

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 01/16/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to ensure that food is labeled with a date the food was opened and a date the food expires. These failures have the potential to affect 131 residents living in the facility. Findings include: On 01/14/2026 at 10:22 AM, during an annual and licensure certification, surveyor performed an inspection of the facility's dry food storage room, which was conducted with V5 (Dining Services Director). Surveyor found a bag of hot dog buns that were opened and not labeled with an open date and not labeled with an expiration date. Surveyor found a bag of hamburger buns that were opened and not labeled with an open date and not labeled with an expiration date. Surveyor found a bag of white bread that was opened and not labeled with an open date and not labeled with an expiration date. On 01/14/2026 at 10:23AM, V5 stated, The foods that are opened should be labeled with a date it was opened and a date that the food expires. Food and Supply Storage Policy (revised 01/2024) states in part: All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. Cover, label and date unused portions and open packages.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on interview and record review, the facility failed to refer a resident (R11) who was later identified with a serious mental disorder or related condition to the appropriate state-designated authority for a Level II PASARR (Pre-admission Screening and Resident Review) evaluation and determination for one out of 26 residents reviewed for PASARRs. Findings include: R11's Profile Face Sheet documents in part an original admit date of 10/10/2024. V30 (Admissions Director) submitted R11's Level I PASARR (Pre-admission Screening and Resident Review) dated 10/10/2024. The outcome documents in part no Level II required because R11 had no severe mental illness, intellectual disability, or related conditions. V30 elected no mental health diagnoses known or suspected and no mental health medications for R11. R11's current Profile Face Sheet, however, documents in part diagnoses including but not limited to major depressive disorder, recurrent severe without psych features; generalized anxiety disorder; post-traumatic stress disorder; and adjustment disorder with mixed anxiety and depressed mood. R11's physician orders document in part orders for Remeron (antidepressant) and Escitalopram (antidepressant). The surveyor asked facility if they have a new Level I or Level II for R11. On 1/14/2026 at 2:46 PM, V1 (Executive Director) stated facility did not resubmit R11 for a Level II PASARR. During a follow-up interview at 3:34 PM, V1 stated V30 (Admissions Director) and V31 (Social Service) submit to the state-designated authority but did not resubmit for R11. V1 stated facility has not been resubmitting for Level II PASARRs for new mental health diagnoses and staff were not aware it was part of the requirements. Facility's PASRR (Pre admission Screening & Resident Review) policy (last revised 04/2025) does not document in part a process for resubmitting for a Level II PASARR for residents who are later identified with newly evident or possible serious mental disorder, intellectual disability, or a related condition.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and review of record, the facility has the following failures related to pharmaceutical services: the facility failed to follow their policy and store controlled substances in a safe and secure manner and ensure an accurate controlled drug form for R129. This was true for 2 out of 4 medication carts reviewed for medication storage. Facility also failed to administered medicine properly by leaving medication at the bedside. Failed to administer medications as ordered by physician. These failures apply to 8 residents (R24, R57, R61, R67, R93, R102, R129, R143) receiving pharmaceutical services in the facility that may affect their healthcare needs. Findings include:</p> <p>1.) On 1/13/2026 at approximately 11:35 AM, a medication cart was outside of R52's room. R52's room door was closed. The nurse responsible for the medication cart was not present. The medication cart's lock was not engaged. Surveyor was able to open medication drawers including the drawer that contained the locked narcotic bin. Surveyor also noted a set of keys with a blue spring keychain on top of the medication cart.</p> <p>On 1/13/26 at 11:39 AM, V7 (Nurse) exited R52's room. V7 stated [V7] was responsible for the medication cart. V7 stated [V7] was applying a cream to R52 and needs to administer Tylenol. V7 grabbed the keys that were on top of the medication cart and placed them inside scrub pocket. V7 donned personal protective equipment, went back inside R52's room, and closed the door. V7 did not engage the medication cart's lock.</p> <p>On 1/13/26 at 11:46 AM, V7 exited R52's room. Surveyor reviewed V7's medication cart with V7. V7 stated only nurses should have access to medication carts. V7 stated the nurse assigned to the cart carries the specific keys associated with the cart. V7 verified it was the same keys with the blue spring keychain that were left on top of the cart unattended. V7 demonstrated that the key to the medication cart and the narcotic bin were among the keys on the keychain. Narcotic bin had multiple controlled medications including Tramadol and Morphine.</p> <p>2.) On 1/14/2026 at 10:14 AM, surveyor reviewed the 2B and 2C medication cart with V11 (Agency Nurse). V11 stated the cart contained medications for about 15 residents. At 10:22 AM, surveyor reviewed the narcotic count with V11. R129's Controlled Drug Receipt/Record/Disposition Form for clonazepam (Brand Klonopin &ndash; a controlled substance) documents in part that there should be 26 tablets left in the medication blister pack. However, R129's clonazepam blister pack contained 25 tablets. V11 stated V11 did not administer the medication to R129 because it is an evening medication. V11 stated conducting the narcotic count last night with the outgoing nurse during shift change, but did not note that the count was off. V11 stated we did the count so not sure if we went too fast or what.</p> <p>On 1/15/2026 at 10:40 AM, V3 (Director of Nursing) stated the facility investigated the issue and found that the evening nurse charted administering the clonazepam to R129 in the electronic medical record but failed to put it down on the narcotic logbook. V3 stated nurses should document in the computer and in the narcotic book immediately after administration.</p> <p>Facility's Storage and Labeling of Medications policy (last revised 11/2024) documents in part: The community shall store all drugs and biologicals in a safe, secure, and orderly manner appropriately. All drugs and biologicals will be stored in locked compartments (i.e. medication carts, cabinets, drawers, (continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>refrigerators, medication rooms) under proper temperature controls. Only authorized personnel will have access to the keys to locked compartments. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart.</p> <p>Facility's Controlled Substances policy (last revised 06/2020) documents in part: The community shall comply with laws, regulations, and other requirements related to handling, storage, disposal, and documentation of schedule II-V and other controlled substances. Only authorized nursing and/or pharmacy personnel shall have access to Schedule II controlled drugs maintained on premises. Keys to controlled substance containers shall be on a single key ring that is different from any other keys. The associate administering medications, who confirmed count at the start of the shift, will maintain the keys to controlled substance containers. Keys are passed from associate to associate at the time of count. Associates to count controlled medications at the end of each shift. The associate coming on duty and the associate going off duty are to make count together. The number total number of controlled substances are counted and confirmed. Changes that occurred to the count are documented on the shift to shift count sheet. The leaving associate will read the count for each controlled substance. The oncoming associate will compare to the individual controlled substance. They must document and report any discrepancies to the Director of Nursing Services, or designee. The associate ending their shift is not to leave until Director of Nursing, or designee, gives approval.</p> <p>3.) On 01/13/2025 at 12:01 PM, R102 was seen laying on her bed alert and able to express her needs well. R102 was seen with medication cup on her bedside table with white oval tablet inside. R102 stated I don't know what is that medication they must have placed it there while I was sleeping. R102 expressed that she was not satisfied with current services related to call light that was seen on the floor unreachable to R102. R102 stated, you stated that I have medicine. Then took the medication cup, picked up the white tablet medicine, and put it inside her mouth. R102 was asked what is that medicine she just took. R102 replied, I don't know, I just take it even when I don't know. V9 (Registered Nurse) at the nurse station stated that she is assigned to R102. V9 said that medicine should not be left at the bedside.</p> <p>4.) R57 an [AGE] year-old resident in the facility from 12/12/2025 to 12/29/2025. R57 was admitted with medical diagnosis for congestive heart failure.</p> <p>R57 was ordered by the physician to receive Bumetanide (Bumex) 1MG to take three (3) tablets for a total of 3 MG. Bumetanide (Bumex) 3 MG scheduled to take three (3) times a day on 12/12/2025 upon admission. Changed to two (2) times a day from 12/13/2025 to 12/17/2025. Changed to once daily from 12/20/2025 to 12/22/2025 and increased back to two (2) times a day from 12/22/2025 to 12/29/2025 when R57 was discharged .</p> <p>R57's weight increased significantly from 115 LBS on 12/21/2025 to 127 LBS on 12/22/2025 an increase of 12 LBS a single day. R57's weights maintained after significant increase 126.4 LBS on 12/23/2025, 129 LBS on 12/24/2025, 127.3 LBS on 12/26/2025, 125.7 on 12/27/2025 and 12/28/2025.</p> <p>R57's medication administration record shows that facility did not document Bumetanide (Bumex) 3 MG as being administered to R57 twice on 12/26/2025, once on 12/27/2025 and once on 12/28/2025 in accordance with physician order.</p> <p>Per nursing notes dated 12/29/2025, it documents that R57 was transferred to the hospital due to (continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>requests by V28 (Family of R57) expressing concern that R57 may be experiencing fluid overload. R57 was admitted to the hospital for observation.</p> <p>Per facility pharmacy Bumetanide (Bumex) medications are indicated for the treatment of edema (excessive fluid retention) associated with congestive heart failure, hepatic and renal disease, including nephrotic syndrome.</p> <p>HEALTHIER LIVING WITH HEART FAILURE Managing Symptoms and Reducing Risk by American Heart Association dated 2025 reads:</p> <p>The effects of heart failure can be felt throughout the body. You're likely to have one or more of the following symptoms: EDEMA If you have heart failure, your heart doesn't pump blood with enough force. This means that not enough blood is pumped out of the heart with each heartbeat. Then, because the heart isn't emptying as it should, blood returning from the body can't enter the heart and backs up in the veins. This forces fluid from the blood vessels into other tissues, causing swelling (edema). Edema can occur in the feet, ankles, legs and fingers, as well as in the abdomen and in other tissues and organs. As a result, weight gain is common.</p> <p>MEDICATIONS COMMONLY USED TO TREAT HEART FAILURE The following are some of the most common medications used to treat heart failure: Diuretics furosemide, bumetanide, torsemide, hydrochlorothiazide Lasix, Bumex, Demadex, HCTZ. Reduce excess fluids and salt to decrease the buildup of fluid in the lungs and other parts of the body, such as the ankles, legs and abdomen. Make it easier for the heart to pump blood.</p> <p>5.) Medication Administration Records for December 2025 and January 2026 were reviewed for R61, R67, R143, R93 and R24 residents have multiple medications that were not documented (initialed/signed) as being administered.</p> <p>On 01/14/2026 at 02:26 PM, V3 (Director of Nursing) stated that medication needs to be administered by physician order. Nurses need to document that medicine was administered right after giving medication on the eMAR (Medication Administration Record) and it should not be left blank. When there is no documentation, medication cannot be proven as administered. Nurses are not supposed to leave medication at the bedside. Nurses need to stay with the resident until resident swallows the medication.</p> <p>Documentation of Medication Administration policy dated 12/2025:</p> <p>The community will maintain a medication administration record to document medications administered. A nurse or certified medication tech shall document the medication administered to each resident on the resident's medication administration record (MAR). Administration of medication to be documented after it is given.</p> <p>Administering Medication policy dated 12/2025:</p> <p>Medication shall be administered in a safe and timely manner, and as prescribed. Only persons that are licensed or permitted by this State to prepare, administer and document the administration of medications. The individual administering the medications to document on the MAR or eMAR after giving each medication and before administering the next ones.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow call light policy and procedure on accessibility of call light for 1 out of 1 resident (R102) for a total sample of 26 residents reviewed for environment. Findings include: R102 is a [AGE] year-old resident of the facility. R102 was admitted on [DATE] due to fracture of neck of femur and right hip pain. R102's cognition is intact based on brief interview of mental status done on 12/29/2025 with perfect score of 15. R102 needs substantial or maximal assistance for bed mobility transfer and does not ambulate. On 01/13/2025 at 12:01 PM, R102 was seen laying on her bed alert and able to express her needs well. R102 said that she came to the facility about 2 and a half weeks ago for hip replacement and was doing rehabilitation or therapy. R102 stated that she cannot leave her bed because of her surgery and needs facility staff to help her with her needs. R102 stated that it bothers her so much that it takes facility staff three (3) hours to respond with her call light. And her (R102) call light was unreachable most of the time because it is not attached to the wall where she can reach it. Writer and R102 were trying to locate the call light that was seen on the floor 2 to 3 meters away from R102. R102 said, It is kind of sad, soaked with wet diapers for 3 hours. I even know what's going on. I pity those that do not know what is happening. On 01/13/2026 at 01:05 PM, V26 (Certified Nursing Assistant) was seen inside R102's room from the hallway. R102's call light was still visible on the floor when V26 came out. V26 was asked in the hallway if R102 can use her call light or within reach. V26 replied yes. V26 went back to R102's room, found the call light on the floor, picked it up and clipped it on the left side of R102's linen. V26 went out of the room and stated that R102's call light was not reachable that it needs to be clipped on resident's gown, cloth or linen because it needs to be reachable. On 01/14/2026 at 02:26 PM, V3 (Director of Nursing) stated that nursing staff need to ensure that the call light always within reach to attend to resident's needs. Answering the Call Light policy and procedure dated 12/2017: The purpose of this procedure is to respond to the residents' requests and needs. The community should be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to an associate or to a centralized associate work area. General guidelines require that when resident is in bed or confined to a chair be sure the call light is within reach of the resident. Answer the call light as soon as possible.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and review of record, the facility failed to meet quality of care of professional standards related to pharmaceutical services for 2 (R57 and R61) out of 26 residents in the sample reviewed for quality of care. Findings include: 1.) R61 is a [AGE] year-old resident, with diagnosis of type 2 diabetes mellitus. R61 was admitted to the facility on [DATE]. R61 started with tablet medication for diabetes Metformin 500 MG 1 tablet twice a day from 12/17/2025 to 12/18/2025. On 12/18/2025, Metformin 500 MG was changed to Glimepiride 4 MG schedule to take 1 tablet once daily. Per Medication administration record Glimepiride 4 MG was not documented as administered on 12/27/2025, 12/28/2025 and 01/07/2026. R61's MAR (Medication Administration Record) does not document blood sugar results that it was checked per physician order on 12/23/2025, 12/26/2025, 12/27/2025, 12/28/2025, 01/02/2026, 01/06/2026 and 01/11/2026. R61's blood sugar result was increasing reaching more than 300 starting 01/10/2026. On 01/12/2026 and 01/13/2026, R61 was ordered to receive single dose five (5) units of Humalog Lispro insulin. R61's Glimepiride increased from 4 MG to 5 MG. On 01/14/2026, R61 received an order from the physician to monitor blood three (3) times per day with insulin administration depending on blood sugar result. On 01/14/2026 at 10:05 AM during medication administration review, V25 (Registered Nurse) administered two (2) units of insulin Humalog Lispro to R61 via subcutaneous injection did not perform blood sugar check stated that it was checked earlier with 200 results. Management of Diabetes in Long Term Care and Skilled Nursing Facilities: A Position Statement of the American Diabetes Association dated 02/2016: Diabetes are more common in older adults, has a high prevalence in long-term care (LTC) facilities and is associated with significant disease burden and higher cost. Framework for considering diabetes management goals for long term care includes glucose monitoring or blood sugar check with monitoring frequency based on complexity of regimen and risk of hypoglycemia. Under advantages, disadvantages, and caveats in using glucose-lowering agents in LTC population. Insulin is at a high risk for hypoglycemia, especially due to irregular eating patterns. 2.) R57 an [AGE] year-old resident in the facility from 12/12/2025 to 12/29/2025. R57 was admitted with medical diagnosis for congestive heart failure. R57 was ordered by the physician to receive Bumetanide (Bumex) 1MG three (3) tablets for a total of 3 MG three (3) times a day on 12/12/2025 upon admission, two (2) times a day from 12/13/2025 to 12/17/2025, once daily from 12/20/2025 to 12/22/2025 and increased back to two (2) times a day from 12/22/2025 to 12/29/2025 when R57 was discharged. R57's weight increased significantly from 115 LBS on 12/21/2025 to 127 LBS on 12/22/2025 an increase of 12 LBS a single day. R57's weights maintained after significant increase 126.4 LBS on 12/23/2025, 129 LBS on 12/24/2025, 127.3 LBS on 12/26/2025, 125.7 on 12/27/2025 and 12/28/2025. R57's medication administration record shows that facility did not document Bumetanide (Bumex) 1MG three (3) tablets for a total of 3 MG as being administered to R57 twice on 12/26/2025, once on 12/27/2025 and once on 12/28/2025. Per nursing notes dated 12/29/2025, it documents that R57 was transferred to the hospital due to requests by V28 (Family of R57) expressing concern that R57 may be experiencing fluid overload. R57 was admitted to the hospital for observation. Per facility pharmacy Bumetanide (Bumex) medications are indicated for the treatment of edema (excessive fluid retention) associated with congestive heart failure, hepatic and renal disease, including nephrotic syndrome. HEALTHIER LIVING WITH HEART FAILURE: Managing Symptoms and Reducing Risk by American Heart Association dated 2025 reads: The effects of heart failure can be felt throughout the body. You're likely to have one or more of the following symptoms: EDEMA If you have heart failure, your heart doesn't pump blood with enough force. This means that not enough blood is pumped out of the heart with each heartbeat. Then, because the heart isn't emptying as it should, blood returning from the body can't enter the heart and backs up in the veins. This forces fluid from the blood vessels into other tissues, causing swelling (edema). Edema can occur in the feet, ankles, legs and fingers, as (continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>well as in the abdomen and in other tissues and organs. As a result, weight gain is common.</p> <p>MEDICATIONS COMMONLY USED TO TREAT HEART FAILURE The following are some of the most common medications used to treat heart failure: Diuretics furosemide, bumetanide, torsemide, hydrochlorothiazide Lasix, Bumex, Demadex, HCTZ. Reduce excess fluids and salt to decrease the buildup of fluid in the lungs and other parts of the body, such as the ankles, legs and abdomen. Make it easier for the heart to pump blood. On 01/14/2026 at 02:26 PM, V3 (Director of Nursing) stated that the expectation for nurses to follow and implement physician order. On 01/15/2026 at 10:40 AM, V3 stated that medications that are scheduled to be given before meals need to be scheduled at 06:00 AM. And those medications that are scheduled with meals must align with breakfast time. V3 stated she will address with nurses why medication was given at around 10:00 AM not during breakfast. Per mealtime schedule, breakfast comes at 07:45 AM. Facility's policy and procedure on Administering Medication dated 12/2025, requires that medication shall be administered in a safe and timely manner, and as prescribed.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview, and review of record, the facility failed to follow the facility's medication administration policies. The facility also failed to follow physician order instruction during medication administration of 1 out of 6 residents (R61). There were thirty-one (31) opportunities with 6 errors resulting in 19.35% error rate. Findings include: On 01/14/2026 at 09:36 AM with V25 (Registered Nurse) at the medication cart. V25 prepared the following medicines that were labeled for R61: Bumetanide 1 MG Oral Tablet administered orally.Pioglitazone 30 MG Oral Tablet administered orally.Ferrous Sulfate 325 MG Oral Tablet administered via mouth.Finasteride 5 MG Oral Tablet administered orally.Vitamin C 500 MG Tablet administered orally.Multivitamins tablet administered orally.Aspirin 81 MG Oral Tablet administered via mouth.Folic Acid 1 MG Oral Tablet administered via mouth.Metoprolol Succinate 25 MG Extended-Release Oral Tablet administered orally.Carbidopa 25 MG / Levodopa 100 MG Oral Tablet administered orally.Senna-S 8.6 MG - 50 MG administered orally.Glimepiride 4 MG Oral Tablet administered orally.Albuterol 0.83 MG/ML Inhalation Solution administered through nebulizer inhalation.Insulin lispro 100 UNT/ML Cartridge [Humalog] administered through subcutaneous injection. V25 placed all tablet form medicines inside a 30 ML medication cup then poured into a larger plastic cup. V25 then took apple sauce in an open container using a plastic spoon scoop 3 spoons full of apple sauce into the plastic cup where 12 tablets are located. V25 then mixed apple sauce with 12 tablets went inside R61's room where V24 (Family of R61) was at the bedside. V25 then multiple times with plastic spoon scoop medication tablets with apple sauce inside R61's mouth. R61 was unable to tolerate swallowing. V24 told V25 that R61 medication needs to be crushed for R61 to tolerate swallowing. V25 replied that some medication of R61 cannot be crushed. R61 spit out two (2) tablets that fell on the bed. V25 put it on the cup and left the room while R61 was still swallowing those medications inside his mouth. V25 stated that the two (2) tablets were Vitamin C and Aspirin although tablets partially dissolved then threw it on sharp container. R61 currently has an order from physician to crush appropriate medication. V25 went to her medication cart in the hallway, threw two (2) tablets inside sharp container. V25 opened a package took out nebule of Albuterol 0.83 MG/ML Inhalation Solution. Went inside R61's room where V24 called her attention that R61 still spitting medication tablets. V24 picked up a tablet on the bed with her finger then put it back inside R61's mouth. V25 then went on the bedside of R61 that was leaning to the right both head and body. V25 took nebulizer mask connected with a tubing to a nebulizer machine. Turn nebulizing chamber counterclockwise to open poured liquid medicine inside the nebule and closed nebulizing chamber tuning clockwise. V25 placed nebulizer mask covering R61's mouth and nose while R61 was still in a leaning position to the right on both head and body. V25 turns on nebulizing machine for 15 minutes using her cell phone as a timer. About 8 minutes during nebulization mist cannot be seen going out of R61's mask although liquid medication is still visible inside nebulizing chamber. R61 was in the same position for the full duration of administration. V25 took nebulizer mask out of R61's face. Open nebulizing chamber poured liquid medicine on the sink and rinse it with water. V25 was made aware that there was a lot of medicine left in the nebulizing chamber because of R61's position. At around 10:05 AM V25 (Registered Nurse) administered two (2) units of insulin Humalog Lispro to R61 via subcutaneous injection did not perform blood sugar check stated that it was checked earlier with 200 results. On 01/14/2026 at 02:26 PM, V3 (Director of Nursing) stated that proper medication administration for the nurse not to leave resident until sure that resident received all their medicine. After nurses give medicine, residents will be asked to open their mouths to make sure they swallow all their medicines. V3 stated that during medication administration by nebulizer treatment, residents need to be semi-Fowler (laying on his/her back, head elevated) and needs to be vertical. On 01/15/2026 at 10:40 AM, V3 stated that medications that are scheduled to be given before meals need to be scheduled at 06:00 AM. And those medications that are scheduled with meals must align with breakfast time. V3 stated she will address with nurses why (continued on next page)</p>		

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

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>medication was given at around 10:00 AM not during breakfast. Reviews of R61's medications that were not given at the right time are as follows:Glimepiride 4 MG Oral Tablet - new order is for 5 MG and physician order instructed to be administered with meals. R61 has high blood sugar results on 01/10/2026, 01/12/2026 and 01/13/2026. Albuterol 0.83 MG/ML Inhalation Solution - nebule inside the medication not fully administered due to resident positioning, still medication left inside nebulizing chamber. Insulin lispro 100 UNT/ML Cartridge [Humalog] - physician order instructed to give with meals. Pantoprazole 40 MG Oral Granules - 1 tablet by mouth every day before breakfast was scheduled after breakfast scheduled at 09:00 AM. Per mealtime schedule breakfast comes at 07:45 AM. Administering Medications policy and procedure dated 12/2024 reads: Medications shall be administered in accordance with the orders and within the allowable time frame per best practice / regulatory guidelines (60 minutes before the due time and 60 minutes after the due time). Following this procedure will make Pantoprazole 40 MG earliest administration at 08:00 AM which is after mealtime breakfast schedule. Two unidentified tablets spit out by R61. Administering Oral Medications policy and procedure dated 12/2025: The purpose is to provide guidelines for the safe administration of oral medications. Proper procedure is to allow residents to swallow oral tablets or capsules at his or her comfortable pace. If resident cannot hold his or her own medications, place the cup near the lips and gently introduce each medication one at a time, followed by a sip of water. Do not rush the residents. Remain with the resident until all medications have been taken. Administering Medications Through a Small Volume - Handheld - Nebulizer dated 04/2025: Procedure on administering treatment instructs healthcare providers to place resident into semi-Fowler_position, keep nebulizer vertical during treatment and administer therapy or medicine until gone.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and store all drugs and biologicals in a safe and secure manner. This was true for 2 out of 4 medication carts and 1 out of 4 medication rooms reviewed for medication storage. Findings include: On 1/13/2026 at approximately 11:35 AM, a medication cart was outside of R52's room. R52's room door was closed. The nurse responsible for the medication cart was not present. The medication cart's lock was not engaged. Surveyor was able to open medication drawers. Surveyor also noted a set of keys with a blue spring keychain on top of the medication cart. On 1/13/26 at 11:39 AM, V7 (Nurse) exited out of R52's room. V7 stated [V7] was responsible for the medication cart. V7 stated the medication cart contains medications for 22 residents. V7 stated [V7] was applying a cream to R52 and needs to administer Tylenol. V7 grabbed the keys that were on top of the medication cart and placed them inside scrub pocket. V7 donned personal protective equipment, went back inside R52's room, and closed the door. V7 did not engage the medication cart's lock. On 1/13/26 at 11:46 AM, V7 exited R52's room. Surveyor reviewed V7's medication cart with V7. V7 stated only nurses should have access to medication carts. V7 stated the nurse assigned to the cart carries the specific keys associated with the cart. V7 verified it was the same keys with the blue spring keychain that were left on top of the cart unattended. On 1/13/26 at 11:58 AM, V7 escorted surveyor to the clean utility room inside the dementia, locked unit. V7 stated staff including CNAs (Certified Nursing Assistants) and unlicensed staff have access to the clean utility room. V7 stated only medications in the clean utility room are in the locked refrigerator. However, during observations, surveyor found an unlocked cabinet above the sink. Inside there were medications in individual packets. Medications included but were not limited to Losartan, Metoprolol Extended Release, Potassium Chloride, and Tylenol. There was also a small floral reusable bag with multiple medication bottles belonging to R144. There was a total of 15 medication bottles with medications including but not limited to Metoprolol, Tamsulosin, Gabapentin, and Eliquis. V7 did not know if R144 remained in the facility. V7 stated the pharmacy usually responds to requests for deliveries and pick-ups within 24 hours. V7 did not know why the medications were in the cabinet. At approximately 12:03 PM, V10 (Nurse) walked into the clean utility room. V10 stated R144 was no longer a resident of the facility. V10 did not know why the medications were in the cabinet. R144's Profile Face Sheet documents in part that R144 discharged from the facility on 1/16/2025. A wound cart was also in the clean utility room. The wound cart was unlocked. V7 and surveyor were able to open the drawers in the wound cart. There were multiple ointments and creams in the first drawer. V7 stated they are prescribed medicated creams and ointments for residents who have wounds. On 1/13/2026 at 1:57 PM, surveyor reviewed first floor 1A medication cart with V8 (Nurse). In the second drawer, there was an open vial of Lantus for R79. The discard date was for 1/08/2026. V8 stated all nurses are responsible for reviewing their medication carts with night nurses specifically responsible for taking out expired medications. In the second drawer, there was also a Humalog Kwipen for R145. It did not have an open date. The bag had a label that read refrigerate until opened. V8 reviewed R145's medication administration record. V8 stated R145 has a sliding scale with the insulin and has not needed it. V8 stated the medication should have been in the fridge if it was not opened. Facility's Storage and Labeling of Medications policy (last revised 11/2024) documents in part: The community shall store all drugs and biologicals in a safe, secure, and orderly manner appropriately. All drugs and biologicals will be stored in locked compartments (i.e. medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperature controls. Only authorized personnel will have access to the keys to locked compartments. During a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area/cart. All medications requiring refrigeration are (continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>stored in refrigerators located in the pharmacy and at each medication room. Temperatures are maintained within 36-46 degrees F. Unused Medications: The medication/treatment cart and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed in accordance with community/pharmacy processes.</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>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review the facility failed to ensure PPE (Personal Protective Equipment) was properly disposed of before the staff member exited one (R42) resident on EBP (Enhanced Barrier Precautions) room and failed to ensure PPE was donned when changing the linen for one (R69) resident on EBP. Findings Include: R42 has diagnosis not limited to Cellulitis of Right lower Limb, Lymphedema and Sepsis.R42's Physician's Orders document in part: Midline Insertion, Wound Care Right Knee and Wound Care Right Lower Leg. Enhanced Barrier Precautions, IV (Intravenous) therapy.R42's Care Plan document in part: Pressure Ulcers/Skin Prevention: R42 has right lower extremity cellulitis with open wounds to right lower extremity. Infection and IV's: R42 is on antibiotic therapy for cellulitis on bilateral lower extremities.On 01/13/26 at 11:35 AM V16 (Registered Nurse) exited R42's room with PPE (Personal Protective Equipment) on, doffed the PPE in the hallway, then put the PPE in a hamper located in the hallway. V16 stated R42 is on isolation for a wound. R42 is not COVID, just a precaution. EBP (Enhanced Barrier Precautions) is used for anything on the skin or urinary catheter, they are on barrier precautions. When Doffing PPE I take off the gloves then gown and throw it out. I remove the PPE when outside of the resident's room. The hamper in the hallway is the hamper for PPE. When going in a COVID room I remove all PPE outside of the resident's room. If you remove the PPE inside the room, you will get COVID. 2.) R69 has diagnosis not limited to Metabolic Encephalopathy, Dementia and Adult Failure to Thrive.R69's Physician Orders document in part: Wound Care Sacrum, Enhanced Barrier Precautions.R69's Care Plan document in part: Pressure Ulcer/Skin Prevention: R69 has impaired skin integrity related to Pressure ulcer in sacrum and left buttock excoriation.On 01/13/26 at 11:47 AM V17 (Certified Nursing Assistant/CNA) stated before entering an isolation or an Enhanced Barrier Precaution room, I don the PPE outside the door. Before exiting the resident's room, I remove and discard the gown and gloves inside the resident's room. I dispose the gown and gloves in the garbage inside the resident's room. The hampers in the hallway are the garbage and dirty linen. There is a garbage can inside the resident's room.On 01/13/26 at 11:50 AM V18 (CNA) was observed entering R69's room with linen. V18 did not don PPE, opened R69's door, entered the room then close the door. Surveyor knocked on then opened R69's door and observed V18 making R69's bed. Enhanced Barrier Precaution signage was observed posted on R69's door. V18 exited R69's room. Surveyor asked V18 what type of PPE should have been worn when changing R69's linen. V18 responded when a resident is on EBP a gown and glove should be worn when changing the linen. There is a potential you can be infected and if you come in contact with another resident's, you can give it to them.On 01/14/2026 at 12:15 PM V14 (Quality Director/Infection Preventionist) stated the procedures for donning PPE are hand hygiene, appropriate mask, face shield/goggles, a gown tie it, and the last thing is the gloves. During doffing the gloves are the first to be removed. The expectation before you go out of the resident's room you remove your gown and gloves. The face shield and N95 can be replaced outside the room, and you can do hand hygiene after exiting the room or at the handwash station inside the room. They are to discard the gown and gloves inside the resident's room to avoid cross contamination from outside everything is soiled and should be tied in a bag and placed in the trash bin. At the end of the shift gather all isolation trash, place it in the red bag and take it to the soiled utility room. He hampers in the hallway; one is for soiled linen and one for garbage. We encourage the staff to put the isolation garbage in a red bag and take it to the soiled utility room. EBP depends on medical devices and wounds. My expectation is to wear a gown and gloves for direct patient care, changing linen, assisting residents to the toilet, doing incontinence care, taking care of a urinary catheter or any indwelling medical device, doing wound dressing and taking care of an IV. We consider them as standard precautions. My expectation is to do hand hygiene, put on a gown and gloves as they enter into the resident room to do the care. The purpose for PPE is it protects the resident and staff member as a barrier for exposure to any bodily fluid. R42 has wounds on the legs with weeping and a history of venous stasis on right (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>leg. R69 has a wound stage 3 wound on the sacrum. It is on the EBP signage guidelines that V18 (Certified Nurse Assistant) should have put on a gown and gloves. Policy: Titled Infection Prevention and Control Program revised 06/25 document in part: Policy Statement: 4. The IPCP (Infection Prevention and Control Program) is designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Interpretation and Implementation: B. The objectives of our infection prevention and control policies and practices are to: 1. Prevent, detect, investigate, and control infections in the community; 2. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. Titled Standard and Transmission-Based Precautions revised 06/25 document in part: 4. PPE (Personal Protective Equipment) is removed and discarded other than respirators, upon completing a task before leaving the resident's room or care area. Healthcare personnel have access to and are trained and able to select, put on, remove, and dispose of PPE in a manner that protects themselves and the resident. Enhanced Barrier Precautions: B. Enhanced Barrier Precautions (EBP) are 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. D.3. Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (Multidrug resistant organisms) to staff hands and clothing. 4. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: e. Changing linens. Titled Procedure: Personal Protective Equipment revised 02/25 document in part: Objectives: A. To prevent the spread of infection. Equipment and Supplies, Donning and Doffing: A. Perform Hand Hygiene. B. [NAME] Gown. E. [NAME] Gloves. Doffing PPE: A. Remove Gloves. C. Remove Gown. E. Discard in Waste Container. F. Perform Hand Hygiene. When to use gloves: 9. When completing high contact activities for resident under Enhanced Barrier Precautions. Removing Gloves: D. Discard the gloves into a designated waste receptacle inside the room. Gowns: B. When gowns are used, they are used once and discarded into appropriate receptacles located in the room in which the procedure was performed. Miscellaneous: H. After completing the treatment or procedure, gowns must be discarded in the appropriate container located in the room. Removing the Gown: F. If the gown is disposable, discard it into the waste receptacle inside the room. Enhanced Barrier Precautions signage indicates everyone must: Clean their hands, including before entering and leaving the room. Providers and staff must also: Wear gloves and a gown for the following High-Contact resident care activities. Changing Linen.</p>		