

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Uptown Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 North Kenmore Chicago, IL 60640	

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 - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility is free of insect pests in one resident's (R2) room. This failure affects one resident (R2) reviewed for effective pest control program.</p> <p>Findings include:</p> <p>R2 is aphasic and utilizes a tablet computer to communicate. On 2/10/25 at 11:05am, R2 typed, There's roaches everywhere. Look! R2 pointed to 3 dead roaches on the floor in his room next to the bed and opened the dresser drawer in his room and there was 1 dead roach that was observed by surveyor.</p> <p>R2's Face Sheet documents medical diagnoses that include but are not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; aphasia following cerebral infarction; dysphagia following cerebral infarction; major depressive disorder, recurrent, severe with psychotic symptoms; unspecified psychosis not due to a substance or known physiological condition; irritability and anger.</p> <p>R2's Minimum Data Set (MDS), dated [DATE], documents, in part, a brief interview of mental status (BIMS) score of 15 which indicates R2 is cognitively intact.</p> <p>On 2/10/25 at 11:33am, surveyor showed V19 (Licensed Practical Nurse/LPN) the pests on R2's floor and in R2's drawer. V19 said, Ewww! I'll (V19) call housekeeping right away about these cockroaches.</p> <p>On 2/10/25 at 11:46am, R3 said, I (R3) see cockroaches every day. Live cockroaches and dead cockroaches. The live ones come out a night. I just seen a dead one today in the bathroom. It's gross. Surveyor was unable to locate the dead cockroach in R3's bathroom.</p> <p>R3's Face Sheet documents diagnoses that include but are not limited to obstructive sleep apnea; chronic pain syndrome; schizophrenia; unspecified fall; anxiety disorder; major depressive disorder; and type 2 diabetes mellitus.</p> <p>R3's Minimum Data Set (MDS), dated [DATE], documents, in part, a brief interview of mental status (BIMS) score of 12 which indicates R3's cognition is moderately impaired.</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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(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 - Few</p>	<p>On 2/10/25 at 11:58am, R4 said, Cockroaches run rampant here. There were ones in the bathroom today. There's a hole on the back wall by the toilet they (roaches) come out of. Yeah, I (R4) seen some today. Surveyor dd not observe any roaches in R4's room or bathroom.</p> <p>R4's Face Sheet documents diagnoses that include but are not limited to chronic obstructive pulmonary disease; type 2 diabetes mellitus; and major depressive disorder.</p> <p>R4's Minimum Data Set (MDS), dated [DATE], documents, in part, a brief interview of mental status (BIMS) score of 15 which indicates R4 is cognitively intact.</p> <p>On 2/10/2025 at 11:15 AM, V6 (Maintenance Director) affirmed that V6 is responsible for pest control in the building. V6 stated that the pest control is coming in weekly to treat for pests, including cockroaches. V6 affirmed that the facility does not have any mice but does see a cockroach from time to time. V6 provided the extermination logbook for review.</p> <p>On 2/10/25 at 1:01pm, when asked if V8 (certified nursing assistant/CNA) has seen cockroaches at the facility recently, V8 shook his (V8) head yes, and replied, I'm not gonna sit here and lie. I've (V8) seen them.</p> <p>On 2/11/25 at 11:33am, V5 (Housekeeping Supervisor) said, Yes, I've (V5) seen roaches. Yesterday I (V5) seen a roach in [a resident's room]. Yes, I (V5) notified the front desk to put it in pest control book. Pest Control comes once a week or every other week.</p> <p>On 2/11/25 at 1:02pm, V2 (Director of Nursing/DON) said, . I'm (V2) not 100 percent sure how often pest control comes .</p> <p>Facility provided document titled, (Company Name) Pest Control, Inc. work date 1/22/25, documents in part, Service Inspection Report . Target Pests: Roaches .</p> <p>Facility policy titled Pest Control Policy, revised date December 2024, documents, in part, . To ensure that the facility is free from refuse, litter, insect, and rodent breeding areas . Maintenance will make routine checks of the building to monitor any pest issues . Housekeeping will monitor on daily cleaning and report to maintenance of pest issues .</p> <p>Facility job description titled, Maintenance Supervisor, undated, documents, in part, . assure that our facility is maintained in a safe and comfortable manner .</p> <p>Facility job description titled, Administrator, revised date 1/05, documents, in part, . Assure that the facility is maintained in a clean and safe manner for resident comfort and convenience . Assure that all residents receive care in a manner and in an environment that maintains or enhances their quality of life .</p> <p>Facility job description titled, Housekeeping / Laundry Aide, undated, documents, in part, . The Housekeeper is responsible to keep the facility clean, safe in accordance with current federal and state standards and comfortable manner . Assure that assigned work areas are maintained in a clean, safe, comfortable, and attractive manner .</p>		