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	11/20/2025

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interviews, and record review, the facility failed to assess a resident's ability to safely self-administer medication, failed to obtain a doctor's order to self-administer medication, and failed to care plan self-administration of medication prior to initiating self-administration of medication. This failure affects 1 (R16) resident reviewed for self-administration of medication in the total sample of 21 residents. Findings include:On 11/18/2025 at 9:56am during medication administration observation with V37 (Licensed Practice Nurse) for R16's, observed a tube of Hydrocortisone cream on R16's bedside table. R16 requested V37 to give him additional tube of hydrocortisone cream as his tube was almost empty. R16 stated the night shift nurse gave him the tube of hydrocortisone cream a long time ago and the CNA applied the cream on his back because he could not reach his back. On 11/18/2025 at 10:05am, V37 stated he should not have the hydrocortisone cream at bedside because anyone might come in his room and take the medication. On 11/19/2025 at 10:31am, V14 (Unit Manager/Assistant DON/RN) stated for resident on self-administration of medication, there should be an assessment first to make sure he can safely administer the medication. It also needs a doctor's order and to care plan the self-administration of medication. V14 stated she assessed him on 11/18/2025, got a doctor's order to self-administer and was care planned after the fact. R16's admission Record documented R16's diagnoses (include but not limited to) COPD (Chronic Obstructive Pulmonary Disease), Type 2 Diabetes Mellitus, and candidiasis.R16's (Active Order as of: 11/18/2025) Order Summary Report documented, in part Hydrocortisone External Cream 0.5 % (Hydrocortisone (Topical)) Apply to back lower/thigh back topically two times a day for itching. Active 04/23/2025. Of note, no order to self-administer Hydrocortisone cream. R16's (11/11/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R16's mental status as cognitively intact.R16's (11/18/2025 at 4:52pm) Medication Self-Administration safety screen was authored by V14. Of note, completed on the date R16 was observed with Hydrocortisone cream at bedside.R16's (11/18/2025) care plan documented, in part Focus: has a physician order for self-administration of medication. Of note, R16 was care planned on the date the medication was observed in R16's room. The (09/01/2024) Resident Self-Administration of Medication documented, in part It is the policy of this facility to support each resident's right to self-administer medication. A resident may only self-administer medications after the facilities interdisciplinary team has determined which medications may be self-administered safely. The explanation and compliance guidelines: 1. Each resident is offered the opportunity to self-administer medications during their routine assessment by the facilities I think their disciplinary team. 4. The results of the interdisciplinary team assessment are recorded in self-administration of medication assessment. 14. The care plan must reflect that self-administration and storage arrangement for such medications.

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on interview and record review, the facility failed to maintain a resident's personal privacy. This failure affected 1 (R1) resident reviewed for personal privacy in the total sample of 21 residents. Findings include:On 11/17/2025 at 11:54am, R1 stated she was lying on her bed when she heard a noise coming from her restroom, she got up and saw him (R10) using her restroom. R1 stated he was facing the sink washing his hands. R1 stated she was very upset because he (R10) invaded her space. R1 stated when she asked him why he was in her restroom, he said he (R1) did not give a F**K because he had to use the restroom. On 11/19/2025 at 11:25am, V41 (Infection Preventionist) stated she remembered her (R1) yelling ?why are you in my room'. V41 stated she went to the room to see what was going on, and she saw him (R10) in the restroom washing his hands, he was patting his hands dry, and she (R1) was standing outside of her restroom. V41 stated she escorted (R10) out of the room and asked him why he was in the room. He (R10) stated he needed to use the bathroom really bad. V41 stated a resident was not expected to use the restroom of another resident. V41 stated she (R1) did not like people coming to her room. She (R1) would on walk on the hallway and would tell everyone, ?I don't want company in my room.' On 11/18/2025 at 12:56pm, V34 (Social Services Director) stated she heard (R1) yelling ?GET OUT'. She and (V41 - Infection Preventionist) immediately went to the room and she (V34) saw (R1) coming out of the room, yelling he (R10) was in the room using her restroom. V34 stated she did not physically see him (R10) using the restroom, but he (R10) admitted to it. R10 stated he did not think anyone was in the room and he needed to use the bathroom, and it was the closest restroom, and he had to pee. V34 stated it is not expected for a resident to use another resident's restroom because it is an invasion of someone's privacy. V34 stated he (R10) thought the room was empty. V34 stated she (R1) was very upset, crying, and not saying much. On 11/18/2025 2:34pm, V11 (Psychiatric Rehabilitation Services Coordinator) stated he was informed that (R10) used (R1) restroom and he said he just had to use the toilet room. V11 stated (V34) pulled (R1) aside. R1 was crying because she had past sexual trauma. R1 was care planned for sexual trauma. R1 was trying to process the incident because she was triggered. V11 stated, Staff need to be more aware of residents going in and out of other residents room because the door never locks. It is not expected of a resident to use another resident's restroom. It is an invasion of resident's privacy because residents might not know another resident's trigger. It is an invasion of her privacy. It was a supervision issue. If staff were available and present and saw him going to other resident's restroom, the staff could have asked him what he was doing and if he said he was going to use the restroom then staff could have helped him go to his own restroom. On 11/19/2025 at 10:39am, V14 (Unit Manager/ADON/RN) stated there was a training toilet on the floor and residents were encouraged to use it for privacy. V14 stated staff were supposed to stop a resident from using another resident's restroom and to redirect the resident. If staff were available, the staff could have redirected the resident and could have prevented him from using her restroom. R1's admission Record documented, in part Diagnoses: (include but not limited to) hypertensive chronic kidney disease, personal history of adult physical and sexual abuse, and post-traumatic stress syndrome.R1's (09/23/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 14. Indicating R1's mental status as cognitively intact.R1's (09/02/2025) care plan documented, in part Personal history of adult physical and sexual abuse.R10's admission Record documented that R10's diagnoses (include but not limited to) hypertension, COPD (Chronic Obstructive Pulmonary Disease), dependence on wheelchair.R10's (07/28/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R10's mental status as cognitively intact.The (09/01/2024) Resident Rights documented, in part, The facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Respect (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and dignity. The resident has a right to be treated with respect and dignity. The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences. 5. Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: d. The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner, that does not impose on the rights of another resident.7. Privacy and confidentiality. The resident has a right to personal privacy. The (09/01/2024) Promoting/ Maintaining Resident Dignity documented, in part It is the practice of this facility to protect and promote resident rights and treat each other with respect and dignity as well as care for each resident in a manner and in an environment, it maintains or enhances quality of life by recognizing each resident's individuality. Compliance guidelines: 9. Maintain resident privacy. The (undated) Residents' Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to State and Federal laws. Your rights to safety. Your facility must provide services to keep your physical and mental health at their highest practicable levels. Your facility must be safe.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review, the facility failed to follow a physician order after administering inhaler sprays to a resident potentially placing a resident at risk for oral thrush. This failure affected 1 (R16) resident out of 5 residents reviewed for medication administration. Findings include: On 11/18/2025 at 9:56am during the medication administration observation with V37 (Licensed Practice Nurse) of R16's medications, V37 placed the mouthpiece of the Budesonide/Formoterol inhaler on R16's mouth, pressed down the canister of the inhaler and instructed R16 to inhale the medication orally. After R16 orally inhaled the medication, V37 instructed R16 to drink water. On 11/18/2025 at 10:00am, inquiring about expectation after R16 orally inhaled 2 puffs of budesonide/formoterol, V37 stated she should have instructed him to swish and spit water to prevent him from having fungal infection. On 11/18/2025 at 10:04am, R16 stated nurses usually asked him to swish and spit after he took his liquid protein (Pro-Heal), and he did not know the purpose of swish and spit.On 11/19/2025 at 10:37am, V14 (Unit Manager/Assistant DON/RN) stated nurses are expected to instruct the resident to swish and spit water after taking the inhaler because it can cause oral thrush. R16's admission Record documented that R16's diagnoses (include but not limited to) COPD (Chronic Obstructive Pulmonary Disease), Type 2 Diabetes Mellitus, and candidiasis.R16's (Active Order as of: 11/18/2025) Order Summary Report documented, in part Symbicort Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Dihydrate) 2 puffs inhale orally every 12 hours related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE; PULMONARY FIBROSIS. Rinse mouth with water and spit back into cup after use. Active: 10/09/2025.R16's (11/11/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R16's mental status as cognitively intact.The (11/18/2025) Administering of Corticosteroid Inhaler, documented, in part When administering an inhaler: 7. Rinse your mouth with water and spit. Why do we have residents rinse their mouth and speak after using a corticosteroid inhaler? To prevent the patient from contracting thrush, a fungal infection of the tongue.The (09/01/2024) Administration of Metered-Dose Inhaler documented, in part It is the policy of this facility to ensure medications are administered as prescribed in accordance with professional standards of practice and only by persons legally authorized to do so. Policy explanation and compliance guidelines: 16. If using a corticosteroid, allow resident to rinse and gargle with water to remove medication from mouth and back of throat.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on interview and observations the facility failed to ensure that the dumpster lids were properly closed on two dumpsters, resulting in garbage hanging out of dumpster this failure has the potential to affect all 185 residents in the facility .Findings include:On 11/18/25 at 10:45 am, V12 (Housekeeper) stated that she is responsible to clean the 2nd floor and has not observed any rodents on the unit and or in the room on R5. V12 stated if she observed a rodent or dropping from a rodent, she would immediately report that concern to her supervisor, but she thinks pest control comes out to the building weekly and she keeps the area clean.On 11/18/25 at 10:59 am, V30 (Housekeeping Director) stated housekeeping is responsible for managing the dumpsters, and dumpsters should always be free from trash hanging out of it. There are two large trash dumpsters, two small trash dumpsters and three recycle dumpsters that are all in same area behind the facility located in the parking lot. The lid of the dumpsters should be always closed to prevent trash from blowing, rodents and animals from getting into the trash and so the facility is not feeding the rodents. If trash is hanging out of the dumpsters this is not sanitary, and the facility does not want to breed rodents and cause them to migrate into the building. All garbage should be inside of dumpster for sanitary reasons, but that trash came from the kitchen and the bag is hanging outside of the dumpster, there is trash all over the ground near dumpsters and it should not be like this. Recycle dumpsters has trash hanging out of it. Pest control company comes to the facility weekly for preventative insect care to assess cracks and crevices. V30 reports that dumpsters are emptied daily by the vendor company, and he is not sure why the dumpsters were open with trash hanging out of them.On 11/18/25 at 3:29 pm, two dumpsters on the back of facility were observed open with one dumpster with no lid covering at all displaying garbage that was hanging out of dumpster can and second recycle dumpster with blue lid filled and partially closed with brown boxes hanging out of top of dumpster with clear plastic bags hanging of top of dumpster.On 11/19/25 at 1:11 pm, V1 (Administrator) stated staff or residents have never informed her there were any roaches, rats or rodents in rooms or facility that they saw. If this was reported to me, I would have called our facility's pest control vendor and had someone come out to inspect and correct any concerns that would have been detected. Housekeeping supervisor is responsible to ensure that dumpsters are closed and the area around the dumpsters remain clean and without debris to avoid rodents.On 11/19/25 at 3:10 pm, large trash dumpster observed open with trash filled to top of dumpster, clear bags were hanging out of the top of the dumpster, and papers was on the floor next to dumpster.Facility's Policy Pest control program dated 9/1/2024 documents in part; Policy: it is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Definition: Effective pest control program is defined as measures to eradicate and contain common household pests(e.g., roaches, mice, rats).;Policy Explanation and Compliance Guidelines:4) Facility will utilize a variety of methods in controlling certain seasonal pest. These will involve indoor and outdoor methods; 5) Facility will ensure that the outside pest service also treats the exterior perimeter of the facility and any outlying or structures, dumpsters areas.Facility's Policy Disposal of Garbage dated 9/1/2024 documents in part; Policy : the facility shall properly dispose of kitchen garbage and refuse; Policy explanation and compliance guidelines:1.garbage shall be disposed of in refuse containers with plastic liners and lids,2.garbage and refuse containers covered when not in use,7.dumpsters kept outside of the facility shall be designed and constructed to have tightly fitting lids, covers, dumpsters shall be kept covered when not being loaded, surrounding area shall be kept clean so that accumulation of debris and insect/rodent attractions are minimized.8.dumpsters shall be emptied according to the facility contract, garbage should not accumulate or be left outside the dumpster.9.the schedule for garbage pick-up should be revised, as needed, based on the volume of refuse.Facility's Job description titled Environmental Service Director dated 11/2019 documents in part; Primary duty: manages and supervises housekeeping and provides support to ensure quality standards are met; touring building (continued on next page)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	several times per day to assess work quality using audits for documentation purposes. Essential job functions: Daily audits and follow through on all assignments to ensure task completion.Reviewed Resident Council Meeting minutes dated 10/21/2025 documents in part that 46 residents attended the meeting ;4) resident has the right to live in a clean and comfortable environment. Announcements from activity director: if they see pests to please inform the staff so that the area is treated, and traps can be set. No further concerns.