STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145960	A. Building B. Wing	08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ascension Resurrection Life	7370 West Talcott Avenue Chicago, IL 60631

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 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to notify the Office of the State Long-Term Care Ombudsman of residents who were transferred or discharged back to the community or to another nursing facility. This failure has the potential to affect residents transferring or discharging out of 124 residents residing in the facility. Findings Include:On 8/17/25 at 9:28 AM, V4 (Social Worker) stated that he emails V13 (Facility Ombudsman) once a week of the list of residents who are hospitalized . V4 stated he does not send notification of the other discharges such as residents who are discharged back to the community because it is not required. Email receipts provided by V4 reviewed and revealed V4 sent the list of hospitalized residents not including other transfers or discharges to V13 on these dates: 8/10/25, 8/1/25, 7/9/25, and 3/27/25.The facility's residents' roster shows 124 residents currently residing in the facility. The facility's Transfer or Discharge, Preparing a Resident for policy and procedure dated 1/25 documents in part: The social worker, or designee, is responsible for: Provide a copy of the notice to the Office of the State Long-Term Care Ombudsman.

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