

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145974	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Norwood Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 6016 North Nina 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to a.) provide adequate supervision and monitoring for fall risk residents and b.) follow their policy to ensure accident prevention measures were in place by not ensuring a dependable locking mechanism on a soiled utility room door. These failures affect R22, R34, R55, R60, R63, R67 and all residents residing on the second floor. Findings include: 1. On 07/22/2025 at 10:37AM, inside the solarium (identified as the fourth-floor dining room) R22, R34, R55, R60, R63, and R67 were observed sitting inside of the fourth-floor dining room unsupervised and unattended. R55, and R22 were sitting in wheelchairs. R34, R60, R63, and R67 were sitting in geriatric chairs. R63, R22, and R60 observed with seat pad alarms in their seats. On 07/22/2025 at 10:38AM, V7 (Registered Nurse/RN) walks inside of the dining room and administers medications to a resident and exits the dining room at 10:39AM leaving the residents unsupervised and unattended again. All six residents were unsupervised and unattended until 10:42AM, when two staff members (identified as V8/Life Enrichment Associate (LEA) and V9/LEA) entered the fourth-floor dining room to perform activities with the residents. On 07/22/2025 at 10:50AM, V6 (Restorative Nurse/Fall Coordinator) was located inside of the fourth-floor dining room and states all residents in the facility are at risks for falls including R22, R34, R55, R60, R63, and R67. V6 states the seat pad alarms are placed underneath the resident and alerts the staff if a resident has positional movement. V6 states seat pad alarms do not prevent a resident from falling but can help reduce the risk of a resident falling. V6 states he is in the process of updating the resident's fall risk assessments because they do not generate a fall risk score upon completion. V6 states he has been educating the staff on watching and monitoring the residents because this helps better meets the resident's needs. V6 states there should be someone in the dining room monitoring the residents at all times, especially residents who are at risk for falls. V6 states if there is no one monitoring the residents inside the dining room, then residents can potentially fall and injure themselves. On 07/22/2025 at 11:21AM, V7 (Registered Nurse/RN) states there is supposed to be someone inside of the dining room monitoring the residents at all times. V7 states the CNAs/certified nursing assistants are not assigned designated times to monitor the dining room. V7 states the CNAs take turns going in and out of the dining room to check on the residents. V7 states if a staff member is not located inside of the dining room to monitor residents, then the residents could potentially fall and sustain injuries. V7 states she is not sure why a staff member was not inside of the dining room monitoring the residents when she arrived in the dining room previously at 10:38AM. V7 states she did (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not assign any of the CNAs to monitor the dining room after she was made aware that fall risk residents were inside of the dining room unsupervised and unattended. Facility Policy dated 06/15/2024, titled Fall Protocol and Prevention documents in part, Standard: Residents will be free from falls and injury. Interventions: 4. Resident assessed at risk for falls will be monitored. 11. All departments are encouraged to assist in the prevention of accidents and falls. 2. On 7/23/25 at 1:45 PM, observed the soiled utility room door not locked/secured on floor 2. There was a five-button locking system on the door. Writer opened/accessed the room without utilizing a code to unlock the locking mechanism on the door. Located inside of the soiled utility room:-four sharps containers with visible syringes/needles, razors inside-a one-gallon bottle with liquid inside, with a label that read Disinfectant-a large rolling trash can/dumpster with bags of trash inside-a hopper with standing water-a toilet plunger-approximately nine glass vases-a smaller room with a door, with a sticker that read Bio-Hazard on the door. There was no lock on the door. Located inside of the smaller room inside of the soiled utility room:-approximately twelve red trash bins with labels on them that read Only for Isolation Trash-two filled sharps containers On 7/23/25 at 1:51 PM, V26 (Registered Nurse) stated this is he soiled utility room. It locks automatically usually. There is no door handle. Maybe with a door handle people can make sure it shuts. It has happened before where it does not lock all the way. We call maintenance to fix it. Maybe it sticks, malfunctions. Residents should not be in here. Isolation trash cans and filled sharps containers are stored here. We take the sharps containers off the medication carts when they fill up and store them in here. Housekeeping then disposes of the filled sharps containers. I assume the disinfectant is used to clean. There is potential harm to the residents to cut themselves with the glass vases if they become broken. There is potential harm to the residents if they drink the disinfectant. There is potential harm for the residents to get stuck and infected by the used needles and razors in the sharps containers. On 7/23/25 at 4:45 PM, V3 (Director of Nursing) stated the soiled utility room should be closed. Stored in the room are waste products, biohazard/infectious material, sharps containers with sharps in them that are for disposal. The room should not be accessible to the residents. The door should be kept always locked. There is a risk for potential harm depending on the type of resident. If they are alert and strong enough to open the bottle. The second floor has mostly confused residents. Residents in wheelchairs that are able to propel themselves. Residents that need assistance. The residents in wheelchairs can go anywhere, any room on the unit if they can propel themselves. There is potential for the residents to be injured by the items in the soiled utility room. They could get stuck by used needles. We have a sufficient number of nurses and CNAs (Certified Nursing Assistants) to get the needs of the residents met. We have adequate staffing. We do nursing and CNA competencies, online lessons. We do in-services including infection control, procedures. Facility policy Biohazards, 6/2024, documents in part: Standard: To protect residents, staff, and visitors from exposure to biohazardous materials and ensure compliance. Facility policy Accident Prevention, 1/2025, documents in part: Standard: Ensure the safety and wellbeing of residents, staff and visitors by minimizing risks of accidents. Facility ensures accident prevention measures are in place (i.e. clutter free hallways, available handrails, proper lighting, equipment inspections, etc) Facility Sharps Policy, 11/15/24, documents in part: Standard: To establish protocols for the safe (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	handling, disposal, and prevention of injuries from sharps (e.g. needles) in order to protect residents, staff, and visitors from exposure to bloodborne pathogens.		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, facility failed to provide medication in compliance with standards of professional practice for five residents (R19, R32, R39, R58, R77) out of 7 residents reviewed for medication administration in a sample of 24 residents. Findings include: On 07/22/2025 at 10:11AM, V4 (registered nurse) during medication administration, V4 had 5 residents (R19, R32, R39, R58, R77) that did not receive their scheduled 9:00 AM medications. Per the standards of professional practice, scheduled medications may be administered one hour before or one hour after of the medication schedule and are considered late when given more than an hour past the scheduled time. On 07/24/2025 at 10:12 AM, V4 (registered nurse) stated, I have 5 residents remaining to administer medications to. Per the standards of practice, you have one hour before the scheduled time and an hour after the scheduled time to pass the medications. Anything after one hour past the scheduled medication time is considered late, so the 5 residents are going to receive their medications late. Sometimes residents ask for things, and I assist them, which is why I am late with the medications administration. On 07/22/2025 at 11:10 AM, V3 (director of nursing) stated, The expectation is that medications are to be passed on time. The window for medication administration is for it to be passed an hour before and an hour after. Anything given more than an hour past the scheduled time is considered late. Typically, the medications are passed on time. It depends what the situation is why the nurses could not pass the medications on time, but the expectation is that medications are to be given on time. R19's Face Sheet documents resident is a [AGE] year-old with diagnoses including but not limited to: Dementia with other behavioral disturbance, hyperlipidemia, generalized anxiety disorder, urinary tract infection. Care plan (dated 05/09/2025) documents that R19 uses psychotropic medication (Seroquel) due to a diagnosis of dementia and psychosis. R19's scheduled 9:00 AM Medication as per the physician orders are: Aspirin 81mg Extended-Release tablet; 1 tablet. Azelastine HCL Nasal Solution 137 MCG/Spray; 1 spray in both nostrils. Cephalixin Oral Capsule 500mg, 1 capsule. Namenda Tablet 5mg; 1 tablet. R32's Face Sheet documents resident is a [AGE] year-old with diagnoses including but not limited to: Atrial fibrillation, nonrheumatic aortic valve disorder, dementia, unspecified severity, without behavioral disturbance, psychotic disturbance. Care plan (dated 06/19/2025) documents that R32 has impaired cognitive function/dementia or impaired thought processes impaired decision-making, long-term memory loss, and short-term memory loss. R32's scheduled 9:00 AM Medication as per the physician orders are: Eliquis Tablet 2.5mg; 1 tablet. Lasix Oral Tablet 20mg; 1 tablet. R39's Face Sheet documents resident is a [AGE] year-old with diagnoses including but not limited to: Atrial fibrillation, insomnia, essential (primary) hypertension, muscle weakness (generalized), lack of coordination. Care plan (dated 06/27/2025) documents that R39 at risk for FALLs d/t impaired mobility, Deconditioning, Gait/balance problems, Incontinence, Psychoactive drug use, and diagnoses of A-Fib, dementia, and insomnia. R39's scheduled 9:00 AM Medication as per the physician orders are: Eliquis Tablet 2.5mg; 1 tablet. Ferrous Sulfate 325mg tablet; 1 tablet. R58's Face Sheet documents resident is a [AGE] year-old with diagnoses including but not limited to: Sequelae of unspecified cerebrovascular disease, pneumonia, unspecified organism, acute upper respiratory infection, malignant neoplasm of unspecified site of left female breast. Care plan (dated 05/28/2025) documents that R58 is on anticoagulant medication (Apixaban) due to atrial fibrillation. R58's scheduled 9:00 AM Medication as per the physician orders are: buspirone HCL 5mg oral tablet; 1 tablet. Clopidogrel Bisulfate 75mg tablet; 1 tablet. Gabapentin 300mg oral tablet; 1 tablet. Hydralazine 100mg oral tablet; 1 tablet. R77's Face Sheet documents resident is a [AGE] year-old with diagnoses including but not limited to: Metabolic encephalopathy, type 2 diabetes mellitus with other specified complication, chronic systolic heart failure, osteo-arthritis. Care plan (dated 07/18/2025) documents that R77 resident uses antidepressant (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medication (Sertraline 100mg) depression. R77's scheduled 9:00 AM Medication as per the physician orders are:Jardiance oral tablet 10 MG, 1 tablet.metformin HCl oral tablet 1000 MG; 1 tablet. Nifedipine ER oral tablet extended release 90 MG; 1 tablet. Potassium Chloride ER 20 MEQ. oral tablet; 1 tablet.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow standards of practice by failing to label medications when opened; and (b) failing to label medications with an expiration date and (c) dispose of expired medical supplies. This failure affects residents receiving medications from the second and third floor medication cart. Finding Include: On [DATE] at 10:43 AM, during a certification and licensure survey, the surveyor audited the 2nd floor odd side Medication Cart with V26 (registered nurse). The surveyor found: a bottle of R17's Humalog insulin vial with an open date of [DATE] and no marked date when the medication expires; a bottle of Gas Relief (Simethicone) 100 chewable tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of Vitamin B-12 1000mcg (micrograms) 130 tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of Vitamin D 50mcg 100 tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of Ibuprofen 200mg (milligrams) 100 tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of Melatonin 1mg 90 tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of Acetaminophen 325mg 100 tablets with no marked date when the medication was opened and no marked date of when the medication expires. On [DATE] at 11:49 AM, during a certification and licensure survey, the surveyor audited the 2nd floor even side Medication Cart with V4 (registered nurse). The surveyor found: a bottle of Zinc 50mg 100 tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of Vitamin D 25mcg 100 tablets with no marked date when the medication was opened and no marked date of when the medication expires; a bottle of B-12 500mcg 100 tablets with no marked date when the medication was opened and no marked date of when the medication expires; R80's Novolin Insulin 70-30 3ml flex pen with no marked date when the medication was opened and no marked date of when the medication expires. On [DATE] at 12:20 PM, surveyor inspected the 2nd floor medication storage room. Surveyor found: 6 Medical Protective IV (intravenous) Safety Catheters that were labeled with an expiration date of 11-29-2021 and were not discarded. On [DATE] at 10:49 AM, during a certification and licensure survey, the surveyor audited the 3rd floor odd side Medication Cart with V17 (registered nurse). The surveyor found: R53's Novolin 70/30 flex pen marked with an open date of [DATE] and no marked expiration date; R102's Lantus insulin 100 units/ml 10 ml vial marked with an open date of [DATE] and not marked with the expiration date; R102's Insulin Lispro 100 unit/ml marked with an open date of [DATE] and not marked with an expiration date; R5's Lantus 100 units/ ml 10 ml vial marked with an open date of [DATE] and not marked with an expiration date. On [DATE] at 11:39 AM, surveyor inspected the 3rd floor medication storage room. Surveyor found: 8 Female Luer Lock Caps marked with an expiration date of [DATE] and not discarded; 1 Secondary Medication Set IV tubing 10 drops/ml marked with an expiration date of 02/2025 and not discarded. On [DATE] at 1:10 PM, V3 (director of nursing) stated, Insulin must be labeled with the date it was open and the date the insulin expires. I will check our policy for labeling for over-the-counter minerals and vitamins and I will check if it should be labeled with an open date and an expiration date. I know all the liquid medications should be labeled with an open date. I will check the policy to see if all the medications bottles should be labeled with the open and expiration dates. Expired syringes and supplies should be discarded. At 1:53 PM V3 stated, The policy is that we follow the expiration dates that are labeled on the bottles by the manufacturer. We don't label the over-the-counter medication bottles with the date the medications were opened. Medication Storage Policy (revised 04/2024) documents in part: If the facility has discontinued, outdated or deteriorated (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to practice infection control and prevention and ensure the appropriate personal protective equipment (PPE) was worn by staff caring for a resident on enhanced barrier precautions. This failure affects one (R6) reviewed for infection control on the sample of 24. Findings include: On 07/22/2025 at 1:20PM, surveyor located on the fourth floor of the facility and observes a sign posted on R6's door that reads in part Enhanced Barrier Precautions Everyone Must: clean their hands, including before entering and when leaving the room. Providers and Staff must also: wear gloves and gown for the following High-Contact Resident Care Activities. Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, changing briefs or assisting with toileting. Do not wear the same gown and gloves for the care of more than one person. On 07/22/2025 at 1:21PM, V14 (Certified Nursing Assistant/CNA) observed inside of R6's room providing incontinence care and changing R6's diaper. V14 is observed without a gown on and wearing gloves. Surveyor inquires to V14 about the appropriate PPE that should be worn while providing care for R6. V14 states he forgot to put a gown on because he got so busy. V14 observed picking R6's soiled diaper up from the floor while wearing gloves. V14 states he placed a clean gown inside the resident's clean linen cart to use for himself. V14 observed throwing R6's soiled diaper in the trash and walking outside R6's room door and retrieving a clean gown from the resident's clean linen cart wearing the same soiled gloves he used to throw R6's diaper in the trash. Surveyor inquires to V14 about hand hygiene and the appropriate infection control protocol when handling clean and soiled items. V14 states he did not touch any other clean items on the clean linen cart while wearing the soiled gloves. V14 then states there is a potential for cross contamination if he does not wear the appropriate PPE and practice infection prevention protocols. Facility policy dated 04/30/2025 titled Infection Control documents in part, Standard: The facility will establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure ADL (Activities of Daily Living) care was provided for dependent residents who required assistance with bladder and bowel incontinence for one of one resident (R56) reviewed for ADL care in the sample of 24. Findings include:R56's face sheet documents resident is an [AGE] year-old admitted to the facility with diagnoses including but not limited to: Acute Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, Need for Assistance with Personal Care, Lack of Coordination, and Muscle Weakness.R56's MDS (Minimum Data Set, 7.16.2025) documents a BIMS (Brief Interview for Mental Status) of 15 denoting R56 is cognitively intact. R56's MDS documents a functional status of 1 for toileting hygiene/toilet transfer denoting R56 is dependent-helper does ALL of the effort. Resident does not complete the activity. The assistance of 2 or more helpers is required for the resident to complete the activity.R56 ?s bowel and bladder incontinence care plan (initiated/revised 2.20.24) documents in part, INCONTINENT: Check the resident every 2-3 hours for incontinence and assist with toileting if needed.On 7/22/2025 at 10:50 AM, R56 was observed awake, alert sitting up in bed. R56 said, I am okay, I can be better. I feel that there is a lack of communication around here. I let them know that I want to get up and get dressed. I have a doctor's appointment that I have to be at. They said they would come back at 10:00 AM. Surveyor offered to activate R56's call light. R56 said, I don't know, I might be wet by now. I just want to get up and get dressed and ready for my doctor's appointment. I don't want to get anyone in trouble, I don't want to be a tattle tale. I already called them; they know I have a doctor's appointment.On 7/22/2025 at 11:20 AM, V5 (Registry Certified Nursing Assistant) entered R56's room. V5 said she was going to change R56, she has an appointment today. A blue stripe was noted down the front of R56's brief. V5 said that means she's wet. R56 brief was saturated with urine in the front and the back. The incontinent pad was wet with urine. V5 said, I checked R56 at 7:00 AM, she was dry. This is the first time I'm changing her.On 7/23/2025 at 4:39 PM, V3 (Director of Nursing) said, the importance of prompt incontinence care is to maintain skin integrity and to ensure the resident is kept clean and dry. V3 said some residents should be checked more frequently than others, residents with heavy incontinence should be checked at least every two hours.		

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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 observation, interview and record review, the facility failed to provide 1:1 feeding assistance in a timely manner for one (R2) resident out of seven residents in a total sample of 24. Findings include: On 07/23/2025 at 12:31 PM, R2 lying in bed, awake, head of the bed slightly elevated. R2 stated in Spanish si, yes, when asked if he wanted to eat. When asked in Spanish if he ate, R2 stated no. R2's meal contents on the food tray is untouched, uneaten, and was sitting at R2's overhead bedside table. On 07/23/2025 at 12:40 PM, V22 (Certified Nursing Assistant/orientee) sitting on a chair, touching screen on the wall. On 07/23/2025 at 12:43 PM, R2's food tray is still untouched, uneaten sitting at R2's overhead bedside table. On 07/23/2025 at 12:46 PM, V20 (Certified Nursing Assistant) walked into R2's room. V20 stated that she will be changing R2's incontinence brief at this time and after will provide feeding assistance to R2. V20 stated that V20 was feeding another resident prior to attending to R2. V20 stated I don't know what time lunch is but probably at 12:00 PM. V20 stated that she placed R2's lunch tray in R2's room. V20 stated that R2 should not have waited that long for lunch. V20 stated I am from agency, I thought someone would have fed him by now, because yesterday someone did. V20 stated that she didn't ask any staff to assist V20 in feeding R2. V20 stated that she did feed R2 breakfast this morning but cannot recall at what time V20 fed R2. On 07/23/2025 at 12:51 PM, V21 (Registered Nurse) stated that she is surprised that no one else fed R2. V21 stated residents' lunch time is at 12:00 PM. V21 stated R2 should eat when lunch arrives despite R2 being a feeder. V21 stated that when V21 returned from her break between 12:15 PM-12:20 PM, V21 conducted rounds and did observe R2's lunch tray on R2's overhead bedside table. V21 stated but I was not made aware that he needed to be fed if not I would ask someone to assist R2 with his meal. V21 stated that the time she was making rounds, V21 noticed that staff were collecting trays. V21 stated that there are no issues with staffing because they are fully staffed. On 07/23/25 at 12:55 PM, V11 (Assistant Director of Nursing) stated we can all help feed a resident. That is not allowed to have someone waiting that long. V11 stated that if she would try to feed a resident, V11 would go in and ask the resident if they are hungry and in the event the resident is confused, V11 stated that she would physically try to feed the resident. V11 stated that this surveyor can speak to this floor's manager, V23 (Registered Nurse). On 07/23/25 at 1:07 PM, V23 (Registered Nurse) stated that the assigned CNA (certified nursing assistant) will ask for help if the CNA can't keep up with the time, she will need to ask for help from another CNA. R2's current face sheet documents that R2 is a [AGE] year-old individual with diagnoses not limited to: need for assistance with personal care, unspecified dementia, unspecified severe protein-calorie malnutrition, pressure-induced deep tissue damage of sacral region. R2's current care plan documents in part R2 is at risk for compromise in nutrition/hydration status. Interventions documents in part provide 1:1 feeding assistance. R2's active physician order set documents in part regular diet, pureed texture, nectar consistency, double portion; 1:1 feeding assist with order date 06/11/2025. Nursing assignment sheet dated 07/23/25 documents that R2 requires meal assistance. Facility document not dated, titled dining room mealtimes documents that lunch time is at 11:45 AM. Facility document not dated titled resident rights for people in long-term care facilities documents in part your rights to dignity and respect. Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145974	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Norwood Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 6016 North Nina 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review the facility failed to ensure a pressure relieving device was functioning properly for one (R20) who is at risk for pressure ulcers out of seven residents in a total sample of 24. Findings include: On 07/22/2025 at 11:39 AM, R20 lying in bed, wearing a hospital gown, asleep, and in no apparent distress. R20's bed with an air loss mattress and the machine pump (electronic controller). The display screen on the pump (electronic controller) is dark, no items displayed, and no sound heard from the air mattress pump noted. R20's mattress appeared/felt slightly flat and lumpy. The air mattress pump (electronic controller) model noted. On 07/22/2025 at 11:47 AM, V15 (Infection Prevention) pressed the lock button, on and off button on the air mattress pump (electronic controller) but nothing appeared on the screen. V15 stated the pump should be on, it is probably locked. Let me go get the person in charge of handling the mattress pump. On 07/22/2025 at 11:51 AM, V6 (Restorative Nurse/Fall Coordinator) pressed a lot of the buttons on the air mattress's pump and the screen did not appear on. V6 plugged in a hose/tube from the pump (electronic controller) tighter. V6 stated I just pulled it out and pressed it back in, and as you can see it is inflated up. The electronic controller's screen displayed a light, air loss mattress settings, and able to hear sound coming from the pump (electronic controller). V6 stated that R20 does not have any pressure sores. V6 stated that the importance of a functioning air loss mattress is to assist in prevention of wounds, and some are ordered to assist in helping wound healing. V6 stated that the purpose of this alternating low air loss mattress is to change and distribute the area based on the weight distribution. Facility document provided dated 07/22/2025, documents in part, the low air loss alternating pressure mattress is not designed to stay inflated indefinitely during a power outage. If the power goes, the pump will stop functioning, and the mattress will gradually deflate. The mattress is designed with a foam base that provides cushioning and support, but it will not maintain its full inflation without power. R20's current care plan documents in part R20 is at risk for pressure ulcer/skin breakdown d/t (due to) impaired mobility, right pelvic fracture, and incontinence. Intervention notes air mattress. R20's active physician order set documents in part air mattress dated 02/17/2023. R20's air mattress manufacturer manual documents in part controller is inoperable. May be caused by a power surge substantial enough to overload the internal circuitry. May be caused by other internal damage/failure. Patient is uncomfortable or mattress feels lumpy. May be caused by excess or insufficient pressure. Solution notes make sure controller is plugged in and turned on, i.e.: LED (light-emitting diode) is on and solid green.		