

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Ascension Resurrection Life		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview and record review, the facility failed to contain oxygen equipment (nebulizer mask) per facility's policy. This failure affected one residents (R6) reviewed for oxygen equipment, in total sample size of 11 residents. Findings include: R6's face sheet shows that R6 has diagnosis which include but is not limited to anemia, type 2 diabetes mellitus with hyperglycemia. On 02/09/26 at 11:07 am, R6 was observed sitting in a wheelchair in her room. R6's nebulizer mask was not in use and not contained. R6 explained that she had the flu and COVID 19 about a week ago and that staff will give her the nebulizer machine and mask daily when she feels short of breath. On 02/09/26 at 11:10 am, Surveyor brought this observation to V3 (Quality Director, Infection Preventionist). V3 stated that the nebulizer mask should be contained in a bag when not in use for infection control. V3 also explained that the nebulizer mask is contained in a bag when not in use to avoid contamination. V3 then explained that R6 was recently positive for COVID 19 and was last isolated with contact/droplet precautions for COVID 19 about one week ago. R6's Physician Order Sheet (POS) shows active order dated 2/1/26 shows that R6 has orders for DuoNeb inhaler solution every shift 1 vial every shift for congestion inhalation. The facility's policy dated 2/2025 and titled Administering Medications Through a Small Volume (Handheld) Nebulizer documents, in part: Purpose: The purpose of this procedure is to safely and aseptically administer aerosolized particles of medication into the residents airway . Steps in the Procedure: H. When equipment is completely dry, store in a plastic bag with the residents name and the date on it.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to perform hand hygiene and don the required Personal Protective Equipment (PPE) when providing care for three residents who required Enhanced Barrier Precautions (EBP). These failures affected three residents (R1, R10 and R11). Findings include:</p> <p>The facility's document titled Enhanced Barrier Precaution shows that R1, R10 and R11 require EBP at the facility.</p> <p>1.) R1's face sheet without a listed date document in part that R1 was admitted on [DATE] with diagnosis of: Urinary tract infection, retention of urine, acute kidney failure, dementia, need for assistance with personal care, dysphagia, heart failure, bacteremia, Escherichia coli, weakness.</p> <p>R1's Minimum Data Set, dated [DATE] documents in part; section C (cognitive patterns) documents in part that R1 has a score of 3 which means that R1 has severe cognitive impairment.</p> <p>R1's care plan dated 01/12/2026 documents in part; R1 is at risk for acquiring or transmitting infection due to Foley catheter and wound. R1 is placed on contact precaution for ESBL E-COLI in urine (resolved);02/02/2026: R1 is on enhanced barrier precaution (EBP) due to foley catheter, wound; Goal: prevent transmission of infection.[Intervention: staff to wear gowns and gloves on high contact areas].02/02/2026 R1 has altered elimination related to indwelling foley catheter; Goal: R1 will be free from signs and symptoms of urinary tract infection.[Intervention: staff to provide indwelling catheter care per facility protocol].</p> <p>On 02/09/2026 at 10:50am, V6 (Certified Nursing Assistant/CNA) came into the room of R1 and provided morning care to R1. V6 provided morning care to R1 without Personal Protective Equipment (PPE) gown on. V6 stated she was supposed to have on a gown prior to providing care to R1 but forgot to put the gown on. V6 stated the purpose of PPE and wearing a gown is to protect herself from any infection. V6 states the reason R1 has EBP precautions is because R1 has a foley catheter in place.</p> <p>On 02/09/2026 at 10:53 am, V8 (Licensed Practical Nurse/LPN) stated when staff are working in an EBP room the staff need to wear gown and gloves when providing ADL (Activities of Daily Living) care to prevent spread of infection, gown protects the staff from spreading infection from room to room.</p> <p>On 02/09/2026 V5 (Quality Director Infection Preventionist/Registered Nurse) stated staff providing direct patient care such as changing diaper, linen, transferring a patient or providing incontinent care, wound care dressings, staff handling indwelling medical device should be wearing PPE to prevent the spread and transmission of the infection.</p> <p>2.) R10's face sheet shows that R10 has diagnosis which includes but not limited to basal cell carcinoma of skin of unspecified parts of face.</p> <p>R10's Physician Order Sheet (POS) dated 10/6/25 shows that R10 has orders for Enhanced Barrier Precautions due to a wound.</p> <p>On 2/9/26 at 11:30 am, observed R10's room with a sign on the door that read Enhanced Barrier Precautions: Everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high contact resident care</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>activities. V5 (CNA) was observed without wearing a gown and performing ADL care (incontinence care) to R10. Surveyor questioned V5 regarding R10's EBP and V5 stated, EBP means that I should be wearing a gown and gloves when I am providing her (R10) care. I didn't have a gown on. I was moving too fast and forgot to put a gown on. V5 then explained that residents who are on EBP require a gown and gloves when providing care to protect the residents and staff from spreading an infection.</p> <p>3.) R11's face sheet shows that R11 has diagnosis which includes but is not limited to anxiety, unspecified severe protein-calorie malnutrition, and Fracture of left pubis, subs for fracture with routine heal.</p> <p>R11's Physician Order Sheet (POS) dated 2/4/26 shows that R11 has orders for Enhanced Barrier Precautions due to presence of wound every shift.</p> <p>R11's care plan dated 2/5/26 documents in part: R11 is a risk for acquiring or transmitting infection due to wound . A. Follow established infection prevention protocol including Enhanced Barrier Precautions.</p> <p>On 02/09/26 at 11:26 am, observed R11's room with a sign on the door that read Enhanced Barrier Precaution: Everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high contact resident care activities. R11 was observed in bed awake, being assisted with feeding for R11's lunch meal by V4 (CNA). Surveyor did not observe V4 wearing a gown while assisting R11 with Activities of Daily Living (ADL) feeding and without performing hand hygiene when V4 left R11's EBP room. When surveyor brought this observation to V4, she stated (As she continued to walk down the unit), She (referring to R11) gets an early lunch tray. I don't have to wear a gown while I'm in her room feeding her.</p> <p>On 2/9/26 at 1:39 pm, V3 (Quality Director/ Infection Preventionist/Registered Nurse) stated that she is the facility's infection preventionist for last year at the facility. V3 then stated that residents are placed on Enhanced Barrier Precaution (EBP) as a form of transmission-based precaution for those residents with history of MDRO (Multi Drug Resistant Organism). V3 further explained that residents with EBP have assistive medical devices such as an indwelling medical device, IV (intravenous) access, eternal feeding, tracheostomy and wounds. V3 then stated if staff perform direct patient care such as changing diapers, linen, transferring a patient, providing incontinence care, the nurse is performing wound care dressing or staff is handling indwelling medical device, staff are required to use PPE (gown and gloves) as well as perform hand hygiene. V3 further stated that PPE required for EBP is hand hygiene, donning a gown and gloves before patient care and in between patient care if gloves are visibly soiled. V3 then explained that during dining if the resident is on EBP and being assisted with feeding in the resident's room, the staff should be wearing PPE (gown and gloves) and perform hand hygiene before entering and exiting the EBP room. V3 stated that PPE is utilized with EBP residents as a barrier for the staff and patient to prevent spread of infection and particularly if there is a colonization of bacteria found with the resident. V3 finally explained that there will be a potential for break of chain of infections and staff can be a carrier of infection from one patient to another if the staff does not perform appropriate hand hygiene and don appropriate PPE when caring for EBP resident. V3 explained that staff are in-serviced regarding EBP upon hire, annually, and during direct observation from staff observed not following the proper precautions.</p> <p>The facility's document dated 6/2025 and titled Standard and Transmission-Based Precautions documents, in part: Policy: It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' model of transmission . Enhanced Barrier Precautions: A. Each</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>community will fully implement enhanced barrier precautions EBP in accordance with CMS regulatory requirements. EBP in addition to standard in contact precautions, shall be implemented during high contact resident care activities when caring for residents an increased risk for acquiring and/or transmitting a multi-drug-resistant organism (MDRO) such as a resident with wounds, indwelling medical device and residents with colonization with an MDRO. B. EBP is an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.</p>		