by the facility for all residents, regardless of payor, to determine if they have a Mental Disorder or Intellectual Disability.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, facility to ensure resident was receiving nutrition via G-tube according to physician orders for 1 (R8) out of three residents reviewed for tube feeds in a sample of 18.Findings include:R8's face sheet documents R8 is a [AGE] year-old male with a medical diagnosis of gastrostomy malfunction. R8's physician order sheet documents: In the evening Enteral feeding- G-Tube type: Osmolite 1.5 Rate:70ml/hour, start at 5pm and infuse until 1540 ml total volume is reached per day. Turn off during Activity of daily living care and as needed and every shift. On 11/18/2025 at 11:35 PM, R8 had a G-tube that was not connected to tube feeding and not running. On 11/18/2025 at 2:00 PM, V29 (Agency Licensed Practical Nurse/:PN) stated she is R8's nurse for today. V29 was asked, If (R8) has an order for G-tube feeding, what time do you start the feeding? V29 replied the evening nurse starts the feeding at 5:00 PM, and when it is empty by morning, she (V29) takes it down and the next feeding will be hung by the evening nurse again. V29 stated one osmolyte bottle is 1200mL. V29 was asked, If (R8's) order states that he should get 1540mL total, how long should the feeding run for at a rate of 70mL? V29 replied, For 22 hours. If (R8's) feeding starts at 5:00 PM, it should run till 3:00 PM. V29 stated R8 is not getting his full nutritional amount. V8 stated this has the potential to lead to weight loss.On 11/20/2025 at 11:15 AM, V2 (Director of Nursing) stated R8's feeding starts at 5:00 PM and should go till 3:00 PM, based on the rate and total amount that needs to be delivered. V2 stated this has the potential to lead to poor nutritional intake and weight loss if R8 does not receive his required tube feeding amount. Facility's enteral tube feeding care policy (6/30/2025) documents: The procedure is for the nurse to check the physician order sheet or medication administration record, for the order for enteral feeding interventions such as: feeding formula, type (bolus/continuous), rate, and duration.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure discontinued medications are not administered and properly destroyed for 1 (R72) out of 5 residents reviewed for medication administration in a sample of 18. Findings Include:On 11/19/2025 at 10:34 AM during the medication pass, V24 (Registered Nurse, RN) opened the medication cart on the third floor, unlocked the narcotic medication bin, and dispensed a Tramadol 50 mg tablet. V24 was asked, What do the physician orders indicate as far as the medication dose, route and frequency? V24 logged in to the electronic medical record (EMR) and stated, I do not see an active order for (R72) to receive a Tramadol 50 mg tablet.On 11/19/2025 at 10:39 AM, V24 was asked what is the process for medication administration and what is the nurse required to do after narcotic medication has been discontinued per physician orders. V24 stated, I must complete a pain assessment, check the MAR (Medication Administration Record). I will call the Director of Nursing, and we will have to dispense this medication together. V24 stated she did not know the medication was no longer active. She stated she dispensed the medication without verifying the orders in the EMR because she remembered R72 had some Tramadol in the narcotic bin inside the medication cart.On 11/19/2025 at 10:49 AM, V2 (Director of Nursing, DON) verified R72 did not have an active physician order for Tramadol 50 mg tablet. V2 stated, There is no active order for this medication, we will have to discard it, and I will remove it from the medication cart.On 11/19/2025 at 1:30 PM, V2 stated, The nurse should first complete a pain assessment using a pain scale of 0-10, verify the EMR and confirm that the resident has an active order for a pain medication, and lastly verify the right patient, the right medication, right dose, right route, and the right time. (R72) does not have an active order for a Tramadol 50 mg tablet. The medication was originally prescribed on October 13, 2025. The order was for Tramadol 50 mg tablet; Take 1 tablet by mouth every 6 hours as needed for moderate to severe pain times 14 days. Tramadol 50 mg tablet was discontinued on October 21st, 2025. The nurses on several shifts administered the medication on 10/23/25, 10/26/2025, 10/28/2025, 11/7/2025, 11/10/2025, 11/12/2025, 11/15/2025, 11/16/2025, and 11/18/2025. V2 was asked what can potentially happen if a narcotic medication is given to resident for long term use. V2 stated, It can cause an adverse effect, abuse of narcotics, and dependence.Policy titled Controlled Substances, with review date of 09/2018, documents, Medications classified as controlled substances by the Drug Enforcement Administration (DEA) are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with states and federal laws and regulations. Accurate inventory of all controlled medications is always maintained. When a controlled substance is administered, the licensed nursing personnel administering the medication immediately enters the following information on the accountability record and the medication administration record (MAR): Date and time of administration, amount administered, remaining quantity, signature of nursing personnel administering the dose, initial of the nurse administering the dose.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure discontinued narcotics are removed and disposed of from the medication cart for one resident (R72) out of a sample of 3 resident's reviewed for medication storage and labeling on a total sample of 18 residents.Findings include:On 11/20/2025 at 10:32 AM, during medication pass, V24 (Registered Nurse/ RN) wasleaving medication cart on the third floor unlocked and unattended.On 11/20/2025 at 10:34 AM, V24 opened the medication cart on the third floor, unlocked the narcotic medication bin, and dispensed a Tramadol 50 mg tablet before checking to see if the medication was still active on the medication administration record (MAR). V24 was asked to verify the medication order. V24 logged in to the electronic medical record (EMR) and stated, The Tramadol 50 mg tablet is no longer an active order. V24 was asked what can potentially happen if a medication that has been discontinued remains in the medication cart. V24 stated, The nurse can administer the medication to the resident.On 11/20/2025 at 10:49 AM, V2 (Director of Nursing, DON) logged in the EMR to verify if R72 had an active physician order for Tramadol 50 mg tablet. V2 stated, There is no active order for this medication, we will have to discard it, and I will remove it from the medication cart.On 11/19/2025 at 1:30 PM, V2 stated, Once the order is discontinued the nurse will give it to me along with the sheet, we do the medication reconciliation together, and then I will remove it from the medication cart.Policy titled Controlled Substance Disposal, with review date of 09/2018, documents, Medications classified as controlled substances by the Drug Enforcement Administration (DEA) are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal and state laws and regulations. All controlled substances remaining in the facility after a resident has been discharged or an order discontinued are disposed of: In the facility by the Director of nursing and consultant pharmacist (or other licensed personnel as permitted by states regulations), or by returning to the Drug Enforcement Administration (DEA), or by retaining for destruction by an agent of the DEA, or by sending to the appropriate state agency, as directed by states laws and regulations, and by the DEA.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on record review and interview, the facility failed to offer vaccination to 3 out of 5 residents (R7, R86, R87) reviewed for vaccination related to infection prevention. Findings include: R7's immunization history documents the last time resident received influenza vaccination was on 11/13/2022. Pneumococcal vaccine was not administered, due to refusal, since 07/21/2023. No documentation was available for each vaccine that was offered for the current year 2025. R86's immunization record documents the last time resident received influenza vaccination was on 01/04/2025. Pneumococcal vaccination (PCV13) received on 01/22/2020. Clinical Management / Infection Prevention, dated 03/04/2025, reads: Adult 50 years and older recommends PCV15, PCV20 or PCV21 pneumococcal vaccination. R87's immunization record does not document the resident received pneumococcal vaccination. On 11/19/2025 at 10:34 AM, V6 (Infection Preventionist / Registered Nurse) stated she just started as an Infection Preventionist. V6 stated she still needs to address vaccination of some residents. Currently, residents that do not have documentation as to their immunizations were not offered vaccination yet. V6 stated vaccination is a priority, the importance of vaccination is to protect them (residents) and protect people around residents from infection. Pneumococcal Vaccination Policy dated 07/15/2025:It is the policy of the facility to offer and administer pneumococcal vaccinations to each resident. Pneumococcal vaccination will be offered upon admission. Influenza Vaccination dated 07/15/2025:It is the policy of the facility to annually offer and administer vaccination against influenza to each resident.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and review of records, the facility failed to document offering vaccination to 1 out of 5 residents (R87) reviewed for vaccination Findings include: R87's immunization record does not document the resident received or was offered Covid 19 vaccination. On 11/19/2025 at 10:34 AM, V6 (Infection Preventionist / Registered Nurse) statedshe just started as an Infection Preventionist. V6 stated she still needs to address vaccination of some residents. Currently, residents that do not have documentation as to their immunizations were not offered vaccination yet. V6 stated vaccination is a priority, the importance of vaccination is to protect them (residents) and protect people around residents from infection. Covid 19 Vaccination Policy, dated 07/16/2024:The facility will comply with the applicable CMS, CDC, and/or IDPH guidance on Covid 19 vaccination. The facility will offer Covid 19 vaccination to residents and document administration in the resident's record.