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	05/21/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide interventions to prevent a resident from developing wounds due to immobilizer/brace skin friction. Facility also failed to consistently document physician orders were being followed/given on the treatment administration record (TAR) and on the medication administration record (MAR) for 1 (R1) out of 3 residents reviewed for quality of care. Findings include: R1 was a resident in the facility re-admitted on [DATE] and was discharged on 03/07/2026. R1 is cognitively intact with BIMS (Brief Interview of Mental Status) score of 15. R1 upon admission uses right leg immobilizer/brace due to right lower leg fracture. R1's Braden Scale assessment was not up to date. Latest Braden Scale assessment was done on 11/11/2025, before admission of R1 on 12/24/2025 when R1 does not have right leg immobilizer/brace. Braden Scale assessment is a tool that would help identify risk for pressure ulcers. R1 has the following physician orders:R1 must wear fracture brace at all times and record it three (3) times a day on treatment administration record (TAR). Multiple days were not documented as being performed.Per Weekly Skin Assessment Skin Integrity Review dated 12/24/2025 documents unable to check RLE (Right Lower Extremity) due to R1's refusal due to pain.R1 was then scheduled for a weekly skin assessment on treatment administration record (TAR) which was not documented as done on 12/25/2025 and 01/08/2026.Per Skin Evaluation Form dated 01/12/2026, R1 sustained traumatic wound on right outer ankle due to the brace. Measurement in centimeter 2.5 length, 2.0 width and 0.2 depth.On 01/23/2026 V18 (Medical Doctor Wound) in his initial Wound Evaluation and Management Summary of R1's right ankle wound documents that wound has enlarged quite a bit. Leg brace was discontinued. Suspicion of infection on the right ankle wound.On 01/26/2026, right ankle wound culture specimen was collected. On 01/29/2026, result was positive for infection (Staphylococcus Aureus MRSA and Pseudomonas Aeruginosa). To address R1's right ankle's infection, antibiotic Gentamicin ointment and Zyvox oral medication were ordered with wound treatment of Santyl. Multiple dates on medication administration record for February 2026 were not documented or signed as being administered. On 05/20/2026 at 10:09 AM interviewed V5 (Manager/Wound Nurse/Registered Nurse) and V2 (Director of Nursing). V5 stated that upon admission on [DATE], R1 was wearing a brace for right leg fracture during that time she does not have any wound on that area. Wound (right ankle) was identified on 01/12/2026 per resident record. V2 after reviewing R1's treatment administration record stated that weekly skin assessment supposed to be documented on 01/08/2026 prior to first identification of wound. V5 stated that R1 was positive for infection on culture that was done on 01/26/2026. An antibiotic was ordered by the doctor that includes Gentamicin ointment. V2 stated that there was an order also for Santyl ointment for wound treatment to help wound healing. After reviewing medication administration record (MAR) of R1. V2 stated that it is supposed to sign in the MAR that it was being administered. V2 stated that there should be intervention to prevent right lower leg for developing a wound due to leg immobilizer/brace used. It cannot be avoided that immobilizers/braces will produce friction in the skin. V2 stated that she will check for any interventions. At 2:20 PM, V2 stated that she cannot find intervention on preventing wounds on the right lower leg specific to using leg brace. On 05/21/2026 at 01:15 PM, V18 (Medical Doctor Wound) stated that R1's immobilizer or brace does not (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	fit well that the plastic cut her ankle resulting to like an abrasion. V18 stated that form fitting of the brace does not fit well needing adjustment. V18 stated that hydrocolloid dressing can be used to prevent wounds due to friction of the brace. Hydrocolloid dressing is thick and helps with friction. V18 stated that R1 has thin that can easily expose her tendon. Prevention of Pressure Injuries Protocol dated 01/2018: The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions on the risk factors. Protocol identifies ankles as one of the most common sites of pressure injury. Pressure can also come from splints, casts, bandages, and wrinkles in the bed linen. If pressure injury is not treated when discovered, they quickly get larger, become very painful for the resident, and often become infected. A pressure injury risk assessment will be completed upon admission, and then weekly times 3 weeks, with each additional assessment; quarterly, annually and significant changes. Skin will be assessed for the presence of developing pressure injuries on a weekly basis or more frequently if indicated. Because a resident at risk can develop a pressure injury within 1 to 4 hours of the onset of pressure, the at-risk resident needs to be identified and have interventions implemented promptly attempt to prevent pressure ulcers. The admission evaluation helps define those initial care approaches and interventions. Monitor the placement of splints, immobilizers, and casts to ensure they are not placing friction on the resident's skin. Documentation requirements include the signature and title (or initials) of the person recording the data. Braden Scale assessment tool is necessary when providing pressure ulcer risk assessment.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on observation, interview, and record review, the facility failed to maintain residents and staff documentation of screening, education, offering, and current COVID-19 vaccination status. These failures are not in accordance with their policies and procedures and CDC (Centers for Disease Control and Prevention) guidelines. Multiple residents and facility staff were positive of Covid infection that were either not up to date with COVID-19 immunization or unvaccinated that can potentially affect all 51 residents in the facility.Findings include: Per Outbreak log provided by V4 (Quality Director/Infection Nurse/Registered Nurse) there are twenty-eight (28) residents on the first outbreak started on 12/31/2025, that tested positive with COVID infections. Out of twenty-eight (28) residents there are eighteen (18) residents (R1, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22 and R26) positive of COVID infections that were either not up to date with COVID-19 vaccination or unvaccinated. First Outbreak resulted to four (4) residents hospitalized due to COVID infection:R9 symptoms include decrease of oxygen saturation and altered mental status. Latest vaccination was on 05/02/2022.R16 symptoms include shortness of breath and poor appetite. R16 is unvaccinated.R22 symptoms include vomiting and tachycardia (elevated heart rate). Latest vaccination on 10/30/2023.R3 latest vaccination was on 11/19/2024.All residents that were hospitalized were either not up to date with COVID-19 vaccination or unvaccinated. There were ten (10) facility staff that includes:V9 (MDS Coordinator / RN) tested positive on 12/29/2025 prior to declaration of outbreak.V6 tested positive on 12/29/2025 prior to declaration of outbreak.V10 (Certified Nursing Assistant) tested positive on 01/04/2026.V11 (Registered Nurse) tested positive on 01/04/2026.V12 (Occupational Therapist) 01/05/2026.V13 (Registered Nurse) tested positive on 01/08/2026.V14 (Certified Nursing Assistant) tested positive on 01/08/2026, V15 (Registered Nurse) tested positive on 01/18/2026.V16 (Registered Nurse) tested positive on 01/12/2026.V17 (Registered Nurse) tested positive on 01/12/2026. All ten (10) of the facility staff were positive with COVID infection were either not up to date with COVID-19 vaccination or unvaccinated. Prior to facility's declaration of first COVID infection outbreak on 12/31/2025, two (2) of the facility staff V9 (MDS Coordinator) and V6 (Registered Nurse) were tested positive on 12/29/2025 showing symptoms that include cough, congestion, low grade fever and headache. Facility then declared second outbreak that started on 02/13/2026 with ten (10) residents tested positive with COVID infection. Out of 10 residents, 4 residents (R26, R28, R29 and R31) were either not up to date with COVID-19 vaccination or unvaccinated.Second Outbreak hospitalized Resident due to COVID infection:R26 symptoms include fever and fatigue. R26 was not up to date with COVID-19 vaccine, latest vaccination was on 10/11/2022.R28 tested positive for COVID on 2/16/26. R28's symptoms included fatigue. R28 was not up to date with COVID-19 vaccine, latest vaccination was on 4/2/2021.R31 tested positive for COVID on 2/16/26. R31's symptom included sore throat. R31 was not up to date with COVID-19 vaccine, latest vaccination was 12/2/2021. R1 declined vaccine 2/11/26.On 05/20/2016 at 01:10 PM, V4 (Infection Nurse) stated that facility reported an outbreak on 12/31/2025, then declared outbreak free on 02/02/2026, after 14 days without new case of COVID infection. On 02/13/2026, a second outbreak was reported due to residents becoming positive with COVID infection. V4 stated per CDC (Centers for Disease Control and Prevention) guidelines year 2025 it is recommended for residents to have updated COVID-19 vaccine after six (6) months of receiving the vaccine and for those ages 65-years-old and above.V4 stated that R29 did not receive his COVID-19 vaccination due to taking antibiotic at that time. R29's immunization record documents that COVID-19 vaccine was pending administration since 01/14/2026. Most recent COVID-19 vaccination of R29 was on 10/04/2024 making R29 not up to date with COVID-19 immunization. R29 was tested positive for COVID infection on 02/16/2026 during declaration of second outbreak with symptoms include runny nose, nasal (continued on next page)

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	congestion and headache.V4 stated that it was facility staff (V9 and V6) that was first identified as positive with COVID infection prior to declaring first outbreak. V4 stated that currently she does not have a list of facility staff vaccination status because corporate handles submission of COVID-19 vaccination status of staff. V4 stated that there are more facility staff that were positive with COVID infection besides V9 and V6 including therapist, nurses and nursing assistants. V4 stated that she can coordinate with HR (human resources) to get the list. After request of consent forms for residents identified positive with COVID infection. V4 stated that facility currently she is working to include consent forms with resident's medical records. V4 stated that consent forms are in a separate binder that is separate from resident's electronic health record. V4 stated that facility needs to improve on being able to attach forms to resident's medical record. V4 said, I need to upload consents of residents that was infected with COVID-19. Vaccination consent forms were not provided at this time. On 05/21/2026 at 10:46 AM, V4 stated that R3 was not included in the list of Outbreak log because at that time R3 was in the hospital. Per R3's immunization records, COVID-19 vaccination is not up to date. R3's last COVID-19 vaccination was on 11/19/2024. CDC on Staying Up to Date with COVID-19 Vaccines dated 11/19/2025: CDC recommends a 2025-2026 COVID-19 vaccine for people ages 6 months and older based on individual-based decision-making. The COVID-19 vaccine helps protect you from severe illness, hospitalization, and death. It is especially important to get your 2025-2026 COVID-19 vaccine if you are ages 65 and older, are at high risk for severe COVID-19, or have never received a COVID-19 vaccine. Per facility's Covid-19 policy dated 06/2025: Policy is meant to establish guidelines to enhance efforts to identify cases of Covid-19 quickly and to implement interventions and reduce exposure risks for the residents and associates/staff. Facility's routine infection prevention and control practices for Covid-19 include vaccinations. Per policy, Health Care Providers and Residents will be provided education on risks and benefits of the Covid-19 using CDC vaccination information sheet. Residents will be offered the Covid-19 vaccination to remain up to date with the most current CDC vaccination schedule. Per facility's Infection Prevention and Control Program dated 06/2025:Immunization is a form of primary prevention. Residents and Associates will be provided education on vaccinations. Residents will be offered Covid-19 vaccination per recommended schedule by the CDC. Refusals of any immunization will be documented in the medical records indicating the date of refusal.