

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145995	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2025
NAME OF PROVIDER OR SUPPLIER Archer Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 4437 South Cicero Chicago, IL 60632	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the community shower room on the third floor was maintained in good repair and sanitary manner. This failure has the potential to affect all 52 residents on the third floor.</p> <p>Findings include:</p> <p>On 2/10/25 at 10:00am after the entrance conference, V1(Administrator) presented the census that shows the third floor has 52 residents.</p> <p>On 2/10/25 at 10:15am with V3(LPN/Licensed Practical Nurse), the following were observed in the third-floor community shower room:</p> <p>The toilet bowl had visible brown stains and stains in a ring form in the toilet bowl; the toilet water tank and water tank cover had visible accumulated dust that showed that the toilet had not been cleaned for several days; the third shower stall shower faucet was broken and not functional. V3 stated, I will call housekeeping and maintenance to come. Inquired from V3 if there is a maintenance logbook where the issues could be documented. V3 stated they use a scanner which will ask a few questions before you can do the documentation, but that it is faster to just call them. V3 stated this is the only community shower room for the third floor.</p> <p>On 2/10/25 at 11:40am, V11(Housekeeper) was seen cleaning rooms on the second floor. V11 stated that he was assigned to the second floor for the day and was not sure who was assigned to the third floor.</p> <p>On 2/10/25 at 11:55am, V12 (Housekeeping Director) stated, I'm in the process of making sure that every floor it's covered and all housekeeping the deficiencies will be corrected. I just hired 2 housekeepers and they are doing the employment paperwork, and everything will be corrected. We have some challenge with the second and third floors. We are supposed to have one housekeeper on every floor.</p> <p>Facility's policy titled Housekeeping Guidelines states in part: Purpose -To provide guidelines to maintain a safe and sanitary environment for residents, facility staff, and visitors. #6 states: Housekeeping personnel shall adhere to daily cleaning assignments developed to maintain the facility in a clean and orderly manner.</p> <p>(continued on next page)</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Under Main Duties, the policy states: Clean windows/mirrors in resident rooms, recreational areas, bathrooms, and entrance/exit ways.</p>