STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145885	A. Building B. Wing	03/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at the Boulevard	5905 West Washington Chicago, IL 60644

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy to investigate and report an allegation of Abuse for one (R1) of three residents reviewed for Abuse.Findings include: R1 was admitted to the facility on [DATE] with diagnosis not limited to Type 2 Diabetes Mellitus with other Specified Complication, End Stage Renal Disease, Peripheral Vascular Disease, Gangrene, Acquired Absence of Unspecified Foot, Essential (Primary) Hypertension, Dependence on Renal Dialysis, Cataract, Cataract, Obesity and Primary Insomnia. R1's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) score is 15 indicating intact cognitive response.Care plan document in part: Focus: History of abuse: Comprehensive assessment reveals history of suspected abuse or neglect or factors that may increase R1's susceptibility to abuse, neglect. Date Initiated: 12/05/24. Interventions: Review assessment information. Emphasize treatment of causal factors & interventions designed to moderate symptoms make treatment of compulsive behavior, substance abuse, anger & mental health issues available to the resident as indicated Date Initiated: 12/05/24.Surveyor requested a copy of the Staff (V3 Former Dietary Manager) to Resident (R1) abuse reportable/investigation multiple times and was not provided a copy.On 03/38/26 V8 (Assistant Director of Nursing/Human Resources) stated we are trying to get the key to retrieve the reportable because V1 (Administrator) is not available until after sundown.On 03/28/26 at 11:55 AM R1 stated I have been here for 1 year. V3 (Former Dietary Manager) and I have bumped heads. One day in January, I am not sure of the date, I was sitting in the dining room talking to V11 (Certified Nurse Assistant) about something I saw on TV and asked V11 did you see that b**** on TV. V3 came from behind me, ran up and was in my face saying you calling me a b****. I don't know what that was about. I said I was not talking to you and that is what I told V1 (Administrator). I told my family to call into the state. It happened during breakfast time in the dining room on the first floor a little after 7 am because I went to dialysis at 7:30 am. I wrote a report on V3 and V1 also asked me to write a statement. I did not hear anything else about it, so I just dropped it and V3 got terminated. It was on camera and V1 showed V3 on camera.On 03/28/26 at 10:47 AM V5 (Former Dietary Aide) stated I was employed as a dietary aide for 5 1/2 months. Everybody in dining room with R1 witnessed the incident with V3 (Former Dietary Manager). I don't remember any names. R1 filed a formal complaint because V3 approached R1 backing R1up saying you called me a b****. It was reported to administration and R1's family reported it.Telephone interviews attempted x3 to contact the alleged perpetrator V3 (Former Dietary Manager) and V11 (Certified Nurse Assistant) that was a witness to the abuse allegation with no answer.On 03/28/26 at 12:44 PM Per telephone interview V13 (Dietary Aide) stated V3 (Former Dietary Manager) had quit a few run ins with R1. It was reported to administration, but I don't think I was there that day.On 03/29/26 at 08:29 AM V1 (Administrator) stated Basically, when the interaction between R1 and V3 (Former Dietary Manager) was reported to me it was a customer service concern/customer service issue. Yesterday after you (surveyor) requested a reportable, a follow up interview was conducted with R1, and they said R1 felt threatened by the interaction. We are going to treat that as a reportable and the initial report was sent yesterday 03/28/26. R1 said (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	customer service in passing, V3 thought R1 called her a b****. V3's story was the same as R1's, she was walking by him and thought she heard R1 call her out her name. That was kind of the end of the interaction. I talked to anyone present in the area. At this point R1 said he is feeling threatened so now we are reinvestigating. There was a verbal counseling with V3 in real time, going over how to properly go over when V3 heard something, respond a certain way and V3 can come to me. (V1 did not provide documentation or names of individuals that were interviewed).On 03/29/26 at 04:29 PM V1 (Administrator) emailed a document titled: Long-Term Care Facility & IID (Individuals with Intellectual Disabilities) - Serious Injury Incident Report dated 03/28/26 documenting in part: Initial, Alleged Abuse. Victim: R1, Wheelchair, interviewable. Involved in incident V3 (Former Dietary Manager) Terminated. Detailed Incident Summary: Resident R1 reported alleged verbal abuse by an employee (date and time unknown). V3 (Former Dietary Manager) is no longer employed with the company.On 03/29/26 at 04:29 PM an email was received from V1 (Administrator) documenting in part: Abuse Reportable (3 months) including R1 entire reportable. At the time of the occurrence, the situation was presented by the resident as a verbal misunderstanding related to perceived language. The matter was addressed in real time by staff through reeducation and de-escalation, and the staff member received immediate verbal coaching regarding professionalism and communication expectations. Based on the information provided at that time, the interaction was handled as a customer service concern. There were no immediate indicators of abuse, injury, or ongoing risk that would have necessitated escalation to an abuse concern at that moment. Yesterday R1 was reinterviewed, and consistent with R1's care plan, R1 provided alternate narratives of the previous exchange at which point the facility, to err on the side of caution initiated additional investigation out of an abundance of caution and respect for the severity of potential allegations regarding the same incident. Please also see brief overview of all steps that have either been initiated and are in progress and/or have been completed as far as the investigation process is concerned. The police have been contacted. The staff member in question is not on the schedule and no longer employed at the facility. The initial was sent yesterday. R1's care plan has been updated and potential for abuse assessment has been completed. Staff contacted to gather statements. Currently collecting resident statements regarding the alleged incident as well as any other potential instances involving customer service-related issues. On 03/28/26 at 07:26 AM V6 (Dietary Aide) stated V10 is the dietary Manager. V3 (Former Dietary Manager) used to work here but she has been gone for about one month.On 03/28/26 at 07:41 AM V9 (Dietary Aide) stated The new manager took over a month ago. The district manager was here until then.On 03/29/26 V1 emailed V3 (Former Dietary Manager) Corrective Action Documentation: documenting in part: Following a review of recent concerns related to workplace conduct and leadership expectations, it has been determined that your actions are not aligned with the Company's standards for professionalism, communication, and management responsibility. As a manager, your role requires maintaining a respectful, collaborative, and stable work environment, as well as fostering trust among staff and clients. Based on our assessment, there has been a breakdown in these expectations and in the level of trust required for your position. Due to the seriousness of this matter and the impact on team dynamics and operations, we are moving forward with separation of your employment, effective immediately. Delivered via phone 03/04/26.Policy:Titled Abuse, Neglect and Exploitation revised 11/14/25 document in part: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. V. Investigation of alleged abuse, neglect and exploitation. A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or report of abuse, neglect or exploitation occur. V1. Protection of Resident. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm as well as additional abuse, during and after the investigation. VII. Reporting/Response. A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protection (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	services and to all other required agencies within specified timeframes: a. Immediately, but no later than 2 hours after the allegation is made, if the events that caused the allegation involved abuse or result in serious bodily injury.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on record review and interview, the facility failed to ensure there was sufficient qualified dietary staff available to cook meals. This failure has the potential to affect 127 residents who received meals from the kitchen. Findings Include: On 03/28/26 at 10:47 AM V5 (Former Dietary Aide) stated V12 (Dietary Aide) and V14 (Dietary Aide) were cooks and dietary aides. V13 (Dietary Aide) has her certification but 3 other cooks are there with no certification. They tried to force me to bake but I am a dietary aide. I was scared because the oven is big and hot.On 03/28/26 at 07:26 AM During the kitchen tour there were three staff members observed working in the kitchen. V6 (Dietary Aide) was cooking and plating breakfast. V9 (Dietary Aide) was observed covering the plates with the dome covers, putting the plate and utensils on the trays. V7 (Dietary Aide) was observed putting condiments, juice and milk on the trays, putting the trays on the food cart, covering then transporting the carts to the nursing units.On 03/28/26 at 07:26 AM V6 (Dietary Aide) stated V10 is the dietary Manager, and she is on her way. I have been here for 4 years, and I am the cook. I cook breakfast and lunch. There are only three of us working today. I guess we have gotten kind of use to it. We are team players and work together. I came in as a cook, we did not need the cook certificate with the old company, and they never asked. The new company said we do need the cook certification. Last week they told us we had to have a cook certificate. We were told the night cook has to do the baking. If it is not done the dietary aides in the morning have to come in and do it because I don't have time.On 03/28/26 at 07:33 AM V7 (Dietary Aide) stated They force us to bake the desserts. I come at 6 am on be on the line at 7 am and do the desserts.On 03/28/26 at 12:52 PM Per telephone interview V14 (Dietary Aide) stated I am a cook. I got whatever they told me to take. I work part time. At this time, I am not doing the cooking, but I am a fill in. You have to have a certificate to cook. All cooks need to be certified to be a cook is what was required.On 03/28/26 at 08:01 AM V10 (Dietary Manager) arrived in the kitchen. V10 stated I have worked here since 03/04/26. On Monday -Friday there is one cook, two dietary aides and I assist on the tray line as well.On 03/28/26 at 11:24 AM V10 (Dietary Manager) stated the qualified cooks are me and V9 (Dietary Aide). Everyone else is food handlers. Handling, touching and preparing food in the kitchen is done by the cooks. The dietary aides can also handle food. The food handlers cannot prepare food. I am aware that food handlers cannot cook the food. The food handlers do not take the classes to be able to prepare the food. V6 (Dietary Aide) is a food handler and is going next month on 04/07/25 for her cook certification. V9 (Dietary Aide) does not cook. V6 cooks breakfast and lunch Thursday - Sunday. I did not know the dietary aides were doing the baking also.On 03/29/6 at 08:29 AM V1 (Administrator) stated regarding the cooks we spoke with the third party all cooks should be certified tomorrow 03/30/26 or Tuesday 03/31/26.ServSafe Certification dated 02/09/22 document in part: V10 (Dietary Manager) for successfully completing the standards set forth for the ServSafe Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute Conference for Food Protection.Food Handler Certificate of Completion dated 01/18/25 document in part: V6 (Dietary Aide) is recognized for successfully completing the eFoodcard Food Handler Basics Course.Dietary Schedule Cooks Listed: V6 (Dietary Aide), V12 (Dietary Aide), V14 (Dietary Aide), V17 (Dietary Aide).Certificate of Achievement dated 04/09/23 document in part: This certificate is awarded to V12. Congratulation! You have completed ServSafe Food Handler Employee Food Safety Online Course and Exam.State Food Safet Certificate of Training dated 10/10/25 document in part: awarded to V14 (Dietary Aide) for successfully completing the Food Handler Essentials Course.Illinois Food Handler Certificate dated 03/04/25 recipient V17 (Dietary Aide).Dietary Schedules dated 12/28/25 - 01/31/26 document Cooks as V6 (Dietary Aide), V12 (Dietary Aide), V13 (Dietary Aide), V14 (Dietary Aide).Job Description: Position Title: [NAME] date 08/20 document in part: [NAME] will follow all applicable procedures to clean, prepare, and cook large batches of food that will be served (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	to residents and guest. Education and experience, an equivalent combination of education, training and experience will be considered.The census was obtained from the facility roster of 131 residents with four residents being NPO (Nothing by mouth).Policy:Titled Safe Food Handling dated 09/01/21 document in part: All foods are prepared in accordance with the FDA (Food and Drug Administration) Food Code.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure a dietary staff member performed hygiene after removing and changing gloves while in the dish room. This failure has the potential to affect 127 residents who received meals from the kitchen.Findings Include: On 03/28/26 at 09:18 AM V7 (Dietary Aide) returned to the kitchen with food carts. V7 was observed dumping/scraping the trays, placing the utensils, plates and cups in sanitizer. V7 said if there are 2 people I would run the dishes through the dish washer, and the second person will catch the clean dishes.On 03/28/26 at 09:36 AM V9 (Dietary Aide) entered the dish room to assist. V9 observed pushing the racks with the dirty dishes into the dishwasher. V9 then removed the clean trays and put the clean dishes on a cart without changing her gloves or performing hand hygiene. A hand-washing station was observed in the dish room. V9 continued to push the racks with the dirty dishes into the dish washer, changed her gloves without performing hand hygiene and removed the clean dishes from the dish washer. V9 then pushed two racks with the dome plate covers and three racks with trays into the dish washer changing gloves each time without performing hand hygiene before removing the clean domes and trays from the dish washer. V9 rinsed a rack with dirty trays and partitioned plates then changed gloves, pulled out plate domes and place them on the cart after changing gloves without performing hand hygiene.On 03/28/26 at 01:09 PM Per telephone interview V15 (Dietary Aide) stated dish washing is supposed to be 3 staff, but we only have 2. I go upstairs to pull carts down, scrap, load the dishwasher. We try to change gloves as much as possible. If you don't have a third person, it is kind of difficult.On 03/28/26 at 11:24 AM V10 (Dietary Manager) stated There should be 2 people in the dish room, and their responsibility is to go get the food cart, break down, scrap, set up for dishwasher and the dishwasher pull the clean dishes through. That is our process. Trays and domes are put in a tray to be put in the dishwasher. The second person pushes the dishes in the dishwasher and takes them out. Hand hygiene is done after the dishes are pushed through, change glove then grab clean dishes with new gloves. They should wash their hands for infection control because that would be considered as cross contamination.Document titled Cleaning and Sanitizing, Ware Washing 101 undated document in part: Mechanical Ware washing.Document Handwashing, document in part: Fight germs by washing your hands!In-Service Training dated 03/28/26 Regarding Hand Washing document in part: Hand washing must be done when moving from one assignment to another, after touching waste, trash or contaminated surfaces. If gloves are torn, soiled or wet inside. After leaving dish area. Remove gloves after touching soiled/dirty dishes, wash hands with soap/warm water for at least 20 seconds, dry hands, apply new gloves before handling clean items.The census was obtained from the facility roster of 131 residents with four residents being NPO (Nothing by mouth).Policy:Titled Cleaning and Sanitizing and Proper Hair Restraints dated 09/01/21 document in part; Food contact surfaces are properly cleaned and sanitized before and after use, in order to prevent food-borne illness and minimize bacterial growth.Titled Supplies and China dated 09/01/21 document in part: It will be the standard of this facility to provide safe and sanitary storage, handling and consumption of all food including food and beverages. Facility will provide meals on China along with proper silverware. 3. Food Preparation Procedures: i) Staff will practice good hygienic practices and techniques i.e. Handwashing, glove usage. ii) Staff must wash hands prior to putting on gloves and in between changing gloves.