STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. Building B. Wing	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Margate Park	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect a resident (R2) from abuse by another resident (R1), in one of three residents reviewed for abuse. As a result, R2 sustained discoloration of the left eye.Findings include:R1 is a [AGE] year-old, originally admitted on [DATE] with medical diagnoses that include and are not limited to: violent behavior, schizophrenia, and schizoaffective disorder. R1 is not currently at the facility. R2 is a [AGE] year-old, originally admitted on [DATE] with medical diagnoses that include and are not limited to: disorders of the brain, chronic obstructive pulmonary disease, and diabetes. On 7-19-2025 at 9:20 am, R2 said, An incident took place several days ago. I was sitting in the dining room waiting for my lunch. (R1) came and told me, you are sitting in my chair. You need to move now. I got up, and (V4 - licensed practical nurse) came and told me: Thank you for letting R1 sit on that spot. I went to my room for a few minutes, and then I came out again. I was going into the dining room when (R1) came running towards me, hit me in my face, (R1) attacked me. I was not expecting that. I was taken off guard; we both ended up on the floor. V4 (Licensed Practical Nurse) and V5 (Certified Nurse Assistant) were in the room and immediately removed R1 and protected me. I went to the hospital. I had a bruise over my right eye.On 7-19-2025 at 10:00 am V4 (Licensed Practical Nurse) said V4 was the nurse in charge when R1 was physically attacked by R2 without provocation. R1 was noted with a slight bruise at the right upper eyelid area. R1 and R2 were immediately separated, and both were sent to the hospital. R2 is back to the facility and is doing well. R1 is still at the hospital. We never expected that R1 was going to be physically aggressive toward others. R2 was admitted with a diagnosis of violent behavior. On 7-19-2025 at 11:40 am V5 (Certified Nurse Assistant), I remember R1, on 6-27-2025, R2 was walking back to the dining room when R1 screamed something and ran towards the dining room door and attacked R2 by hitting her in the face, and both residents fell to the floor. I was not fast enough to intervene, and both residents landed on the floor. V4 was also in the dining room. The social worker took R1 off the floor, and I did not see her again. No physical abuse should be taking place between residents. We are responsible for making sure all residents are safe.On 7-19-2025 at 10:30 am, V2 (Director of Nursing /RN), the incident that took place on 6-27-2025, when R1 attacked R2, was substantiated for abuse.After the incident, R1 was put on 1:1 and taken off the floor and sent to the hospital for evaluation with an involuntary petition. R2 was also sent to the hospital and came back on the same day after all diagnostic tests were negative. We do not want any abuse to take place. We try to prevent abuse from resident to resident. V2 presented policy titled: Abuse Prevention Policy dated: 10-24-2022 reads in part: The purpose of this policy is to assure that the facility is doing all to prevent occurrences of abuse.V2 presented: Petition for involuntary/Judicial admission dated 6-27-2025 reads in part: R1 started hitting R2 in the face and pulling R2's clothes down. R1 will benefit from an evaluation as R1 is a danger to others in the facility.

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