

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Orland Park		STREET ADDRESS, CITY, STATE, ZIP CODE 14601 South John Humphrey Dr Orland Park, IL 60462	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a dignified dining environment for one resident (R10) and failed to accommodate one (R3) request during dining in a sample of 10 residents reviewed for resident rights. Findings include: R3 is an [AGE] year-old male, admitted to facility 03/09/2026, and has diagnoses that include: Weakness, Parkinson's Disease Without Dyskinesia, Without Mention of Fluctuations, Paroxysmal Atrial Fibrillation, Long Term (Current) Use of Anticoagulants, Overactive Bladder, Gastro-Esophageal Reflux Disease Without Esophagitis, Orthostatic Hypotension, Repeated Falls, Displaced Intertrochanteric Fracture of Right Femur, Spinal Stenosis, Cervical Region, Anemia, Unspecified, Other Specified Disorders of Bone Density And Structure, Unspecified Site, Cerebral Ischemia, Acute On Chronic Diastolic (Congestive) Heart Failure, Moderate Protein-Calorie Malnutrition, Other Specified Disorders of Muscle, Dysphagia, Oral Phase, Other Symptoms and Signs Involving Cognitive Functions And Awareness R3's BIMS (Brief Interview for Mental Status), dated 3/16/2026, is 12, indicating moderate cognitive impairment R3's active orders, dated 03/19/2026, documents: Dietary - Diet Order summary Regular diet Puree texture, Thin liquids consistency Order status Active Order Date/Start Date 03/19/2026. R10 is a [AGE] year-old male, admitted to facility 03/16/2026, and has diagnoses that include: Cerebral Ischemia, Vitamin D Deficiency, Unspecified, Hyperlipidemia, Unspecified, Cardiomegaly, Acute Pulmonary Edema, Chronic Kidney Disease, Stage 3 Unspecified, Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris, Chronic Diastolic (Congestive) Heart Failure, and Presence of Prosthetic Heart Valve On 3/20/2026 at 1:00pm, R3 was sitting in wheelchair, dressed, groomed, and wearing non-skid socks. R3 stated he was not happy because he is supposed to be getting a puree tray, and he did not get puree for breakfast or lunch. R3 stated he has only received one puree meal since it was changed. R3's meal ticket had regular diet scratched out and puree written in meal type. R3 was served regular breaded fish fillet with a slice of cheese on top, whole hamburger bun, and green beans. R3 stated, It is hard for me to chew food that is not pureed. Sometimes I eat with my fingers. I told them I needed a puree meal; they know that I told someone yesterday. Sometimes it is hard for me to chew. They are supposed to cut my food up for me. Fish is not cut up. It is in my chart that I need my food pureed. On 3/21/2026 at 12:01pm, R3 was sitting in bed with V15, Certified Nursing Assistant (CNA) helping R3 to sit up in bed to eat R3's meal. V15 exited room. R3 stated, I am upset and stated I wanted to sit in a chair instead of eating in my bed and (V15) did not listen to me. Sitting in bed during mealtime restricts my ability to feed myself and I spill my food because my movement is restricted. I asked her (V15) to put me in chair, and she stated, 'I put you up in a sitting position'. This is not a chair, I need a chair, and staff are not listening to me. R3 was attempting to eat his pureed meal and unable to manipulate his hands while sitting in bed. On 3/21/2026 at 12:12pm, R10 was sitting in bed being fed lunch by V15, while V15 was standing up over R10. On 3/21/2026 at 12:18pm, V15, stated, (R10) is not a feeder, but he was having trouble, so I was helping fed him. I always stand. Regarding (R3), I was just sitting him up. I did not give him a tray, and he did not ask me nothing. (sic) They asked me to just pull him (R3) up. On 3/21/2026 at 12:25pm V20, Certified Nursing Assistant (CNA) stated, (R3) (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>is alert and will let you know what he needs. He can feed himself; he is just a set up. When feeding a resident, I stand up. On 3/21/2026 at 12:31pm, during observation of V19 feeding R3, R3 stated, If I can sit in a chair, I can feed myself, but I cannot feed myself in bed. They just sit my tray down, I cannot move my arm, and I drop my food. (V19) is helping me. When they brought in meal, I asked to be put in a chair so I could eat, and they said it's not their job. I ask every day to be put in the chair so I can feed myself. Care Card posted in R3's closet documents: independent feeder. On 3/21/2026 at 12:44pm, V2, Director of Nursing (DON), stated, When feeding a resident, prepare the tray and cut up food for that particular resident and whatever assistance the resident needs is provided. If feeding a resident, hand hygiene prior to feeding, and they are supposed to sit so they are at the same level as the resident and not hovering over them. CNAs receive training in orientation when they first start and periodically training. If a resident asks to sit in a chair, they should be gotten up to the chair unless there is a reason why they cannot. Care card in closet that specified level of mobility and in CNA binder. Transfer status, bed mobility as well as feeding assistance. Care cards are updated by restorative. On 3/21/2026 at 1:25pm, V2 stated, I will follow up with (R3) regarding up in chair. If he requests to get up, he should be gotten up. Facility Policy:Privacy and Dignity (rev. 7/3/25) documents: Policy Statement It is the facility's policy to ensure that resident's privacy and dignity is respected by the staff at all times. Certified Nursing Assistant job description, dated 12/01/2019, documents: Summary/Objective In keeping with our organization's goal of improving the lives of the Guests we serve` the Certified Nursing Assistant (C.N.A.) plays a critical role in providing superior customer service and nursing care to all Guests. The C.N.A. safeguards the health, safety and welfare of all Guests under their care by following applicable laws, regulations, and established nursing policies and procedures. Essential Functions: Provides quality nursing care to Guests in an environment that promotes their dignity and freedom of choice. 2. Provides individualized attention, which encourages each Guest's ability to maintain or attain the highest practical physical, mental and psychosocial well-being. 3. Carry out assignments required for the Guest's activities of daily living (AOL's) Which include but not limited to bathing, dressing, grooming, toileting, and feeding. 14. Maintains the comfort, privacy and dignity of Guests and interacts with them in a manner that displays warmth, respect and promotes a caring environment. Resident's Rights documents: You Have Rights! To be treated with care, dignity and respect for Residents rights. The resident has a right to a dignified existence, self-determination, and communication with and access to people and services inside and outside the facility, including those specified in this section. (I) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the residents. Respect and dignity. The resident has a right to be treated with respect and dignity, including: The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to administer medications as ordered by the physician for one resident (R1) in a sample of 10 residents reviewed for quality of care. Findings include:</p> <p>R1 is [AGE] years old, with the diagnosis but not limited to: Hemiplegia and Hemiparesis, COPD, Atrial Fibrillation, Type 2 Diabetes Mellitus, Hyperlipidemia, Hypertension, Mild Persistent Asthma, Major Depressive Disorder, Acute Embolism and Thrombosis of Right Femoral Vein, Dependence on Wheelchair, Glaucoma, GERD, and Obstructive Sleep Apnea.</p> <p>R1's BIMS (Brief Interview for Mental Status) score is 11, meaning R1 has moderate cognitive impairment.</p> <p>On 3/20/2026 at 2:57pm, R1 was lying in bed, groomed, dressed, alert and oriented. R1's right side was paralyzed. R1 stated she has missed getting her eye drops on multiple times and she needs new eyeglasses, but it is not time. R1 stated she is supposed to get her eye drops three times a day and she is not getting her eye drops at night, at times it is missed completely. R1 further stated her doctor said she could give herself the eye drops and she use to give them to herself, but they took her eye drops away and she does not know why. R1 stated she is capable of giving herself the drops and now that she has been missing getting her drops three times a day, and not getting her medication is what is the most important right now. R1 stated, When I had my eye drops at the bed side, I never missed my drops. I have my drops at 5:00am, 1:00pm, and 9:00pm. I did not miss my medicine when I was able to have my eyedrops with me and now I am missing getting my eye drops when I am supposed to get them.</p> <p>On 3/20/2026 at 3:14pm, V6, Registered Nurse (RN) stated, (R1) is alert and will call if she needs something. She will get up but she cannot walk. She gets up with the sit to stand. (R1) gets eye drops and the nurse gives. She wants to give to herself, and she has requested to give eye drops to herself, but we do it for her.</p> <p>On 3/21/26 at 9:31am, R1 said she gets up every day and just used the bathroom. R1 said she goes to the dining room to eat most of the times. R1 said her only concern is her eye drops. R1 said she is able to administer them herself and she should be able to. R1 said usually nurses do not wake her up in the morning to administer her the eye drops. R1 said she usually takes the eye drops at 5:00am, 2:00pm, and at 8:00pm. R1 said she wants to administer her medications on her own.</p> <p>R1's 3/2026 (3/1/26-3/21/26) medication administration record documents: Dorzolamide HCl Solution 2 % Instill 1 drop in both eyes three times a day for glaucoma May keep eye drop at bedside for patient to administer Per NP. (Start Date 08/28/2025). The record documents the early morning administration as S (sleeping) for 11 out of 21 days.</p> <p>R1's (3/26) physician order documents: Dorzolamide HCl Solution 2 % Instill 1 drop in both eyes three times a day for glaucoma May keep eye drop at bedside for patient to administer Per NP (start 8/28/25).</p> <p>On 3/23/26 at 10:37 am, V22 (R1's Doctor) said the facility should have let him know that R1 was not receiving the medication as ordered., V22 said, eye drops reduce the pressure in the eye and R1 should be getting it 3 times per day. V22 said, If the resident is sleeping, the medication should be (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>given as soon as she wakes up, no need to wake her up. (R1) should be receiving the medication 3 times per day as ordered.</p> <p>On 3/23/26 at 11:01 am V2 (Director of Nursing) said, Some medications are ordered as patient centered. Those medications do not require specific times are ordered this way (morning and evening) and some are ordered with scheduled time. The medications ordered as early morning are 5:00am to 7:00am and can be given during those times and early pm is 1:00pm to 3:00pm and HS (night) is 8:30pm to 10:00pm. If a resident has an order for medication to be kept at bedside, then the medication should be at bedside. If the resident does not want the medication at bedside, then it should not be at bedside. Marking s on the March MAR (Medication Administration Record) for (R1) that means sleeping. The medication should be administered when (R1) wakes up. (R1) is allowed to have the eye drops at bedside. If she prefers, she could administer the medication herself. (R1) was seen on 3/9/26 by the eye doctor.</p> <p>Facility's Medication Pass (rev 7/2/25) documents: e. After medication is administered to each resident, sign MAR that it was given.</p> <p>Facility's Self&ndash;Administration of Medication (rev. 7/3/25) documents: 2. The resident may store the medication at bedside if there is a physician order to keep it at bedside.</p> <p>Facility's RN Floor Nurse job description documents: 5. Administer medications within the scope of practice of the RN Licensure.</p>		