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	02/27/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide sufficient nursing staff in accordance with the facility assessment to meet the needs of residents residing in the facility. This deficient practice has the potential to affect all residents residing in the facility who require assistance with activities of daily living, supervision, and timely care.Findings Include:On 2/25/26 at 11:04 AM, a resident council meeting was held. Residents R23, R38, R61, R126, R148, R7, and R170 attended. All residents stated that staffing is insufficient to meet their needs. They reported ongoing staff shortages. R23 and R170 stated that call lights are not answered promptly due to inadequate staffing. R170 reported that on some nights there was no CNA assigned to the sixth floor. R7 stated that he often waits extended periods for assistance getting out of bed because he requires two CNAs for transfers, and staff are frequently unavailable due to short staffing.On 2/26/26 at 9:34 AM, V25 (Staffing Coordinator) stated she is responsible for scheduling CNAs and nurses. V25 stated that the total staffing levels by shift per day are as follows: 19 CNAs (including Restorative Aides) and 8 nurses for morning shift, 14 CNAs and 8 nurses for evening shift, and 10 CNAs and 6 nurses for night shift. V25 stated staffing assignments are adjusted based on the facility census and divided among four resident floors. V25 stated the facility utilizes agency nurses and CNAs when needed; however, V25 stated that use of agency CNAs is rare. V25 stated the last use of an agency CNA was for one shift in January, and no agency CNAs worked in February. V25 stated there is always at least one RN scheduled each shift daily, with RNs alternating weekends and all shifts are eight hours in length. V25 stated she has not received any complaints regarding short staffing and believes the facility has sufficient staff, including on weekends.R23's clinical records show an initial admission date of 3/31/17 and Minimum Data Set (MDS) dated [DATE] shows R23 is moderately impaired with cognition with Brief Interview for Mental Status (BIMS) of 12.R38's clinical records show an initial admission date of 1/14/20 and MDS dated [DATE] shows R38 is cognitively intact with BIMS of 15.R61's clinical records show an initial admission date of 9/20/23 and MDS dated [DATE] shows R61 is cognitively intact with BIMS of 15.R126's clinical records show an initial admission date of 4/26/17 and MDS dated [DATE] shows R126 is moderately impaired with cognition with BIMS of 9.R148's clinical records show an initial admission date of 8/16/19 and MDS dated [DATE] shows R148 is cognitively intact with BIMS of 15.R7's clinical records show an initial admission date of 11/12/20 and MDS dated [DATE] shows R7 is cognitively intact with BIMS of 15 and is total dependent on staff's assistance with transfers.R170's clinical records show an initial admission date of 2/20/24 and MDS dated [DATE] shows R170 is cognitively intact with BIMS of 15.Review of the facility's Certified Nursing Assistant (CNA) time sheets for the dates 12/20/25-12/21/25, 12/27/25-12/28/25, 1/3/26-1/4/26, 2/1/26, 2/7/26-2/8/26, 2/14/26-2/15/26, and 2/21/26-2/22/26 shows the total number of CNA staff provided per shift did not align with the nursing services staffing levels identified in the facility assessment. PBJ (Payroll Based Journal) staffing data report FY (Fiscal Year) Quarter 4 2025 (July 1 - September 30) showed: triggered for excessively low weekend staffing and one star staffing rating.The facility's Facility Assessment dated 1/26 documents in part: (continued on next page)

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility assessment will outline resources necessary to provide competent and resident centered care for our residents during day to day operations and emergencies. Total Nursing Services Staffing: 19 CNAs for days, 14 CNAs for evenings, and 10 CNAs for nights.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to (a) post Enhanced Barrier Precautions (EBP) sign for two residents (15, R59); (b) ensure staff wore proper Personal Protective Equipment (PPE) upon entering a room for one (R13) resident on contact precautions; and (c) follow their ?General Immunization/Vaccination' policy. This has the potential to affect all the residents that reside in the facility.Findings include: On 2/25/2026 at 10:03 AM, V3 (Infection Preventionist) stated the facility does not screen residents for risk factors associated with hepatitis B and whether or not the residents were immunized against hepatitis B. V3 stated unless the resident admits with the diagnosis, the facility does not screen for it. V3 stated [V3] will verify with administration but it is not in their facility policy to do so. During the same interview, V3 provided a Vaccine Report from the last 12 months. There were no entries for any of the residents in the Shingles column. V3 did not know what the blank entries signified. V3 stated [V3] has not offered or administered the varicella-zoster vaccine. V3 stated will ask administration what the blank entries signify. (V3 did not provide an answer prior to the end of the survey). On 2/25/2026 at 10:39 AM, R185 was alert and oriented to person, place, and time. R185 stated wanting to receive the shingles vaccine but facility did not provide it. R185 stated informing V3 (Infection Preventionist) that [R185] wanted the shingles vaccine but V3 has not provided it. During a follow-up interview with V3 on 2/25/2026 at 3:23 PM, V3 stated the facility does not screen residents for risk factors associated with hepatitis B or provide residents education regarding risks associated with shingles and how to protect oneself against the varicella-zoster virus. V3 stated these were not part of the facility's policy to do so. On 2/26/2026 at 11:34 AM, V2 (Director of Nursing) stated infection control is not V2's role but will follow-up regarding the residents' screenings. Facility did not provide documentation at the completion of the survey. On 2/26/2026 at approximately 2:50 PM, survey team met with V1 (Administrator), V2, and V33 (Regional Clinical Director). V33 stated it is not part of their policies or procedures to screen. V33 stated [V33] was not aware of regulations regarding shingles education and hepatitis B screening. Facility's undated General Immunization/Vaccination policy documents in part: It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from infectious disease by offering our residents, staff members, and volunteer workers immunization/vaccination against such disease. Residents, staff, and volunteer workers will be offered immunizations against infectious diseases as per current federal, state and local guidance. Section 300.1060 Vaccinations of Illinois's TITLE 77: PUBLIC HEALTH, CHAPTER I: DEPARTMENT OF PUBLIC HEALTH, SUBCHAPTER d: LONG-TERM CARE FACILITIES, PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE documents in part: A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. R13's face sheet shows admission date on 11/9/23 with diagnoses not limited to Essential (primary) hypertension, Unspecified asthma, Rheumatoid arthritis, Hyperlipidemia, Vitamin D deficiency, Schizoaffective disorder, disorganized schizophrenia, Gastro-esophageal reflux disease, Generalized anxiety disorder, Chronic systolic (congestive) heart failure, Type 2 diabetes mellitus, Other specified chronic obstructive pulmonary disease, Cystitis. MDS (Minimum Data Set) dated 12/17/25 shows R13's cognition was intact. R59 face sheet shows admission date on 1/21/26 with diagnoses not limited to End stage renal disease, Dependence on renal dialysis, Nicotine dependence, Anemia in chronic kidney disease, Polyneuropathy, Nonischemic myocardial injury (non-traumatic), Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, Gout. MDS dated [DATE] shows R59's cognition was intact. On 2/24/26 at 9:28AM Medication administration observation conducted with V8 (Licensed Practical Nurse / LPN). Observed R13's door with signage indicating Contact Precautions and PPE (Personal Protective Equipment) supplies were available by room entrance. Contact precautions signage showed staff must put on gloves and gowns before room entry. On 2/24/26 at 9:41AM Observed V8 (LPN) went inside R13's room without wearing proper PPE (No gown, no gloves) and administered medications to R13. V8 stated her room assignment is from room [ROOM NUMBER] to 226. On 2/24/2026 At 11:4AM R59 observed up and about, ambulatory with steady gait, alert and oriented x 3, verbally responsive. Stated he is receiving dialysis in the basement every Tuesday, Thursday, and Saturday around 1PM. R59 showed his dialysis access catheter site at right upper chest with dressing in place. On 2/25/26 at 1:26PM V3 (IP / Infection Preventionist Nurse, LPN / Licensed Practical Nurse) stated she has been working in the facility since 2023 and IP role in September 2025. Stated Residents are placed under contact precautions that could be transmitted through contact, touching resident and environment. V3 stated R13 is placed on contact precautions due to ESBL (Extended-spectrum beta-lactamase) in urine. Stated whenever staff go inside the room of residents on contact precautions should be wearing proper PPE gowns and gloves to prevent transmission of organisms. V3 stated if staff were not wearing proper PPE and entered the resident's room on contact precautions could potentially carry the organism and affects resident, other staff and their environment. She stated staff should wear proper PPE when administering medication inside resident's room on contact precautions. V3 stated R59 is on EBP (Enhanced Barrier Precautions) due to dialysis access catheter. Stated there should be signage posted by the door / room entrance to alert staff to the precautions and to wear proper PPE when giving high care activities to resident. On 2/26/26 At 11:14AM V2 (DON / Director of Nursing) stated she has been working in the facility for (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	7 weeks. Stated resident on contact precautions, staff are expected to wear proper PPE such as Gown and gloves upon entry to resident's room to decrease the risk of transmission of organism. V2 stated if there is a physician order for contact precautions, staff are expected to follow the order and precautions should be implemented. V2 stated if staff is not wearing proper PPE upon entry to resident's room on contact precautions there is a risk of spread of infection or cross contamination for all the residents that staff is taking care of or assigned to. R13' POS (Physician Order Sheet) / order summary dated 2/24/26 shows active order not limited to: Isolation - Contact Precautions related to ESBL until 2/28/26. R59's POS dated 2/26/26 shows active order not limited to: Enhanced Barrier Precautions (EBP) related to Dialysis Access. Care plan dated 2/15/26 shows in part: R59 is on Enhanced Barrier Precaution related to presence of dialysis catheter. Place appropriate sign of precaution visible to everyone per facility protocol. Facility's staff assignment dated 2/24/26 shows in part: V8 (LPN) room assignment: 213 to 226. Facility's Census dated 2/24/26 shows 20 residents from room [ROOM NUMBER] to 226. Facility's contact precautions signage read in part: Staff must put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Facility's Transmission-Based (Isolation) Precautions dated 10/14/25 read in part: Contact precautions refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. Contact: Gloves - Whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). [NAME] gloves upon entry into the room or cubicle. Gowns - Whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. [NAME] gown upon entry into the room or cubicle. On 02/23/26 at 12:45 PM, there was no Enhanced Barrier Precautions (EBP) signage posted outside R15's room and did not find an EBP sign on the floor near R15's doorway or inside his room. On 02/23/26 at 12:50 PM, V9 (Licensed Practical Nurse) stated R15 is a dual feeder and receives bolus tube feedings via a gastrostomy tube (GT). V9 looked outside R15's doorway and stated he does not see an Enhanced Barrier Precaution sign and there should be one because R15 has a GT. V9 stated the sign is important because it alerts the staff that they need to wear gloves and a gown when doing direct care tasks and all staff going in/out of R15's room need to do hand hygiene. V9 stated the Enhanced Barrier Precautions are for R15's protection because he is more susceptible to getting an infection because of his GT. V9 stated if the sign is not up the staff does not know what they need to do before entering his room and what PPE they need to wear, and this could put R15 at potential risk for developing an infection. On 02/24/26 at 1:50 PM, V2 (Director of Nursing) stated EBP should be for anyone with an indwelling medical device such as a feeding tube or for someone with a wound. V2 stated these precautions are in place to protect the residents from getting an infection from the staff/visitors. V2 stated there should be an EBP sign posted outside the residents' door so staff/visitors entering/exiting the room (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	know they have to perform hand hygiene and gloves, and gown needs to be worn if doing any direct contact with the resident. V2 stated the purpose of posting the EBP sign is to make the staff/visitors aware the resident is on EBP and to provide a visual reminder of what the staff should do when entering the room. V2 stated she thinks the EBP sign on R15's door fell and that PPE can be shared between rooms, a separate PPE set up is not required at each door. R15's diagnosis included but not limited to Chronic Obstructive Pulmonary Disease, Unspecified Protein-Calorie Malnutrition, Encounter for Attention to Gastrostomy, Unspecified Dementia, Dysphagia, Cachexia, Adult Failure to Thrive, Esophageal Obstruction, Alcohol Abuse, Gastro-Esophageal Reflux Disease Without Esophagitis, Wernicke's Encephalopathy. R15's Order Summary Report dated 02/24/26 documents in part enteral feeding order as needed change GT dressing PRN dated 05/02/25 and enteral feeding order five times a day Jevity1.5 calorie administer one carton bolus via gravity (240 ml five time per day) dated 05/09/25. R15 does not have an order for Enhanced Barrier Precautions. R15's MDS (Minimum Data Set) from 12/02/26 documents in part, R135 has a feeding tube and receives 51% or more of portion of total calories through feeding tube. R15's care plan documents in part (R15) is currently managed with a gastrostomy tube for nutrition and medication administration and interventions include but not limited to infection prevention measures. Facility provided policy titled, Enhanced Barrier Precautions dated 10/01/25 which documents in part, it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms and EBP refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves during high contact resident care activities. An order for enhanced barrier precautions will be obtained for residents with any of the following including indwelling medical devices (e.g. central lines, urinary catheters, feeding tubes, hemodialysis catheters, PICC lines, midline catheters). Facility provided copy of Enhanced Barrier Precautions sign by the U.S. Department of Health and Human Services Center for Disease Control and Prevention which documents everyone must clean their hands, including before entering and when leaving the room and providers/staff must also wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use – central line, urinary catheter, feeding tube, tracheostomy.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observations, interviews, and record reviews, the facility failed to (a) follow their policy, (b) follow physicians' orders, and (c) have the correct settings on four residents' (R3, R41, R43, R80) air loss mattresses for four residents out of a total sample of 35 residents. Findings include: 1. R3's admission Record documents in part a stage 3 pressure ulcer (full-thickness skin loss) to the right elbow. R3's 2/13/2026 Quarterly MDS (Minimum Data Set) assessment documents in part that R3's cognitive skills for daily decision making are severely impaired. R3 is dependent on staff for bed mobility rolling from left to right. R3's Care Plan Report documents in part that R3 is at high risk for further pressure injury development and other skin breakdown due to the following factors that include but are not limited to thin fragile skin and bony prominences and dependence on staff for turning and repositioning (last revised 11/21/2025). Interventions include but are not limited to pressure relieving/reducing mattress to protect the skin while R3 is in bed (last revised 5/26/2023). R3's Order Summary Report documents an active order for Low-air-loss mattress in use (LAL/LAM) every shift for check functioning - air mattress should be set at patient's weight or per manufacturer instructions. Order date is 11/17/2025. R3's Weights and Vitals Summary documents in part that R3 weighed 122.2 lbs. (pounds) on 2/10/2026. 2. R43's 1/14/2026 Quarterly MDS assessment documents in part that R43's mental status is severely impaired. It documents in part that R43 requires partial/moderate staff assistance to roll from left to right. R43's Care Plan Report documents in part that R43 has a potential for alterations in skin integrity related to bed mobility, fragile skin, and incontinence (last revised 7/21/2025). Interventions include but are not limited to pressure relieving/reducing mattress to protect the skin while R43 is in bed (last revised 8/10/2021). R43's Order Summary Report documents an active order for Low-air-loss mattress in use (LAL/LAM) every shift for PREVENTION Ensure settings are set to patient's weight or set per manufacturer's instructions. Order date is 11/12/2024. R43's Weights and Vitals Summary documents in part that R43 weighed 185.6 lbs on 2/10/2026. On 2/24/2026 at 10:50 AM, R3 was lying on an air loss mattress. The power was on and the setting was on static (orange light indicator was on). The weight setting was on the weight range for 320 lbs. On 2/24/2026 at 11:13 AM, R43 was lying on an air loss mattress. The weight setting was near the 400 lbs. mark and set on firm. On 2/24/2026 at 11:15 AM, V7 (Wound Care Tech) entered R43's room stating [V7] needed to make sure R43's bed settings were good. V7 stated R43's current weight is 185 lbs. V7 stated the bed is (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	currently on 400lbs but should be on 185 lbs. V7 adjusted R43's bed settings. Surveyor and V7 then went to R3's room. V7 stated R3 is currently 132 lbs. V7 stated R3's bed is on 320 lbs. and is not correct. V7 also said that R3's bed is not supposed to be on static mode and turned it off. On 2/26/2026 at 12:14 PM, V29 (Wound Nurse) stated the residents' air loss mattresses should be set based off their weights. During at follow-up interview at 12:55 PM, V29 stated that R3's bed should not be on static setting. V29 stated that static means that the mattress pressure is stable. V29 stated R3's bed should be on dynamic mode which means that the mattress pressure alternates between the sides of the mattress. Facility's undated Use of Support Surfaces policy documents in part: Support surfaces will be used in accordance with evidence-based practice for residents with or at risk for pressure injuries. Except for the facility's standard mattresses and wheelchair cushion, support surfaces will be utilized in accordance with physician orders. 3. R80's face sheet shows admission date on 4/28/23 with diagnoses not limited to Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Chronic embolism and thrombosis of unspecified deep veins of right lower extremity, Dysphagia following cerebral infarction, Ataxia following cerebral infarction, Aphasia following cerebral infarction, Essential (primary) hypertension, Contracture right hand, Encounter for attention to gastrostomy, Atherosclerotic heart disease of native coronary artery, Anemia, Unspecified convulsions. MDS (Minimum Data Set) dated 1/28/26 shows R48 was rarely / never understood. On 2/24/26 at 11:30AM R80 observed resting in bed, on moderate high back rest with carrot device on right hand. R80 is non-verbal. Observed R80 lying on air mattress, setting display showed 400lbs (pounds) normal pressure. R80's POS (Physician Order Sheet) dated 2/24/26 shows active order not limited to low-air-loss mattress in use every shift for check functioning. Ensure settings are set to patient's weight or set per manufacturer's instructions. R80's weight as follows: On 2/7/26 = 181.3 Lbs. On1/1/26 = 182.0 Lbs. On 12/1/25 = 181.2 Lbs. On 11/1/25 = 185.5 Lbs. On 10/1/2025 = 186.4 Lbs. Care plan dated 2/28/25 shows in part: R80 has potential for alteration in skin integrity related to bed mobility and incontinence. On 2/26/26 at 11:14AM V2 (DON / Director of Nursing) stated she has been working in the facility for 7 weeks. Stated air loss mattresses could be used for residents with Stage 3 or 4 pressure ulcers or it also is used as preventive measures. V2 stated wound care team is expected to check the setting of air loss mattress. She stated correct setting of air loss mattress should be maintained so there is a correct flow / circulation to the skin of the resident. On 02/24/26 at 11:08 AM, observed R41 lying on low air loss mattress. R41 stated his bed is very uncomfortable. R41 complained that his bed is very hard, and he does not think it is set properly. Observed low air loss mattress set between 360-400 pounds based on the dial control on the machine. R41 stated the last time he was weighed he weighed 224 pounds. Surveyor felt R41's low air loss mattress which was very firm and did not give when surveyor tried to press fingers into the mattress. The mattress stayed tight and smooth. R41 stated he has wounds on his legs. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/24/26 at 11:27 AM, V8 (Licensed Practical Nurse) stated the low air loss mattress is set based on the resident's weight and the purpose of the low air loss mattress is to redistribute the resident's weight to prevent wounds from developing and/or to prevent wounds from getting worse. V8 stated the nurse, or the CNAs set the low air loss mattress. V8 stated R41's last weight in his electronic health record was obtained on 02/07/26 and he weighed 239.6 pounds. On 02/24/26 at 11:31 AM, V8 observed R41's low air loss mattress setting set between 360-400 pounds and stated R41 does not weigh 380 pounds. V8 stated the weight setting is not correct, it is set too high. V8 stated if the setting is set too high it will make the mattress extra firm and it will be too hard. On 02/25/26 at 1:45 PM, V2 (Director of Nursing) stated low air loss mattresses are utilized to help with offloading to promote wound healing and as a preventative measure if the resident has a history or is at risk for developing skin alterations. V2 stated the wound team assesses the resident and determines the appropriate interventions such as use of a low air loss mattress. V2 stated the low air loss mattress is set based on the resident's weight unless specified otherwise. V2 stated the low air loss mattress setting ordered by the physician should be followed as ordered. V2 stated R41 weight is 239-240 pounds so his low air loss mattress should be set around 240 pounds. On 02/26/26 at 12:21 PM, V29 (Wound Registered Nurse) stated R41 has MASD (Moisture Associated Skin Damage) on his left thigh. V29 stated use of a low air loss mattress is a protective measure due to R41's co-morbidities, very fragile skin and to prevent skin breakdown because there is a possibility of the MASD area developing into a pressure wound. V29 stated the low air loss mattress helps transfer the residents' weight so they are not sitting in one position for an extended period. V29 stated the air loss mattress is set by the resident's weight. V29 stated the low air loss mattress should not be super soft and it should not be very firm. V29 stated if the low air loss mattress is too firm then there is a possibility that it could lead to the development of a pressure ulcer. 4. R41's diagnosis includes but not limited to the following Spinal Stenosis, Lumbar Region Without Neurogenic Claudication, Lymphedema, Not Elsewhere Classified, Acquired Absence Of Left Leg Below Knee, Chronic Systolic (Congestive) Heart Failure, Opioid Dependence, Polyneuropathy, Peripheral Vascular Disease, Bilateral Primary Osteoarthritis of Hip, Morbid (Severe) Obesity Due To Excess Calories, Primary Insomnia, Hyperlipidemia, Vitamin D Deficiency, Long Term (Current) Use Of Aspirin, Long Term (Current) Use Of Anticoagulants, Paroxysmal Atrial Fibrillation, Chronic Kidney Disease, Unspecified Protein-Calorie Malnutrition, Pulmonary Fibrosis, Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Gastro-Esophageal Reflux Disease Without Esophagitis, Chronic Obstructive Pulmonary Disease R41's MDS (Minimum Data Set) from 02/05/26 documents in part, R41 is cognitively intact, is dependent on staff for all self-care activities except eating and oral hygiene and is dependent on staff for mobility. R41's MDS indicates he is frequently incontinent and always incontinent of bowel. R41's MDS also indicates he is at risk of developing pressure ulcers/injuries, has Moisture Associated Skin Damage (e.g. incontinence-associated dermatitis, perspiration, drainage) and skin/ulcer treatments include pressure reducing device for bed. R41's Wound Chart Details dated 02/20/26 documents to left posterior thigh dermatitis (10x6x0.1) partial thickness and Moisture-Associated Skin Damage to the left posterior thigh is present, noted with denuded skin, dermis. (continued on next page)

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	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Margate Park	4920 North Kenmore Chicago, IL 60640

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R41's Order Summary Report dated 02/24/26 documents in part, Low Air Loss Mattress every shift for prevention ensure setting are set to patients' weight or set per manufacturer's instructions dated 11/06/24. R41's Weight Summary printed 02/24/26 documents in part, (02/07/26) 239.6 pounds, (01/06/26) 240.6 pounds, (12/01/25) 242.2 pounds.

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	145881	A. Building B. Wing	02/27/2026

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to provide feeding assistance as order by the physician for one resident (R15) with aspiration and swallowing precautions, and failed to follow their policy and procedure to ensure smoking materials were kept secured and out of residents' reach when unsupervised for four residents (R55, R118, R149, R162) out of a total sample of 35 residents.Findings Include: R15's diagnosis includes but is not limited to Chronic Obstructive Pulmonary Disease, Unspecified Protein-Calorie Malnutrition, Dysphagia, Cachexia, Adult Failure to Thrive, Unspecified Dementia, Esophageal Obstruction, Gastro-Esophageal Reflux Disease Without Esophagitis, Wernicke's Encephalopathy, Alcohol Abuse. R15's Speech Therapy Discharge summary dated [DATE] – 05/21/25 documents in part: recommended one-to-one pleasure feeding of puree/thin liquids via tsp (teaspoon) and Compensatory Strategies/Positions: To facilitate safety and efficiency, it is recommended the patient use the following strategies during oral intake: alternation of liquid/solids, rate modification, no straws, bolus size modifications and general swallow techniques/precautions , along with the following maneuvers: upright posture during meals and upright posture for >30 mins after meals. pleasure feeding only. R15's Order Summary Report documents in part dietary orders for mechanical soft texture, thin liquids consistency. Slow rate, small bites, upright position and for 30 min after intake, liquids by spoon, check for pocketing, feeder have to request apple sauce /ice cream, stop feeding if decrease alertness (signs and symptoms) of aspiration related to Esophageal Obstruction order date 10/09/25. R15's Order Summary Report also had a separate order for Speech Therapy Recommendation dated 05/16/26 which documents in part, Resident is pleasure feed only, puree tsp (teaspoon) and thin liquids tsp (teaspoon), must have feeder/one to one supervision, feeder must request applesauce /ice cream from the kitchen, tray will not be provided. Please perform(ed) oral care prior to feeding. Please stop feeding if decreased alertness, increased s/s (signs or symptoms) of aspiration, occur and inform SLP (Speech Language Pathologist). R15's MDS (Minimum Data Set) assessment dated [DATE] documents in part R15 has severe cognition impairment and requires partial/moderate assistance with eating. R15's Care Plan Report documents in part (R15) requires assistance at meals and (my) diet has been altered due to dysphagia. On 02/24/26 at 12:55 PM, observed R15 feeding himself in his room. R15 was feeding self quickly and was coughing intermittently. Observed R15's meal ticket which read mechanical soft, ground, thin liquids. Instructions on meal ticket read slow rate, small bites, upright position and for 30 minutes after intake, liquids by spoon, check for pocketing, feeding have to request apple sauce/ice cream, stop feeding if decrease alertness s/s of aspiration. There was no staff in R15's room present while he was feeding himself. Juice was served in a cup. On 02/24/26 at 12:58 PM, V9 (Licensed Practical Nurse) observed R15 feeding himself from the hallway and stated R15 is allowed to feed himself. V9 said, he's okay like that. He does not need to be (continued on next page)

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	145881	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	fed. He only gets assistance with set up and then he feeds himself his meal. On 02/24/26 at 1:06 PM, observed R15 in room lying down in his bed. The head of R15's bed was slightly elevated (appeared to be less than 45 degrees). R15's meal tray was still in his room on his bedside table. R15 had consumed 100% of the main entrée, 0% of the vegetables, 100% dessert and 100% juice (cup was empty). On 02/25/26 at 2:19 PM, V16 (Speech Language Pathologist/SLP) stated she has been working at the facility for eight months and was not the SLP who did R15's evaluation. V16 stated some residents require specific feeding guidelines which are recommended to keep the residents safe to reduce their risk of aspiration, pneumonia and/or choking. V16 stated aspiration is when food or drinks enter the lung instead of going into the esophagus and this can cause infection if the resident is not able to clear it from their lungs. V16 stated the safe feeding guidelines are specific to the residents depending on their needs. V16 reviewed R15's Speech Therapy Discharge summary dated [DATE] – 05/21/25 and R15's physician orders. V16 stated those safe feeding guidelines were put into place to prevent R15 from aspirating and based on the Speech Pathology recommendations and physician order R15 requires one to one feeding and should not eat in his room by himself. V16 stated all liquids should be given to R15 by spoon only and R15 should stay upright for 30 minutes after eating; not allowed to lie down in bed. V16 stated the tray notes on R15's meal ticket are there for the staff to serve as a reminder, so the staff knows what to do when feeding him. V16 stated the potential problem if R15 is not being fed by staff and if the feeding guidelines are not followed is it puts R15 at higher risk for aspiration and/or choking. On 02/26/26 at 10:14 AM, V24 (Registered Dietitian) read R15's diet order in R15's EHR (Electronic Health Record) and stated based on the physician order R15 should be fed by a staff member so that he does not choke or aspirate. Survey team requested facility policies on Feeding Assistance and/or Feeding Supervision. V1 (Administrator) stated the facility does not have such policies and provided policy titled Activities of Daily Living (ADLs) with revised dated 01/15/26. This ADL policy did not address residents who require one-to-one feeding assistance with aspiration or swallowing precautions. On 2/24/26 at 10:58 AM, R162 stated she's been residing in the facility for a little over one year and is a smoker. R162 stated she keeps her cigarettes and one lighter locked in her drawer. R162 further stated she goes to the smoking tent to smoke and that staff meet the smokers there and supervise them. On 2/24/26 at 2:10 PM, R118 stated he sometimes smokes. R118 showed surveyor a pack of cigarettes stored in his drawer. On 2/24/26 at 2:13 PM, surveyor observed R162 lying in bed. R162 stated she had just returned from a smoke break. R162 showed surveyor a lighter in her pocket and packs of cigarettes under her pillow. On 2/24/26 at 2:16 PM, R55's sitting on the side of his bed. R55 stated he's been in the facility for two years and is a smoker. Surveyor observed one lighter on R55's nightstand. R55 stated staff store his cigarettes; however, he keeps his lighter with him. On 2/25/26 at 1:47 PM, V13 (Social Services) stated that social workers complete a smoking (continued on next page)

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	145881	A. Building B. Wing	02/27/2026

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assessment upon admission, quarterly, and as needed to determine whether a resident smokes independently or requires supervision. Staff document the assessment in the electronic medical record and care plan smoking residents accordingly. V13 stated the facility does not allow residents to keep smoking materials with them, especially residents who require supervision. V13 stated cigarette monitors maintain possession of all smoking materials for safety and distribute them to residents during scheduled smoke breaks. The monitors light cigarettes for residents and do not allow residents to keep lighters to prevent fire hazards. V13 stated that in the past, residents smoked in their rooms, and the facility implemented procedures to prevent this practice for safety reasons. V13 further stated that Social Services coordinates with CNAs (Certified Nursing Assistants) and nursing staff to conduct daily sweeps and confiscate smoking materials if residents keep them in their possession. Surveyor notified V13 of residents on the sixth floor keeping their own smoking materials unsupervised. R55's annual Smoking Safety Screen dated 1/22/26 indicates R55 has cognitive loss and needs facility staff to store lighter and cigarettes. It also indicates that R55 is not a safe smoker and requires supervision. R118's quarterly Smoking Safety Screen dated 12/5/25 indicates R118 needs facility staff to store lighter and cigarettes. It also indicates that R118 is not a safe smoker and requires supervision. R162's quarterly Smoking Safety Screen dated 2/23/26 indicates R162 needs facility staff to store lighter and cigarettes. It also indicates that R162 is safe to smoke with supervision. The facility's Smoking Policy – Residents, Staff and Visitors (10/14/25) reads in part: This facility shall establish and maintain safe smoking practices. Residents are not permitted to give smoking articles to other residents. Designated staff will store the facility provided lighting device in a secured location. Residents may not have or keep any smoking articles, including cigarettes, tobacco, etc., except when they are under direct supervision. R149's face sheet shows admission date on 6/26/23 with diagnoses not limited to Chronic obstructive pulmonary disease, Personal history of other mental and behavioral disorders, Essential (primary) hypertension, Hyperlipidemia, Paranoid schizophrenia, Bipolar disorder, Unspecified osteoarthritis, Atherosclerotic heart disease of native coronary artery, Gastro-esophageal reflux disease, Polyneuropathy, Extrapyramidal and movement disorder, Nicotine dependence cigarettes, other seizures. MDS (Minimum Data Set) dated 1/6/26 shows R149's cognition was moderately impaired. On 2/25/2026 At 10:05AM Observed R149 sitting up on wheelchair, alert and verbally responsive, holding 4 cigarette sticks on his left hand. He said he is a smoker, and he is keeping his own cigarettes. Care plan dated 9/18/25 read in part: R149 is a smoker. Instruct R149 about the facility policy on smoking: safety concerns. At 11:14AM V2 (DON / Director of Nursing) stated she has been working in the facility for 7 weeks. Stated residents are encouraged not to hold cigarettes for their safety. She said if cigarettes are in their possession, potentially they could use it and if there is a resident using oxygen, it is not safe.

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	145881	A. Building B. Wing	02/27/2026

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** F700Based on observation, interview and record review, the facility failed to follow their policy to obtain informed consent and physician's order for the use of bed rails. These failures could potentially affect four (R32, R47, R80 and R129) residents reviewed for Accidents in a sample of 35. The findings include:R32's face sheet shows admission date on 12/10/21 with diagnoses not limited to Essential (primary) hypertension, Type 2 diabetes mellitus, Hyperlipidemia, Iron deficiency anemia, Bipolar disorder, Anxiety disorder, Atherosclerotic heart disease of native coronary artery, Irritable bowel syndrome, Cervicalgia, Unspecified osteoarthritis, Extrapyramidal and movement disorder. MDS (Minimum Data Set) dated 1/22/26 shows R32's cognition was intact.R47's face sheet shows admission date on 9/16/20 with diagnoses not limited to Polyneuropathy, Hyperlipidemia, Low back pain, Major depressive disorder, Bilateral primary osteoarthritis of knee, Anemia, Generalized anxiety disorder. MDS dated [DATE] shows R47 with severe cognitive impairment.R80's face sheet shows admission date on 4/28/23 with diagnoses not limited to Presence of other vascular implants and grafts, Hypospadias, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Chronic embolism and thrombosis of unspecified deep veins of right lower extremity, Dysphagia following cerebral infarction, Ataxia following cerebral infarction, Aphasia following cerebral infarction, Essential (primary) hypertension, Encounter for attention to gastrostomy, Atherosclerotic heart disease of native coronary artery, Peptic ulcer, Anemia, Unspecified convulsions, Hyperlipidemia. MDS dated [DATE] shows R48 was rarely / never understood.R129's face sheet shows admission date on 11/21/19 with diagnoses not limited to Epilepsy, Epilepticus, Other idiopathic peripheral autonomic neuropathy, Hypothyroidism, Schizoaffective disorder, Bipolar disorder, anxiety disorder. MDS dated [DATE] shows R129 with severe cognitive impairment.On 2/24/26 At 11:09AM R129 observed resting in bed with both upper bed rails up, alert and verbally responsive. She said she cannot walk.On 2/24/26 at 11:18AM Observed R32 sitting on the side of the bed, alert and verbally responsive. Observed right upper bed rail was up. He said his right upper bed rail is always up. On 2/24/26 At 11:26am Observed R47 resting in bed, alert and verbally responsive. Stated he has been residing in the facility for 6 years and he prefers to stay in bed most of the time. Observed both upper half bed rails were up. He said his bed rails are always up. On 2/24/26 at 11:30AM R80 observed resting in bed, on moderate high back rest with carrot device on right hand. R80 is non-verbal. Observed both upper bed rails were up. On 2/25/26 at 9:54AM R47 observed resting in bed, both upper half rails were up. On 2/25/26 at 10:02AM Observed R32 resting in bed, right upper rail was up. On 2/26/26 At 9:51AM V26 (Restorative Director, LPN / Licensed Practical Nurse) stated bed rails use should be assessed upon admission, quarterly and as needed. She stated bed rails could be full length or upper halves. V26 stated bedrails are used to help residents enable bed mobility, make lesser assistance with bed mobility. She stated informed consent is needed prior to use of bed rails and discuss regarding the use. V26 stated informed consent is kept electronically in resident's health record. She stated there should be a Physician order for bed rail use. Reviewed EHR (Electronic Health Record) of the following residents with V26 and stated: R32's Side Rail Evaluation dated 1/22/26 showed Side Rail(s) are not indicated at this time. V26 stated there is no physician order for bed rail use found in the R32's EHR. R47's Side Rail Evaluation dated 2/25/26 showed Side Rail(s) Indicated to Promote Mobility and Independence. Two Side Half Rails Indicated as an enabler. V26 stated there is no informed consent and no physician order found for bed rails use in R47's EHR. R80's Side Rail Evaluation dated 2/25/26 showed Side Rail(s) Indicated to Promote Mobility and Independence. Two Side Half Rails Indicated as an enabler. V26 stated there is no informed consent and no physician order found for bed rails use in R80's EHR.R129's Side Rail Evaluation dated (continued on next page)

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	145881	A. Building B. Wing	02/27/2026

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2/25/26 showed Side Rail(s) Indicated to Promote Mobility and Independence. Two Side Half Rails Indicated as an enabler. V26 stated there is no physician order found for bed rails use in R129's EHR. There was informed consent for bed rail use in R129's EHR.On 2/26/26 At 11:14AM V2 (DON / Director of Nursing) stated she has been working in the facility for 7 weeks. Stated bedrails are used for mobility bars. V2 stated there should be an assessment to see if residents are appropriate or not for bed rail use. She stated if bedrails are not recommended upon assessment could potentially cause entrapment to the residents. V2 said, I don't know what else is expected with regards to bedrail use. She stated Restorative follows up after assessment. V2 said, it is not my department.Reviewed R32's Side Rail Evaluation dated 1/22/26 shows in part: Side Rail(s) are not indicated at this time. No informed consent and no physician order for bed rails use documented in R32's EHR. Reviewed R47's Side Rail Evaluation dated 2/25/26 shows in part: Side Rail(s) Indicated to Promote Mobility and Independence. Two Side Half Rails Indicated as an enabler. No informed consent and no physician order for bed rails use documented in R47's EHR. Reviewed R80's Side Rail Evaluation dated 2/25/26 shows in part: Side Rail(s) Indicated to Promote Mobility and Independence. Two Side Half Rails Indicated as an enabler. No informed consent and no physician order for bed rails use documented in R80's EHR.Reviewed R129's Side Rail Evaluation dated 2/25/26 shows in part: Side Rail(s) Indicated to Promote Mobility and Independence. Two Side Half Rails Indicated as an enabler. No informed consent and no physician order for bed rails use documented in R129's EHR.Care plan dated 4/4/23 shows in part: R47 requires use of Non-Restrictive Side Rail(s) to enhance/enable and/or maintain functional bed mobility independence and promote skin integrity. R47 is enabled to become more self-sufficient in: Positioning and Turning. In Bed Mobility (Movement and getting up from the bed).Care plan dated 3/7/22 shows in part: R80 requires use of Non-Restrictive Side Rail(s) to enhance/enable and/or maintain functional bed mobility independence and promote skin integrity. R80 is enabled to become more self-sufficient in: Positioning and Turning. In Bed Mobility (Movement and getting up from the bed).Care plan dated 10/21/21 shows in part: R129 requires use of Non-Restrictive Side Rail(s) to enhance/enable and/or maintain functional bed mobility independence and promote skin integrity. R129 is enabled to become more self-sufficient in: Positioning and Turning. In Bed Mobility (Movement and getting up from the bed).Facility's proper use of bed rails policy dated 10/7/25 read in part: Bed Rails are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. Also, some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed. Examples of bed rails include, but are not limited to side rails, bed side rails, safety rails, grab bars and assist bars. Informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails. Upon receiving informed consent, the facility will obtain a physician's order for the use of the specified bed rail and medical diagnosis, condition, symptom, or functional reason for the use of the bed rail.

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	145881	A. Building B. Wing	02/27/2026

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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, record review, the facility failed to follow their policy to (a) properly date / label multi dose inhalers and nasal sprays after opening, (b) properly discard multi-dose inhalers and nasal sprays, (c) medications were separated from juices or other refreshments in the refrigerator. These failures could potentially affect all residents residing on 5th floor reviewed for medication storage and labeling in two of four medication carts and one of two medication storage rooms. The findings include:On 2/24/26 at 10:15AM 6th floor team 2 cart inspected with V21 (LPN / Licensed Practical Nurse) and found R104's multi dose fluticasone nasal spray opened with no date. On 2/24/26 at 10:21AM 6th floor medication storage room inspected with V21 (LPN). Inside the refrigerator with medications such as insulin pens, insulin vials, Trulicity injection, Prevnar injection. Observed inside the same refrigerator with 1 can of ginger ale, cranberry juice, Glucerna and protein supplement mixed with multiple refrigerated medications. On 2/24/26 at 11:59AM 5th floor Team 2 medication cart inspected with V23 (RN / Registered Nurse) and found the following: R108's multidose Fluticasone nasal spray date opened 8/10/25. R98's multi dose Albuterol sulfate inhaler 90mcg with open date on 8/10/25. R84's multidose Albuterol sulfate 90mcg inhaler opened with no date.On 2/26/26 At 10:10 V27 (Pharmacist) stated multi dose nasal sprays and inhalers preferably should be dated once opened. He stated there should be a specific refrigerator for food / drinks separated from medications. If food / drinks are mixed with medications potentially it could spill and cause damage to the medications so it should be in 2 separate fridges. On 2/26/26 At 11:14AM V2 (DON / Director of Nursing) stated nurses are expected to label date once medication was opened and label use by or expiration date to make sure medication is still effective as it could possibly decrease effectiveness if beyond use by date. V2 stated Nasal sprays and inhalers usually are good / effective for 28 days once opened. She stated after 28 days it should be discarded and reordered to the pharmacy. V2 stated potentially effectiveness is decrease if use after 28 days after opening. She stated best practice if refrigerated medications and food / drinks are separated. V2 said if refrigerated medications, soda / juice, supplements are mixed in the same refrigerator it is okay, there is no harm. She stated 5th floor refrigerator in the medication room is used for all residents residing on the 5th floor. Facility's census dated 2/24/26 shows 50 residents residing in the 5th floor.Facility's Pharmacy Policies and Procedures Manual dated 5/1/18 shows in part: Refrigerated medications are kept in closed and labeled containers, with internal and external medications separated and separate from fruit juices, applesauce, and other foods used in administering medications. Other foods such as employee lunches and activity department refreshments are not stored in this refrigerator. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. The nurse shall place a date opened sticker on the medication and enter the date opened and the new date of expiration (NOTE: the best stickers to affix contain both a date opened and expiration notation line). The expiration date of the vial or container will be [30] days unless the manufacturer recommends another date or regulations/guidelines require different dating.

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	145881	A. Building B. Wing	02/27/2026

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure advance directive or code status is consistent with the comprehensive care plan of one (R10) out of eight residents reviewed for advance directive in a total sample of thirty-five. Findings Include: R10's Minimum Data Set (MDS) dated [DATE] noted he is cognitively intact. R10's Electronic Medical Record (EMR) noted he was admitted to the facility on [DATE]. He is [AGE] years old with diagnoses not limited to chronic viral hepatitis C, spinal stenosis, atherosclerotic heart disease of native coronary artery without angina pectoris, and non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle, type 2 diabetes mellitus with other circulatory complications. Physician Order Sheet active/POS as of [DATE] noted Do Not Resuscitate/DNR dated [DATE]. On [DATE] at 2:22 PM, V31 (Social Worker) stated she has been in the facility for one year, she oversees the advanced directives care plan, and R10 has an order for a DNR code status upon admission dated [DATE] on file. She also stated that the comprehensive care plan should be consistent and reflect the actual DNR code status of R10 to prevent conflict of care, and inappropriate intervention in case of emergency. Surveyor with V31 reviewed R10' care plan documented that he is on a full code status. R10's DNR Form signed and dated [DATE] documents in part; No CPR: Do not attempt resuscitation. R10's Advance Directives Care Plan initiated [DATE] documents in part, focus; resident has an advance directive as evidenced by: Full Code and with goal last revision dated [DATE], R10's wishes will be honored. Comprehensive Care Plan Policy dated [DATE], documents read in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights.Advance Directives Policy dated 12/2024, documents in part; The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive.

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	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Margate Park	4920 North Kenmore Chicago, IL 60640

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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 record review and interview, the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) re-assessments were completed upon expiration for two (R97, R162) out of nine residents reviewed for PASRR compliance in a total sample of 35 residents. Findings Include: R162's face sheet documents an original admission date of 7/9/24 with diagnoses not limited to Other Psychotic Disorder and Major Depressive Disorder. Review of R162's Notice of PASRR Level II Outcome dated 10/26/25 indicates a short-term approval without specialized services, with an approval end date of 1/25/26. The notice states the short-term approval allowed a limited number of days in a Medicaid-certified nursing facility and required submission of a new Level I screen to Maximus no later than 10 days prior to the short-term approval end date if continued stay was needed. The facility failed to provide documentation that staff completed or initiated a new Level I PASRR screening prior to the expiration date of 1/25/26 for R162. R97's electronic health records (EHR) indicate R97 was admitted to the facility on [DATE] with diagnosis including but not limited to Anxiety Disorder, Unspecified Psychosis Not Due To a Substance Or Known, Physiological Condition, Major Depressive Disorder. R97's Order Summary Report dated 02/26/26 includes but not limited to Venlafaxine HCl 75 mg and 150 mg for depression related to Major Depressive Disorder order date 03/07/25. R97's MDS (Minimum Data Set) dated 02/12/26 documents in part, R97's active diagnoses include but not limited to Psychiatric/Mood Disorder including anxiety disorder, depression and psychotic disorder. R97's PASRR Outcome Explanation dated 10/27/25 documents in part, you are approved for short term nursing facility services and this determination allows you a limited number of days in a Medicaid-certified nursing facility. The short-term approval will end on the Date Short Term Approval Ends listed on the Notice of PASRR Level II Outcome that came with this letter. If you or your care provider thinks you need to stay after that date, a nursing facility staff member must submit a new Level I screen to Maximus. The new Level I screen must be submitted no later than 10 days before the Date Short Term Approval Ends. R97's Notice of PASRR Level II Outcome dated 10/27/25 documents in part: PASRR Determination: Short Term Approval without Specialized Services and Date Short Term Approval Ends: January 25, 2026. On 02/25/26 at 1:13 PM, V13 (Social Services) stated the purpose of PASRR is to determine if the resident is appropriate to live in a nursing home setting. V13 stated PASRR level I screens are done prior to the residents being admitted to the facility to make sure they are appropriate to live in a nursing home setting like ours. V13 stated a PASRR level II screen is required if the resident has a severe mental illness or intellectual disability to see if they need any additional services. V13 stated (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	sometimes residents get short term approval on their PASRR level II screen and when this happens, they need to be re-evaluated on or before the approval date ends to determine if the resident is still appropriate to live in the nursing home setting and/or if they require any special services. V13 reviewed R97's Notice of PASRR Level II Outcome completed 10/27/25 and stated on or before January 25, 2026, R97 should have been rescreened to make sure he is still appropriate to live in the facility without specialized services. Facility provided document titled, Resident Assessment – Coordination with PASARR Program dated 2025 which documents in part, this facility coordinates assessments with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.

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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 observation, interview, and record review, the facility failed to develop and implement a comprehensive resident-centered care plan for one (R13) resident out of eight residents reviewed for comprehensive care plan in a total sample of thirty-five. Findings Include: R13's Minimum Data Set (MDS) dated [DATE] noted she is cognitively intact. R13's Electronic Medical Record (EMR) noted she was admitted to the facility on [DATE]. She is [AGE] years old with diagnoses not limited to chronic systolic congestive heart failure, unspecified asthma, chronic obstructive pulmonary disease, type 2 diabetes mellitus with unspecified complications. Physician Order Sheet (POS) active order as of 02/25/26 noted isolation; contact precautions related to Extended-Spectrum Beta Lactamase/ESBL from 02/14/26 until 02/28/26. On 02/25/26 at 12:09 PM, observed contact isolation sign on R13's door. R13 stated she has been on contact isolation for few days. On 02/25/26 at 2:42 PM, V2 (Director of Nursing/DON) stated she joined the facility in January 2026, and it is her expectation that a person-centered care plan for contact isolation is developed and implemented for R13. V2 stated a comprehensive care plan is necessary for R13 because ideally it is one of the ways transmissions of infection can be prevented. Surveyor and V2 reviewed R13's comprehensive care plan with no documentation of contact isolation. Comprehensive Care Plan Policy dated 3/1/25, documents read in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview and record review the facility failed to obtain physician orders for oxygen administration and to place oxygen in use signage on the door of one (R75) resident out of two residents reviewed for respiratory care in a sample of 35.Findings include:On 02/24/26 at 11:45 AM, observed R75 lying in bed wearing a nasal cannula with oxygen infusing. R75 appeared to be sleeping. R75's oxygen concentrator was set at five liters per minute. R75's oxygen tubing and humidifier bottle was dated 02/22/26.On 02/24/26 at 11:46 AM, R75 did not have an oxygen in use sign or no smoking sign posted in or outside his room.On 02/24/26 at 3:12 PM, V10 (Licensed Practical Nurse) stated R75 is receiving continuous oxygen via nasal cannula and the oxygen infusion rate is part of the physician order. V10 stated the infusion rate is usually set between two-three liters per minute but that R75 turns the rate up on his own and the staff turns it back down to the appropriate rate. V10 viewed R75 electronic health record orders and stated she does not see any orders for oxygen. V10 stated R75 should have physician orders for oxygen since R75 has been receiving it. V10 stated R75 requires oxygen because he has Chronic Obstructive Pulmonary Disease.On 02/24/26 at 3:15 PM, V10 observed the outside of R75's door and stated there should be an oxygen in use sign posted outside R75's door so that everyone is aware as a precaution to make sure oxygen does not come in contact with flames or smoke.On 02/25/26 at 1:48 PM, V2 (Director of Nursing) stated when a resident is on oxygen there should be a sign posted outside the door to alert people that oxygen is in use. V2 stated the purpose of the sign is for safety to prevent any flammable items coming in contact with oxygen because this could cause a fire. V2 stated if a resident is receiving oxygen they should have an order for oxygen. V2 stated the oxygen order should specify the rate, method of administration, and how often it is administered. V2 stated it was an oversight that R75 did not have an order for oxygen administration, he should have had an order.R75's diagnosis includes but not limited to Acute and Chronic Respiratory Failure With Hypoxia, Acute Pulmonary Edema, Chronic Obstructive Pulmonary Disease, Personal History Of Nicotine Dependence.R75's MDS (Minimum Data Set) dated 02/03/26 indicates R75 requires oxygen therapy while a resident.R75's Order Summary Report viewed on 02/24/26 at 3:15 PM does not include a physician order for oxygen therapy.Facility provided policy titled, Oxygen Administration dated 01/07/25 which documents in part, oxygen is administered under orders of a physician, except in the case of an emergency and oxygen warning signs must be placed on the door of the resident's room where oxygen is in use.

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	145881	A. Building B. Wing	02/27/2026

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. F759Based on observation, interview, and record review, the facility failed to ensure a medication error rate was less than 5% for two (R23 and R164) of four residents reviewed for medication administration. There were 39 opportunities and 4 errors resulting in a 10.26% medication error rate. The findings include:On 2/24/26 at 9:18AM Medication administration observation conducted with V8 (Licensed Practical Nurse / LPN). Observed V8 (LPN) prepared the following medications for R164:Acidophilus with pectin 1 capsule Magnesium oxide 400MG 1 tablet.Senna plus 8.6 2 tabletsFerrous sulfate 325MG 1 tablet.Amantadine 100MG 1 capsuleGlipizide 2.5mg 1 tabletEzetimibe10mg 1 tablet Venlafaxine 37.5mg 1 capsuleMetoprolol 100mg 1 tabletMedications were counted in the medication cup with V8 and stated there were 10 medicines in the medication cup. Observed V8 administered prepared medications to R164 and taken by mouth.Reviewed R164's POS (Physician Order Sheet and MAR (Medication Administration Record) and shows order not limited to: Acidophilus with pectin 1capsule by mouth three times a day at 9am, 1pm, 5pmMagnesium oxide 400mg 1 tablet by mouth two times a day at 9am and 5pm.Senna plus 8.6 2 tablets by mouth two times a day at 9am and 5pm.Ferrous sulfate 325mg 1 tab by mouth two times a day at 9am and 5pm.Amantadine 100mg 1 capsule by mouth two times a day at 9am and 5pm.Glipizide 2.5mg 1 tablet by mouth one time a day at 9amEzetimibe10mg 1 tablet by mouth one time a day at 9amVenlafaxine 37.5mg 1 capsule by mouth every 12 hours at 9am and 9pm.Metoprolol 100mg 1 tablet by mouth every morning and at bedtime at 9am and 8pm. Olanzapine Oral Tablet 5 MG (Olanzapine) Give 0.5 tablet by mouth two times a day at 9am and 9pm. Risperdal Oral Tablet 1 MG (Risperidone) Give 1 tablet by mouth two times a day at 9am and 9pm.Olanzapine and Risperdal medications were not given or administered to R164 during medication observation with V8 (LPN).On 2/24/26 at 9:52AM Medication administration observation conducted with V9 (LPN) and prepared the following medications for R23:Abiraterone 250mg 1 tabletVitamin c 500mg 1 tabletVitamin d 25mcg 1000iu 1 tabletVitamin b12 1000mcg 1 tablet daily Escitalopram 10mg 1 tabletFerrous sulfate 325mg 1 tabletOyster shell calcium 500mg 1 tabletTamsulosin 0.4mg 1 capsuleThiamine vitamin B1 100mg 1 tabletZinc 50mg 1 tabletPrednisone 5mg 1 tabletIbuprofen 600mg 1 tablet due to R23's complaint of left knee pain.V9 (LPN) stated folic acid and Xarelto were not available.Observed V9 (LPN) administered prepared medications to R23 and were taken orally. Reviewed R23's POS and MAR and shows order not limited to:Abiraterone 250mg 1 tablet daily at 9amVitamin c 500mg 1 tablet daily at 9amVitamin d 25mcg 1000iu 1 tablet daily at 9amVitamin b12 1000mcg 1 tablet daily at 9amEscitalopram 10mg 1 tablet daily at 9amFerrous sulfate 325mg 1 tablet two times a day at 9am and 5pmOyster shell calcium 500mg 1 tablet two times a day at 9am and 5pmTamsulosin 0.4mg 1 capsule daily at 9amThiamine vitamin b1 100mg 1 tablet daily at 9am Zinc 50mg 1 tablet two times a day at 9am and 5pmPrednisone 5mg 1 tablet two times a day at 9am and 5pmIBU Oral Tablet 600 MG (Ibuprofen) Give 600 mg by mouth every 8 hours as needed for painFolic Acid Oral Tablet 800 MCG (Folic Acid) Give 1 tablet by mouth one time a day at 9amXarelto Oral Tablet 10 MG (Rivaroxaban) Give 1 tablet by mouth one time a day at 9am.Folic acid and Xarelto medications were not given to R23 during medication observation with V9 (LPN).On 2/26/26 At 11:14AM V2 (DON / Director of Nursing) stated she has been working in the facility for 7 weeks. She stated nurses are expected to follow the 5R's (right resident, route, medication, dose, time) in giving medications. V2 stated nurses must follow the medication administration record (MAR) or physician order in giving medications to the residents. V2 stated medications ordered by physicians should not be omitted or missed during medication administration. She stated if medication was omitted or missed, it could potentially cause adverse effects to the residents. If residents miss the medication, nurses are expected to call the doctor and should be documented in resident's health record. Reviewed R23's electronic health record, no documentation found that the doctor was notified regarding 2 missed medications (folic acid and Xarelto) observed during medication administration with V9 (LPN). Facility's Medication Administration policy dated (continued on next page)

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	145881	A. Building B. Wing	02/27/2026

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10/20/25 shows in part: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. Ensure that the six rights of medication administration are followed: Right resident, Right drug, Right dosage, Right route, Right time, Right documentation. Review MAR to identify medication to be administered. Report and document any adverse side effects or refusals.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide diet and supplement as ordered by the physician for one (R188) out of three residents reviewed during dining observation in a total sample of 35 residents.Findings Include:On 2/24/26 at 11:12 AM, R188 stated he does not receive his health shake twice a day. On 2/24/26 at 12:39 PM, R188's eating lunch in his room. R188 received one breaded fish patty, pasta noodles, squash, cup of coffee, glass of juice, and canned fruits. R188 did not receive his health shake. R188's meal ticket documents in part, NAS (No Added Salt) Doubled Portions at all meals. R188's meal ticket does not indicate health shake. R188 stated he usually only receives single portion with his meals, and he is supposed to receive double portions. R188 stated he should have received two pieces of fish patties.On 02/25/26 at 11:35 AM, V4 (Food Service Director) stated diet orders and special instructions are printed on the meal tickets so the kitchen staff know what food to serve the resident. V4 stated the diet orders come from the doctor's orders. V4 stated, for example if a resident has an order for large portions this would be printed on their ticket so on the tray line the kitchen staff would know they need to give that resident extra food. V4 stated large portions and double portions are the same thing. If a resident has an order for large or double portions, then everything on the plate is doubled. The resident would receive double portions of the main entree, the starch and the vegetable. The only exception is if the resident has an order for large or double portion protein only. In that case they would only receive double portion of the meat or protein being served at that meal.On 2/26/26 at 9:47 AM, interviewed V24 (Registered Dietitian) and V4. V24 stated she sees all residents in the facility. V24 stated that if a resident is not eating well and has weight loss, she would initiate diet interventions such as starting supplements and increasing portion sizes depending on their assessment. V24 stated large portions and double portions are the same and require a physician order. V24 further stated that the residents' diet order should be indicated on their meal tickets and staff should ensure to follow the meal tickets to ensure residents are receiving the correct meal. V24 stated R188 experienced a significant weight loss of 15.6 pounds (lbs) from 11/1/25 to 12/1/25. V24 stated R188 is receiving house supplement shakes twice daily. V24 stated R188's diet order is NAS regular texture, thin consistency, double portion all meals. V24 stated R188's current weight as of 2/11/26 is 172.4 pounds. V4 stated house shakes are provided by the kitchen and should be indicated on the residents' meal tickets.V4 stated R188 should have received his health shake with his lunch. V4 stated, We would not know to place it on his [R188] tray if it does not say on the ticket. V4 stated if R188's diet is double portion, he should have received two pieces of fish patties that were served on Tuesday. R188's Minimum Data Set, dated [DATE] shows R188 is cognitively intact with BIMS (Brief Interview of Mental Status) of 15. R188's physician orders reads in part: NAS (No Added Salt) diet, Regular texture, Thin consistency double portions at all meals (ordered 1/8/21); and House Shake two times a day for due to weight loss (ordered 12/16/25). Review of R188's weight records revealed the following: 11/1/25: 185.2 lbs, 12/1/25: 169.6 lbs, 1/1/26: 171.4 lbs, and 2/11/26: 172.4 lbs.R188's progress notes documented by V30 (Dietitian) dated 12/14/25 at 8:00 PM reads in part: Current weight record for 12/1/25 is 169.6 lbs. Weight over 1, 3, and 6 months are as followed: 1 month - 11/1/25 - 185.2(8.4%), 3 months - 9/1/25 - 177.6(4.5%), and 6 months - 6/1/25 - 171(.8%). Significant weight loss at 3 months. Weight loss is unplanned. Recommends House Supplement 1 carton twice a day to promote additional kcal [kilocalorie] and protein for weight maintenance or gain. Continue double protein portions at mealtimes and snack at bedtime.The facility's Small Portion/Large Portion policy (2022) reads in part: A Large Portions Diet order should include those portions of food as determined by the community's own policies and procedures. If a policy/procedure does not exist for a Large Portions Diet order, then the following portion modifications at meals may be implemented: Lunch and Supper: Serve 1 1/2 servings of the entree, starch and vegetable.

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	145881	A. Building B. Wing	02/27/2026

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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 interviews and record reviews, the facility failed to ensure that a resident (R185) completed their pneumonia vaccine series for one out of five residents reviewed for immunizations.Findings include: R185's admission Record documents in part multiple comorbidities including but not limited to polyneuropathy, asthma, anemia, hypertension, hyperlipidemia, and heart disease. On 2/25/2026 at approximately 10:03 AM, V3 (Infection Preventionist) stated V3 does annual chart audits to see when the last time residents received the pneumonia vaccine to see who is eligible. V3 provided a vaccine report for the last 12 months. The report had a blank cell/no entry in the column for Pneumonia for R185. V3 did not know why it was blank and stated V3 will follow-up what the blank spot signifies in the report. (V3 did not provide an answer prior to the end of the survey). R185's Immunization Report documents in part that R185 received Pneumo-PCV13 (Prevnar 13) on 3/28/2024. The previous one listed in the electronic medical record was a pneumococcal conjugate PCV 13 on 9/27/2016. No pneumonia vaccine recorded for 2025 or 2026. During a follow-up interview with V3 on 2/25/2026 at 3:23 PM, V3 stated [V3] does not know if R185 is complete with the pneumonia vaccine series. V3 stated [V3] did not offer additional pneumococcal vaccine to R185 and does not know if the facility offered it prior to V3 starting in September. Facility's Pneumococcal Vaccine (Series) policy (last revised12/16/2024) documents in part: It is our policy to offer residents and staff immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations. The policy reads that the recommended adult pneumococcal immunization schedule for those 50 years or older (R185) who have previously received only PCV13, requires one dose of PCV20 or 1 dose of PCV21 at least 1 year after the last PCV13 dose.

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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 interviews and record reviews, the facility failed to offer and administer the COVID-19 vaccine to a resident (R185) for one out of five residents reviewed for immunizations.Findings include: R185's admission Record documents in part multiple comorbidities including but not limited to polyneuropathy, asthma, anemia, hypertension, hyperlipidemia, and heart disease. On 2/25/2026 at 10:39 AM, R185 was alert and oriented to person, place, and time. R185 stated wanting to receive the Covid-19 vaccine but facility did not provide it. R185 stated receiving the last COVID-19 vaccine during the fall in 2024. R185 stated informing V3 (Infection Preventionist) that [R185] wanted the COVID-19 vaccine but V3 has not provided it. On 2/25/2026 at approximately 10:03 AM, V3 (Infection Preventionist) stated V3 does annual chart audits to see when the last time residents received the COVID-19 vaccination to see who is eligible. V3 provided a vaccine report for the last 12 months. The report had a blank cell/no entry in the column for COVID for R185. V3 did not know why it was blank and stated V3 will follow-up what the blank spots signify in the report. (V3 did not provide an answer prior to the end of the survey). R185's Immunization Report documents in part that R185 received a COVID-19 booster on 12/02/2024. None recorded for 2025 or 2026. During a follow-up interview with V3 on 2/25/2026 at 3:23 PM, V3 stated [V3] does not know if the facility offered COVID-19 vaccine to R185. V3 stated [V3] began working for facility in September and does not know if facility offered it prior to V3 starting role as Infection Preventionist. V3 stated [V3] did not know the status of R185's COVID-19 eligibility and did not offer it to R185. On 2/25/2026 at 3:41 PM, V1 (Administrator) stated [V1] does not know who can provide information on whether facility offered R185 the COVID-19 vaccine. V1 stated [V1] will inquire with consulting as most of the lead staff, including V1, began working for the facility in September. On 2/26/2026 at 11:34 AM, V2 (Director of Nursing) stated [V2] was also new to the facility and did not know if facility offered R185 the COVID-19 vaccine. V2 stated it is not [V2's] department but would follow-up. Facility did not provide documentation that they offered R185 the COVID-19 vaccination in 2025 or 2026 at the completion of the survey. Facility's COVID-19 Vaccination policy (last revised 10/14/2025) documents in part: It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complication from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine. The facility will educate and offer the COVID-19 vaccine to residents, resident representatives and staff and maintain documentation of such.