STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145938	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Landmark of Hyde Park Rehabilitation and Nursing C	6125 South Kenwood Chicago, IL 60637

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review, the facility failed to ensure resident's care needs were being met by permitting one employee (V15) to sleep on duty. This failure has the potential to affect 16 residents on the unit V15 was assigned.Findings include:On 9.17.2025 2:57 PM, V2 (DON-Director of Nursing) said V15 (Former CNA-Certified Nursing Assistant) was terminated after she was caught sleeping while on duty for the second time. She was caught sleeping around 5:59 AM in the laundry room by laundry staff. That is an unauthorized area. V15 told a staff member you need to give (V15) 10-15 minutes. At 5:59 AM, (V15) should have been doing final rounds. Staff (laundry) found her in unauthorized area.On 9.18.2025 at 10:00 AM V2 (DON) said, V15 (Former CNA-Certified Nursing Assistant) should not have been sleeping while on duty, she should have been attending to her job duties, attending to the residents. It's very important we stay awake while working, something may happen to the residents. It's against the facility policy as well as union rules.On 9.18.205 at 10:33 AM V4 (Director of Housekeeping) said, when my staff came in that morning, she found a CNA sleeping at the folding table, with a blanket over her. (V15) told my staff they needed to give her 10 more minutes and then she'll be up. V17, Laundry Aide found V15 and reported it to me. V17 took a picture of V15, CNA and sent it to me. I reported the incident to V2.On 9.18.2025 at 1:36 PM via telephone, V17 (Laundry Aide) said, I want to say it was two weeks ago, around 5:42 AM. I came into the laundry room and saw a CNA sleeping. V15 had a blanket wrapped around her, her head down on the folding table. She scared me, I was expecting to see washers and dryers, not someone sleeping. V15 said to me, just give me five or ten minutes more, then put head back down. I went upstairs to clock in, when I came back down, she was gone. I took a picture of V15. I informed my supervisor (V4- Director of Housekeeping).The facility's CNA Assignment Sheet, dated 9.3.2025, documents V15 was working 11:00 PM-7:00 AM and assigned to the 2nd floor. Midnight census report dated 9.3.2025 documents a total of 16 residents in rooms V15 was assigned to.V15's Employee Disciplinary Action Form signed 9.9.2025 documents: On 9.3.2025 (V15) was reportedly sleeping while on duty in the basement laundry room. Sleeping while on duty is a violation of Category One offense #4 per union working agreement. Due to violation of the listed offense, (V15) is terminated from her position as CNA of (Facility).

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to consistently administer bilevel positive airway pressure (BIPAP) therapy as ordered by a physician for one resident (R2) out of three residents reviewed for respiratory care in a total sample of seven residents. Findings include:R2's current face sheet documents R2 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to: obstructive sleep apnea (adult) (pediatric), chronic obstructive pulmonary disease, unspecified, morbid (severe) obesity due to excess calories, sleep related hypoventilation in conditions classified elsewhere.R2's MDS/Minimum Data Set, dated [DATE] documents that R2 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R2 has intact cognitive function. R2's active physician order set documents in part Bipap (bilevel positive airway pressure) at 15 cm (centimeters) H2O (water) On at Night and off while awake. No additional details were documented in the scheduled portion of the order. R2's physician note dated 8/26/2025 10:01 PM documents bipap trial at night, on nasal canula oxygen at the rate of 2 liters / min, keep head end of the patient elevated. Patient and staff educated on overall plan of care and warning signs and symptoms reviewed with patient. R2's physician note dated 9/3/2025 7:31PM documents in part obstructive sleep apnea, bipap trial at night.R2's physician note dated 9/8/2025 7:51PM documents in part bipap trial at night.R2's care plan documents R2 is at risk for acute cardiac distress, SOB (shortness of breath), and risk R/T (related to) COPD (chronic obstructive pulmonary disease), CHF (congestive heart failure), OSA (Obstructive Sleep Apnea). Respiratory risks will be minimized with nursing and medical interventions thru next review. There is no documentation of BIPAP therapy documented in R2's care plan interventions.R2's medication administration records and treatment administration records dated August 2025 and September 2025 did not document R2's Bilevel Positive Airway Pressure (BIPAP) is scheduled nor administered. R2's progress notes since admission reviewed and no consistent documentation that R2's BIPAP was administered as ordered by the physician.On 09/17/2025 at 10:55 AM, R2 was lying on her bed with R2's head of the bed elevated. R2 noted with oxygen via nasal cannula at 2 liters/minute. R2 stated that she has been in the facility for about three weeks to four weeks. This surveyor observed R2's (BIPAP), a non-invasive ventilation therapy used to assist patients with breathing difficulties, on R2's bedside table. R2 stated that she is not able to put on the BIPAP by herself and needs assistance. R2 stated that no one was putting it on R2 since R2 had been here until recently. R2 said that when she inquired about her BIPAP the nurse's response was I can't bother with this, it is too hard. R2 said that she cannot recall the nurse's name who said this to R2. On 09/17/2025 at 11:35 AM, V2 (Director of Nursing) said I saw R2 maybe a couple of weeks ago pertaining to R2's BIPAP. V2 stated that R2 reported that she was not getting the BIPAP therapy. On 09/18/2025 at 10:45 AM, V2 (Director of Nursing) stated that the administration of BIPAP should be documented in the electronic medication administration record (EMAR) or in the resident's progress notes. V2 stated that R2's BIPAP order does document when it should be administered which is at night and off in the morning time. V2 stated that she did see some notes that it was administered, V2 stated but she did not see the notes consistently. V2 stated that the order is not in the EMAR with scheduled details and where the nurses can sign off when administered. V2 stated that the importance of a BIPAP machine is to ensure that the resident is getting adequate oxygenation and to prevent them from going into pulmonary distress or respiratory distress, to keep the lungs open. On 09/18/2025 at 10:14 AM V14 (Registered Nurse) stated that she regularly works with R2. V14 stated that the importance of a BIPAP machine is for their breathing and is commonly ordered for conditions such as COPD (chronic obstructive pulmonary disease) and sleep apnea. V14 stated that the nurses would know to administer the BIPAP if the order is in the MAR (medication administration record) or the TAR (treatment administration record), or sometimes by reviewing R2's physician order set. V14 stated that the administration of the BIPAP would need to be (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documented in the MAR, TAR, or the resident's progress notes. V14 stated that if it is a standard order, it would be documented in the MAR. V14 stated that if it is not documented then it is not done. Facility document not dated documents in part physician orders (following physician orders). It is the policy of the facility to follow the orders of the physician. The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission. Facility provided document not dated documents in part resident rights. You have the right to safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction.