STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark at 95th Rehabilitation and Nursing Center	1010 West 95th Street Chicago, IL 60643

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** F761Based on observation, interview, and record review, the facility failed to properly store medications requiring refrigeration for four residents (R7, R8, R9, and R10). This failure has the potential to affect all four residents reviewed for physical environment and medication storage. The findings include: R7's face sheet shows admission on [DATE] with diagnoses not limited to Other mechanical complications of femoral arterial graft (bypass), Cellulitis of groin, Carrier or suspected carrier of methicillin resistant staphylococcus aureus, Dehiscence of amputation stump, acquired absence of left leg above knee, Urinary tract infection, Bacteremia, Sepsis. R8's face sheet shows admission on [DATE] with diagnoses not limited to Diabetes mellitus due to underlying condition with hyperglycemia, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R9's face sheet shows admission on [DATE] with diagnoses not limited to Chronic obstructive pulmonary disease, Type 2 diabetes mellitus without complications, Hemiplegia, unspecified affecting left nondominant side, Chronic kidney disease stage 3. R10's face sheet shows admission on [DATE] with diagnoses not limited to Type 2 diabetes mellitus with hyperglycemia, Hemiplegia affecting right dominant side, Functional quadriplegia. On 6/12/26 at 12:04 PM Surveyor inspected the firstˆfloor medication storage room in the presence of V6 (RN / Registered Nurse). Inside the room, three refrigerators were observed. Two of the refrigerators were functioning, and one refrigerator containing medications was not operational and had no power. The thermometer inside the nonˆfunctioning refrigerator displayed a temperature of 80 F. V6 stated that the power outage caused by a storm began approximately two days prior. He reported that he was unsure why the refrigerator was not working. V6 attempted to unplug and reconnect the unit, but it did not restore power. V6 confirmed that the thermometer inside the refrigerator continued to show a temperature of 80 F. The following medications were stored in the nonˆfunctioning refrigerator: R7's Daptomycin IV. Pharmacy label shows keep refrigerated. R8's Multidose Ozempic injection. Pharmacy label shows keep in refrigerator. R9's Unopen multidose Lantus pen, Unopen multidose Lispro Kwik Pen. Pharmacy label shows refrigerate until opened R10's unopen multidose Lispro KwikPen, unopen multidose Lantus KwikPen. Pharmacy label shows refrigerate until openedDuring the observation in the firstˆfloor medication room, the surveyor requested V2 (DON / Director of Nursing) to come to the area. Upon entering, V2 observed that one of the medication refrigerators was not working and had no power while containing medications. V2 stated that the thermometer inside the refrigerator showed a temperature of 80 F.On 6/12/26 at 3:11 PM, V2 (Director of Nursing) stated that medications requiring refrigeration should be stored in a working, functioning refrigerator. V2 reported that there had been a power outage since Wednesday afternoon, and she had assumed the refrigerator was plugged into an emergency outlet and remained operational. V2 stated that medications requiring refrigeration must be maintained at proper temperatures and the refrigerator must be working properly. She stated that if medications are not kept at the appropriate temperature, the medications may become ineffective and therefore must be stored correctly.R7's POS (Physician Order Sheet) shows active order not limited to: Daptomycin (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Solution Reconstituted 500 MG. Use 500 mg intravenously every 24 hours for Infection for 36 Days. From 6/6/2026 to 7/12/2026.R8's POS shows active order not limited to: Ozempic (1 MG/DOSE) Subcutaneous Solution Pen-injector 4 MG/3ML (Semaglutide) Inject 0.25 ml subcutaneously one time a day every Monday.R9's POS shows active order not limited to: Insulin Lispro Injection Solution 100 UNIT/ML (Inject as per sliding scale: if 200 - 249 = 1 units rotate injection sites; 250 - 299 = 2 units rotate injection sites; 300 - 349 = 3 units rotate injection sites; 350 - 399 = 4 units rotate injection sites, subcutaneously four times a day for hyperglycemia. Insulin Glargine Subcutaneous Solution Pen-injector 100 UNIT/ML Inject 15 unit subcutaneously at bedtime.R10's POS shows active order not limited to: Lantus Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML Inject 12 unit subcutaneously at bedtime. Humalog Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 2 unit subcutaneously one time a day. Humalog Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 3 unit subcutaneously in the morning. Insulin Lispro (1 Unit Dial) 100 UNIT/ML Solution pen-injector inject 3 units sub-q every morning; inject sub-q four times daily per sliding scale: 200-250=2 units; 251-300=4 units; 301-350=6 units; 351-400=8 units; 401-450=10 units; call md if blood glucose > 451. Facility's Medication storage policy dated 3/2023 shows in part: Medications and biologicals are stored safety, securely, and properly following the manufacture or supplier recommendations. Medications requiring refrigeration or temperatures between 36 degrees Fahrenheit and 46 degrees Fahrenheit. are kept in a refrigerator. Medications requiring storage 'in a cool place' are refrigerated unless otherwise directed on the label. A thermometer must be kept in the refrigerator containing medications to allow proper temperature monitoring.