STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146062	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Home Hispanic Elderly	1401 North California Chicago, IL 60622

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review the facility failed to have sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care in accordance with the facility assessment. This failure places all 118 residents in the facility at risk to be provided with inappropriate care and services.Findings include:On 01/20/2026 at 1:08 PM, V11 (Licensed Practical Nurse) stated that she is the assigned nurse for the whole third floor and there are 37 residents. V11 stated that she does not feel comfortable taking care of this many residents because it gets overwhelming. V11 stated I am late on medications all the time. There is no way to do blood pressure checks, blood sugars, administer due medications and assess the residents effectively within a two-hour window. V11 denied that management helps. This surveyor asked V11 which resident has she given medication late to? V11 stated R114. On 01/22/2026 At 9:36 AM, V19 (Staffing Coordinator) I try staffing two nurses per floor and there are three floors. V19 stated that today there is one nurse working on the third floor because they were not able to get another nurse to come in. V19 denied that any staff are complaining that they are short-staffed. V19 stated that she will provide surveyor with the requested nursing daily assignments with the names of the nurses that did work that day. On 01/22/2026 at 1:48 PM, V2 (Director of Nursing) stated we are never short-staffed. We always have a nurse. We are supposed to have only one nurse. We staff two nurses to give the nurses more support to be able to provide care to the residents. When we provide one nurse, we are at adequate staff. I will provide two nurses, so they are able to provide more of a better care such as TLC (tender, love, and care). V2 stated I am not saying that one nurse is not able to provide that care. V2 stated that she is not aware that residents are receiving their medications late. V2 stated I do medication review audits which includes checking to see if the medication administration was recorded the prior day. V2 stated that she checks the time the medication was given more than once a month. V2 denied that any nurses have brought up staffing concerns. V2 stated in general if a facility is short-staffed; medication administration can be late, you are not able to give the resident the extra care that you would be able to give if you were not short-staffed.R114's Medication Admin Audit Report dated 01/20/2026 documents in part Cyclobenzaprine HCl Oral Tablet 5 MG (Cyclobenzaprine HCl) Give 1 tablet by mouth three times a day for muscle spasm was due at 8:00 AM but was administered at 12:00 PM.R114's Medication Admin Audit Report dated 1/20/2026 documents in part metFORMIN HCl Oral Tablet 500 MG (Metformin HCl) Give 500 mg by mouth two times a day related to type 2 diabetes mellitus with unspecified complications was due at 08:00 AM but was administered at 12:03 PM.R114's Medication Admin Audit Report dated 01/20/2026 documents in part Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide-Formoterol Fumarate Dihydrate) 2 puff inhale orally two times a day related to chronic respiratory failure with hypoxia was due at 8:00 AM but was administered at 12:03 PM.R114's care plan documents in part R114 has diabetes mellitus. Interventions document in part diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness.Facility document dated 1/22/2026 documents in part census 122.Facility's nursing (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	daily staffing sheet dated 1/22/2026 documents in part one nurse for the 2nd floor and one nurse for the 3rd floor.Facility document dated 12/27/2025 documents in part census 118.Facility's nursing daily staffing sheet dated 12/27/2025 documents in part one nurse for the 2nd floor and one nurse for the 3rd floor.Facility document dated 12/22/2025 documents in part census 120.Facility's nursing daily staffing sheet dated 12/22/2025 documents in part one nurse worked on the 1st floor, one nurse on the 2nd floor, and one nurse on the 3rd floor during morning shift.Facility document dated 11/16/2025 documents in part census 115.Facility's nursing daily staffing sheet dated 11/16/2025 documents in part one nurse worked on the 1st floor, one nurse on the 2nd floor, and one nurse on the 3rd floor during morning shift.Facility document dated 11/15/2025 documents in part census 115.Facility's nursing daily staffing sheet dated 11/15/2025 documents in part one nurse worked on the 1st floor, one nurse on the 2nd floor, and one nurse on the 3rd floor during morning shift.Facility document dated 1/20/2026 documents in part resident listing report, 118 residents.Facility document dated 01/20/2026 titled facility assessment tool documents in part the average census for 2025 was 116. Current Census 118 residents as 1/20/2026. Staffing plan. Total number of Licensed Nurses staffed per shift on average: 6 per days, 6 evenings and 3 nights excluding treatment nurse, staffing but agencies if needed. Individual staff assignments will be based on the individual resident needs, preferences and acuity of care provided, and will be re-evaluated and adjusted accordingly to meet these needs. In general, the most independent clients reside on the first and third floors, with the highest acuity of care clients residing on the second floor. Additionally the clients of the third floor typically have greater behavioral symptom management than the clients of the first floor.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to follow their policies by a) not ensuring all food items in the kitchen were labeled/dated and b) not following manufacturer instructions to use the three-compartment sink. This failure has the potential to effect 113 residents that eat food from the kitchen.Findings include:1/20/26 at 9:36 AM, conducted initial kitchen tour with V23 (Head Cook). Observed one bag of diced turkey ham in freezer #3 with no label/date.1/21/26 at 1:47 PM, Observed V24 (Cook) prepare puree meal. Observed V24 cleanse the utensils, blender container, blade, top and spatula, in the three-compartment sink. Observed the middle rinse compartment with no water filled in it. V24 rinsed the utensils with running water from the faucet. V24 did not allow the utensils to remain submerged in the sanitizer for the manufacturer suggested time. V24 did not allow the utensils to air dry before reusing them for the next puree dish.Observed labeling on front of three-Compartment sink reading WASH WATER LINE, RINSE WATER LINE, SANITIZE WATER LINE indicating the water fill line/level for each compartment.1/22/26 at 12:23 PM, V23 (Head Cook) stated items should be labeled to know when the item needs to be discarded. Residents should not be served expired foods because they could get sick. The food could be messed up. I don't eat expired foods. I prepare puree meals. I wash the blender cup with soap, rinse with water and sanitize it in the 3-compartment sink. I also put it in the dishwasher. The first compartment, wash, is filled with water and soap. The second compartment, rinse, is filled with clean water. The third compartment, sanitize, has the sanitizer and water. All three compartments should be filled to the fill-line. Items are supposed to submersed in the water, not run under the tap. The items should be left in the sanitizer for at least 50 seconds. The amount of time for the chemical to sanitize. The items need to completely dry before reusing them. 1/22/26 at 2:03 PM, V8 (Dietary Supervisor) stated the bag of diced turkey ham should have been labeled upon entry. In the 3-compartment sink all three sections should be filled with water to the level point/water-fill line. Submerging is a more thorough process than just rinsing under the tap. Items should be submerged in the sanitize section for approximately 60 seconds to allow the sanitizer to be effective. Items should sit until completely dry because water is transient for bacteria. 1/22/26 at 4:20 PM, V1 (Administrator) stated food items in the kitchen should be labeled/dated so it is known when to discard them. Kitchen utensils should be washed and sanitized properly according to manufacturer instructions.1/20/26, Facility census was 118 with five residents NPO (nothing by mouth). Facility policy Labeling and Dating Foods, 2017, documents in part: Refrigerated food prepared in the healthcare community is labeled with the date to discard or to use by.Facility policy Manual Sanitizing in Three-Compartment Sink, 2017, reads: Manufacturer's instructions on the wall poster above the three-compartment sink are followed. Utensils and equipment are air-dried.The wall poster above the three-compartment sink, Procedures for 3 Compartment Sinks, no date, documents in part: Fill WASH and RINSE sinks with hot water. Immerse utensils in RINSE SINK filled with clear, hot water. Immerse utensils in SANITIZER SINK for a full minute. Remove utensils from SANITIZER sink. Invert to drain. Let them air dry, do not wipe.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and record review, the facility failed to follow their policy by not properly maintaining their dumpster area. This failure has the potential to effect all residents residing in the facility.Findings include:1/20/26 at 10:30 AM, Observed facility dumpster area. Observed one dumpster that was not covered by the lid. Observed two dumpsters that were overfilled with trash bags to where the lids could not close properly. Observed multiple latex gloves on the ground.1/22/26 at 12:23 PM, V23 (Head Cook) stated the dumpsters were full and not covered. The dumpsters should be covered because of mice, rats, dogs could be attracted to the area around the facility. There should not be trash on the ground around the dumpsters.1/22/26 at 2:03 PM, V8 (Dietary Supervisor) stated the kitchen disperses to the dumpsters. The lids should be closed even if the trash is overflowing. It is a community hazard. They should be covered to contain debris. If left open, it could attract rodents, bugs with the potential to pass germs.1/22/26 at 3:57 PM, V26 (Maintenance Director) stated dumpsters should not be overflowing so no mice, animals will come. The dumpster lids have to be closed at all times for mice, animals. The area around the dumpsters should be clean.Facility policy Waste Management, 5/25, reads in part: 4. Trash containers will be emptied when full but at least at the end of each shift. Plastic liners shall be tied and placed in outside dumpster, and dumpster lid kept closed. 5. Maintenance and Housekeeping personnel shall assure the dumpster area is kept clean and all trash bags are inside the dumpster, and dumpster lids closed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to review and update policies and procedures related to infection control prevention and failed to follow the facility policy for maintaining clothes and linen free off contamination in the laundry area. These failures have the potential to affect 118 residents living in the facility.Findings include:On 01/21/2026 V3 (Infection Control Preventionist) presented policies and procedures related to infection control and prevention that were not reviewed annually based on the dates that were written in the documents. General Infection Control Policy review date 12/2023Coronavirus (Covid-19) Policy review date 12/07/2023Antibiotic Stewardship Policy 05/2018Linen Storage and Transport Policy dated 07/2014Linen and Laundry Policy 03/2014Linen Handling Policy dated 11/2014On 01/21/2026 at 11:29 AM, V3 (Infection Control Preventionist) after review of facility's policies and procedures. V3 stated that policies and procedures are reviewed when they change. New infection control policies and procedures are sent by nursing director, consultant or corporate. Nursing consultant sends us the policy letting us know that it changes. V3 stated that she understands the need to review infection control policies and procedures at least annually. V3 said, I can see what you mean, policy changes often that it needs to be reviewed.On 01/21/2026 at 01:10 PM, laundry room was reviewed with V18 (Housekeeping Director) at the area where washing machines are located. V18 stated that all clothes and linens are being washed by facility's washing machines. A large fan was seen attached to the wall visibly with accumulation of dust and debris. V18 stated that she does not know how to turn it off. V18 stated, Even when it's on, I can see it needs cleaning. V18 stated that clothes and linen that are washed by these washing machines are still wet and need to be dry. That can attract dust coming from the fan. At the clean linen area, a table was seen full of linens with a portable fan (color orange and black) that was on directed to the linens. V18 stated that these linens are clean, and the table is used to fold clean linens. V18 stated, Yes, I can see that it is dirty. V18 stated that she will ask both fans to be cleaned.On 01/21/2026 at 1:28 PM, V26 (Maintenance Director) at maintenance office. V26 was asked about the water management program. V26 stated that water temperature needs to be checked Monday to Friday every week. V26 was asked to present log for current week that includes 01/19/2026, 01/20/2026 and 01/21/2026. V26 could not present any log stated that V27 (Assistant Maintenance Director) takes the water temperature. V26, after about 10 minutes presented a printout document with water temperature records for 01/19/2026, 01/20/2026 and 01/21/2026. V26 stated that V27 is currently out of the country for vacation, V27 brought water temperature log home and needed to call his wife because he left it in the car.Facility presented Water Management Plan dated 08/04/2021 that reads: This Water Management Plan expires on 08/01/2022 which was more than three (3) years ago.Housekeeping guidelines dated 07/2014: Purpose is to provide guidelines to maintain a safe and sanitary environment for residents, facility staff and visitors. Housekeeping equipment should be kept clean and in good repair. Daily cleaning will be responsibility of the user. Linen and Laundry Policy dated 03/14: The purpose of the policy is to prevent further spread of microorganisms in the environment. Linen Handling Policy dated 11/2014: To ensure proper handling of soiled and clean linen and personal laundry prevent spread of microorganisms. Clean linen shall be stored in such a manner to prevent contamination. Per General Infection Control Policy dated 12/23: On environmental cleaning / disinfecting, a clean environment will minimize the presence and subsequent transmission of microorganisms. Regular cleaning activities using effective products and techniques are an important component of infection prevention and control. A regular schedule for periodic environmental cleaning shall be established minimal daily and as often as possible.

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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 review of records and interview the facility failed to follow infection control policies on offering vaccination for 4 out of 5 residents (R20, R90, R123, and R129) for a total sample of 24 residents reviewed for immunization, failed to include all facility staff in screening for Covid-19 vaccination, and failed to follow policy in offering Covid-19 vaccination to facility staff. Findings include:Resident records related to immunization reports are as follows:R20 does not have documentation of any vaccination.R90 documents receiving Mantoux skin test for TB (Tuberculosis), no Covid-19 vaccination recorded.R123 documents receiving Mantoux skin test for TB (Tuberculosis), no Covid-19 vaccination recorded.R129 documents receiving Mantoux skin test for TB (Tuberculosis), no Covid-19 vaccination recorded.On 01/21/2026 at 11:29 AM, V3 (Infection Control Preventionist) stated that there is no documentation that vaccination was offered. Any vaccination received by residents are documented in immunization report. V3 stated that she is still in the process of including R20, R90, R123 and R129 for flu, pneumococcal and Covid-19 vaccinations. Flu, pneumococcal and Covid-19 vaccinations should be offered upon admission. It is part of infection prevention that could benefit residents. V3 stated that she doesn't deal with staff Covid-19 vaccination screening. According to V3, HR (Human Resources) is in charge of Covid-19 screening for staff.On 01/22/2026 at 10:57 AM, V25 (Human Resources) presented document titled Covid-19 Staff Vaccination Status for Providers stated that document includes all staff Covid-19 vaccination status. V25 stated that for facility staff that does not have Covid-19 vaccination and would like to receive Covid-19 vaccine facility does not offer vaccination. V25 said, unfortunately, we don't offer (Covid-19 vaccines) that.Review of Covid-19 Staff Vaccination Status for Providers and List of all Active Employes documents show that there are fourteen (14) facility staff not included in Covid-19 Staff Vaccination Status for Providers screening. Facility staff are not included are as follows: Nine (9) Certified Nursing Assistants, one (1) Registered Nurse, one (1) Licensed Practical Nurse, one (1) Escort, one (1) Laundry Aide and one (1) Dietary [NAME] not listed as screened for Covid-19. Out of fourteen (14) facility staff, eleven (11) facility staff perform direct care to residents. One (1) facility staff (LPN) performing direct care to residents was not offered Covid-19 booster dose.Immunization Program Policy and Procedure dated 03/2025: the purpose is to eliminate or minimize the risk to residents who have been targeted as priority groups that are most vulnerable to influenza, pneumonia and other preventable diseases. It is the policy of this facility to provide for Immunizations for the Influenza virus, pneumococcal, coronavirus and other diseases. Residents and responsible parties are informed of the facility's vaccination prevention programs prior to or at the time of admission. The resident's immunization history shall be assessed and documented in the medical record at the time of admission within 72 hours.Policy and Procedure on Employees Immunizations dated 12/2023: Employees and physicians working in the clinic setting are at risk of exposure to communicable diseases or can potentially transmit a vaccine-preventable disease to others. Employees without documented immunity shall be offered recommended immunizations unless contraindicated.

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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 ensure residents were free from hazards. This failure has the potential to affect the 37 residents that reside on floor three.Findings include:1/20/26 at 12:45 PM, while touring floor three, accessed a room that was not locked, with no signage on the door. Observed two red bins. One red bin had one full Sharps container inside. One red bin had two full Sharps containers inside. Observed two grey bins with filled trash bags inside. Observed one tall, blue laundry container. Observed two sinks filled with more small bins, boxes, metal bed rails. 1/20/26 at 1:00 PM, accessed a room that was not locked with signage reading Clean Utility Room. Signs on the door read: DO NOT ENTER! Employees ONLY, Door Must be CLOSED, PLEASE make sure door is CLOSED. Inside of the room, observed four packs of ten blue stick razors, bottles of mouthwash, deodorant, shave cream, toothbrushes, toothpaste tubes, hairbrushes, adult briefs, gloves, gowns, urinals, two oxygen tanks and an IV (intravenous) pole.1/20/26 at 12:49 PM, accessed the rooms with V4 (Registered Nurse). V4 stated this is the trash room. Residents should not be able to get inside. Housekeeping comes in here. When full, we remove the Sharps containers from the carts and bring them in here. V4 stated residents should not have access to Sharps containers. It's a safety hazard. They could get cut, needle puncture. We put needles, and discarded medications inside them. Residents should not have access to discarded medications because they could take them or give to other residents. It is not safe. V4 stated residents should not have access to the razors. They have blades. They could harm themselves by cutting themselves, cause bleeding. V4 stated most residents on floor three have dementia.1/22/26 at 3:57 PM, V26 (Maintenance Director) stated I put a new lock on the clean utility room. The trash room was supposed to be locked so residents could not get in. The trash room has dirty linen, garbage, and sharps in it. I put a lock on it yesterday. There were two oxygen tanks, mouthwash, briefs, razors in the Clean Utility Room. Residents should not have access to the razors because they could cut themselves. 1/22/26 at 4:20 PM, V1 (Administrator) stated residents should not have access to sharps, razors, trash. It's a safety issue.1/20/26, Facility census on floor three was 37 with seven resident's dependent for mobility.Facility policy Needle Sharps - Handling and Disposal, 3/14, documents in part: 5. Used needles and other sharp objects, must be placed in a puncture-resistant biohazard container. 6. If the puncture-resistant containers are stored in an isolated room, they must be stored in an area that will not be considered a risk for the resident.

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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. Based on observation, interview, and record review, the facility failed to a.) administer resident's prescribed medications in a timely manner according to the physician orders and b.) ensure controlled substances were counted, and documented, at the beginning and end of each shift for 9 out of 115 shifts. These failures have the potential to affect 54 residents residing in the facility. Findings include: On 01/20/2026 at 9:47AM, surveyor on the third floor of the facility with V11 (Licensed Practical Nurse/LPN). V11 states to surveyor that she started her shift at the facility at 6:00AM and began administering medications to residents at approximately 8:00AM. V11 states she has not completed her medication administration pass yet. V11 states she is the only nurse assigned to the third floor and is responsible for administering medications and caring for 37 residents. V11 states there is a staffing need for a second nurse to be assigned to the third floor to help care for the residents. On 01/20/2026 at 10:14AM, V11 deploys the electronic medication administration/eMAR on the computer. Surveyor observes that multiple resident's eMARs were red in color. V11 states the red color on the resident's eMAR indicate that the medication to be administered is considered late. V11 states the time frame to administer resident's medication is one hour before the scheduled time and one hour after the scheduled time. V11 states if medication is administered an hour after it is scheduled, then it is considered late. On 01/20/2026 at 10:58AM, V4 (Registered Nurse/RN) states she performed a narcotic drug count at the start of her shift, but she forgot to sign the shift change accountability record sheet. V4 states she is responsible for the 1st floor [NAME] medication cart. Review of the Shift Change Accountability Record for Controlled Substances Sheet for the month of January 2026 for cart identified as the West cart located on the 1st floor of the facility indicated for 9 shifts in January 2026, nurses had not counted and documented the controlled substances. The following dates were missing signatures: On 01/04/26, 3rd shift (10:00PM-6:00AM)On 01/06/26, 2nd shift (2:00PM-10:00PM), 3rd shift (10:00PM-6:00AM)On 01/08/26, 1st shift (6:00AM-2:00PM)On 01/10/26, 2nd shift (2:00PM-10:00PM), 3rd shift (10:00PM-6:00AM) On 01/18/26, 1st shift (6:00AM-2:00PM), 2nd shift (2:00PM-10:00PM)On 01/20/26, 1st shift (6:00AM-2:00PM) On 01/22/2026 at 8:01AM, surveyor located on the first floor of the facility with V6 (LPN). V6 states she has already completed her morning medication administration pass because she is used to working by herself, so she starts her medication administration pass early so that the residents will receive their medications on time. V6 states today, there are 2 nurses working on the first floor of the facility but prior to this, she has worked alone to care for all the residents on the first floor of the facility. On 01/21/2026 at 9:10AM, surveyor located on the third floor of the facility and observes that there are two nurses assigned to care for residents on the third floor of the facility. V4 (RN) states she is assigned to care for residents on the East wing of the third floor. V4 states another nurse (identified as V12/LPN) is assigned to care for residents on the [NAME] wing of the third floor. V4 states she has completed performing her morning medication administration pass. On 01/21/2026 at 10:49AM, V4 deploys the electronic medication administration/eMAR on the computer. Surveyor observes that multiple resident's eMARs were red in color. V4 states the red color on the resident's eMAR indicate that the medication to be administered is considered late. V4 states she administered medications to the residents but did not document, which is why the resident's eMARs are red in color. Facility census dated 01/20/2026 documents that 37 residents reside on the third floor of the facility, and 17 residents reside on the [NAME] wing of the first floor. Facility Medication administration audit reports dated 01/20/26 and 01/21/26 documents that multiple residents residing on the third floor of the facility were administered their medications late. Facility policy sated 02/2017 titled, Controlled Substance Medications documents in part, At each shift change, a physical inventory of specific medications, those selected by the facility, is conducted by two licensed nurses and is documented on an audit record.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5% for five (R13, R66, R77, R91, R108) residents reviewed for medication administration in a total sample of 24 residents reviewed, resulting in a 27.27% error rate. Findings Include: R66's electronic medication administration record/eMAR dated 01/22/2026 documents: Cholecalciferol Oral Capsule 25 MCG (1000 UT) (Cholecalciferol) Give 2 capsule by mouth one time a day scheduled at 9:00AM. On 01/22/2026 at 7:54AM, surveyor observed V13 (Registered Nurse/RN) administer Cholecalciferol 25 MCG (1000 UT) 1 tablet to R66. R91's eMAR dated 1/22/2026 documents: Ergocalciferol Tablet 50 MCG (2000 UT) Give 1 tablet by mouth one time a day scheduled at 9:00AM. On 01/22/2026 at 8:29AM, surveyor observed V14 (Registered Nurse/RN) administer Cholecalciferol 25 MCG (1000 UT) 1 tablet to R91. R91's eMAR dated 1/22/2026 documents: Mucus Relief ER Oral Tablet Extended Release 12 Hour 600 MG (Guaifenesin) Give 600 mg by mouth every 12 hours for cough for 7 Days scheduled at 8:00AM. Surveyor observed that this medication was not administered to R91 during the medication administration pass with V14 (Registered Nurse/RN). V14 states the medication is not available for administration to R91. V14 states R91's medication was already reordered on 01/20/2026 and she is awaiting it to be delivered from the pharmacy. R13's eMAR dated 1/22/2026 documents: Clotrimazole External Cream 1 % (Clotrimazole (Topical)) Apply to Bilateral plantar topically one time a day for prophylaxis at 9:00AM. On 01/22/2026 at 8:36AM, surveyor observed that this medication was not administered to R13 during the medication administration pass with V14 (Registered Nurse/RN). R108's eMAR dated 1/22/2026 documents: Docusate Sodium Oral Capsule 50 MG (DocusateSodium) Give 50 mg by mouth two times a day scheduled at 8:00AM. On 01/22/2026 at 8:45AM, surveyor observed V14 (Registered Nurse/RN) administer Docusate Sodium 100MG 1 tablet to R108. R77's eMAR dated 1/22/2026 documents: Calamine-Zinc Oxide External Lotion 8-8 % (Calamine-Zinc Oxide) Apply to topical topically two times a day scheduled at 8:00AM.On 01/22/2026 at 8:54AM, surveyor observed that this medication was not administered to R77 during the medication administration pass with V14 (Registered Nurse/RN). R77's eMAR dated 1/22/2026 documents: Acetaminophen Oral Tablet 325 MG (Acetaminophen) Give 650 mg by mouth every 6 hours as needed for pain. Surveyor observes V14 administer Acetaminophen 325MG 1 tablet to R77. R77's eMAR dated 1/22/2026 documents: Cholecalciferol Oral Tablet 25 MCG (1000 UT) (Cholecalciferol) Give 2 tablet by mouth one time a day scheduled at 9:00AM. Surveyor observes V14 administer Cholecalciferol 25 MCG (1000 UT) 1 tablet to R77. R77's eMAR dated 1/22/2026 documents: Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour (Venlafaxine HCl) Give 150 mg by mouth in the morning for MDD/GAD scheduled at 9:00AM. Surveyor observed that this medication was not administered to R77 during the medication administration pass with V14 (Registered Nurse/RN). V14 states the medication is not available for administration to R77 and she has to reorder it. Facility policy dated 09/2025, titled Medication Administration Policy documents in part, Medications must be administered in accordance with a physician's order at his/her discretion, e.g., the right resident, right medication, right dosage, right route, and right time.

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	146062	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center Home Hispanic Elderly	1401 North California Chicago, IL 60622

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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. Based on observation, interview, and record review the facility failed to a.) label house stock medications that had been open and b.) remove and discard expired medications in two of five medication carts reviewed. These failures have the potential to affect 37 residents residing in the facility reviewed for medication labeling and storage.Findings include: On 01/20/2026 at 9:57AM, surveyor and V11 (Licensed Practical Nurse/LPN) located on the 3rd floor of the facility at the medication cart identified as the East cart. Surveyor observes the following: 1 open house stock medication bottle labeled Diphenhydramine HCL 25mg inside of the medication cart. Diphenhydramine medication observed with an expiration date labeled 07/2025. On 01/20/2026 at 10:08AM, surveyor and V11 (Licensed Practical Nurse/LPN) located on the 3rd floor of the facility at the medication cart identified as the West cart. Surveyor observes the following: 1 open house stock medication bottle labeled Diphenhydramine HCL 25mg inside of the medication cart. Diphenhydramine medication observed with an expiration date labeled 07/2025 1 open house stock medication bottle labeled Sodium Chloride 1GM inside of the medication cart. Sodium Chloride medication does not have a visible expiration date labeled. 1 open house stock medication bottle labeled Acetaminophen 325mg inside of the medication cart. Acetaminophen medication observed without an open date labeled. 1 open house stock medication bottle labeled Melatonin 3mg inside of the medication cart. Melatonin medication observed without an open date labeled. 2 open liquid medication bottles labeled R9's name, Megestrol Acetate 40mg/ml inside of the medication cart. Megestrol Acetate medications observed without an open date labeled on both bottles. On 01/20/2026 at 10:14AM, V11 states the Diphenhydramine medication should not be stored in the medication carts and should have been discarded once they expired on 07/2025. V11 states it is not safe to administer expired medications to residents and they could experience adverse reactions if given expired medications. V11 states the Sodium Chloride medication would not be safe to administer to residents since she is unsure of when the medication expires. V11 states all opened house stock and liquid medications should be labeled with an open date. Facility census dated 01/20/2026 documents that a total of 37 residents reside on the 3rd floor of the facility Facility policy dated 09/2025 titled, Medication Administration Policy documents in part, Multi-use vials and house stock liquids must be dated when opened. Expired medication may not be administered to the resident.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on review of records and interview the facility failed to follow immunization program policy and procedure on offering vaccination for 4 out of 5 residents (R20, R90, R123, and R129) for a total sample of 24 residents reviewed for immunization. These failures are not in accordance with facility's immunization program policy and procedure which 4 residents (R20, R90, R123, and R129) did not receive influenza and/or pneumonia vaccine(s) that may help in preventing infection(s).Findings include:Resident records related to immunization reports are as follows:R20 does not have documentation of any vaccination.R90 documents receiving Mantoux skin test for TB (Tuberculosis), no influenza and pneumococcal recorded.R123 documents receiving Mantoux skin test for TB (Tuberculosis), no influenza and pneumococcal recorded.R129 documents receiving Mantoux skin test for TB (Tuberculosis), no influenza and pneumococcal recorded.On 01/21/2026 at 11:29 AM, V3 (Infection Control Preventionist) stated that there is no documentation that vaccination was offered. Any vaccination received by residents are documented in immunization report. V3 stated that she is still in the process of including R20, R90, R123 and R129 for flu, pneumococcal and Covid-19 vaccinations. Flu, pneumococcal and Covid-19 vaccinations should be offered upon admission. It is part of infection prevention that could benefit residents.Immunization Program Policy and Procedure dated 03/2025: the purpose is to eliminate or minimize the risk to residents who have been targeted as priority groups that are most vulnerable to influenza, pneumonia and other preventable diseases. It is the policy of this facility to provide for Immunizations for the Influenza virus, pneumococcal, coronavirus and other diseases. Residents and responsible parties are informed of the facility's vaccination prevention programs prior to or at the time of admission. The resident's immunization history shall be assessed and documented in the medical record at the time of admission within 72 hours.American Healthcare Association Summary of CMS Vaccine Regulations for LTC 2025-2026: Before offering influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of immunization. Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunizationInterim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities dated 09/16/2024: The benefits of vaccination should be discussed, educational materials should be provided, and an opportunity for vaccination should be offered to the new resident as soon as possible after admission to the facility. Since October 2005, the Centers for Medicare and Medicaid Services (CMS) has required nursing homes participating in Medicare and Medicaid programs to offer all residents influenza and pneumococcal vaccines and to document the results. According to the requirements, each resident is to be vaccinated unless contraindicated medically, the resident or legal representative refuses vaccination, or the vaccine is not available because of shortage. This information is to be reported as part of the CMS Minimum Data Set, which tracks nursing home health parameters.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to monitor one (R66) resident of six reviewed in a sample of 24. This failure led to R66 wandering into other residents' rooms.R66 is a [AGE] year-old individual whose current face sheet documents medical diagnosis to include but not limited to: dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance, delusional disorders, depression, unspecified, and anxiety disorders. R66's MDS (Minimum Data Set) C-Cognitive Patterns dated [DATE], documents R66"s Brief Interview for Mental Status (BIMS) as 1/15, indicating severe cognitive impairment.On 01/20/2026 at 11:00AM, R66 was observed in another resident's room sitting on one of the beds and remained sitting for forty minutes. R66 was not able to answer questions.On 01/20/2026 at 11:25AM, V5 (Certified Nursing Assistant-CNA) observed R66 in another resident's room and stated R66 wanders in other resident's rooms. V5 stated the room R66 was currently in was not her room and the bed R66 sitting on was not her bed. V5 stated nursing staff are supposed to monitor R66 to prevent R66 from going into other residents' rooms which can upset other residents, and to keep R66 safe but staff are usually too busy to keep monitoring R66.On 01/20/2026 at 12:55PM V6 (Licensed Practical Nurse-LPN) stated R66 wanders in other resident's rooms and needs constant redirection. V6 stated R66's unit has residents with dementia and forgetfulness; residents can be friends one minute and next minute forget who the other resident is. V6 stated this can lead to R66 being hurt and found in other residents' room. V6 stated staff can redirect R66 but cannot stop R66 from entering other residents' rooms. V6 stated R66 should not be wandering into other residents' rooms because other residents can get agitated if they find R66 in their rooms and can hurt R66. V6 stated R66's room is far from the nursing station around the corner on the right side of the nursing station. V6 stated nursing staff do not always see R66 since her room is far from the nursing station.Surveyor and V6 reviewed R66's care plan dated 4/23/2025 which documented, a picture of R66 is to be placed on a discreet place in the nursing station and by the front reception to notify staff R66 is an elopement risk.V6 stated R66 is an elopement risk and looked for a picture of R66 by the nursing station. V6 looked behind computers, in binders, on the walls inside the nursing station. No picture of R66 was found. V6 stated a picture of R66 by the nursing station is to notify all nursing staff that R66 is a wanderer and an elopement risk. V6 stated care plans are for nursing staff to follow and give each resident care as documented in the care plan.On 01/20/2026 at 1:00PM, V6 checked R66 on the arm, neck and legs, no wander guard was observed. V6 stated R66 should be wearing a wander guard because R66 wanders and is an elope risk.On 1/20/2026 at 12:38PM, V7(Receptionist) stated names of residents who are on elopement risk are placed in the binder and stored by reception for safety to alert the receptionist if the resident tries to leave the facility. V7 stated if an elopement risk resident leaves the facility without permission, the resident can get lost or get injured while out in the community. V7 showed binder with elopement risk residents. Binder did not have R66 information on it. On 01/22/2026 at 2:12PM, V2 (Director of Nursing) R66 wanders in other residents' rooms and can be hit by other residents if she goes into their rooms and touches the other residents' belongings. V2 stated nursing staff should monitor R66 to keep her safe. V2 further stated R66's room is further away from the nursing station and around the corner where nurses cannot see her room from the nursing station. V2 stated R66 is at risk for resident-to-resident abuse because of wandering.Policy titled Resident Rights dated 11/18 documents:1.Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:-The right to an environment that preserves dignity and contributes to a positive self-image.Policy titled Supervision and Safety dated 3/15 documents:- Our facility-orientated approach to safety addresses risks for groups of residents such as wanderers, behaviors, aggressiveness, confusion, etc.- Resident supervision is a core component to resident safety.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review, the facility failed to refer two residents (R40, R92) with newly diagnosed serious mental illness for PASRR (Pre-admission Screening and Resident Review) screenings in a total sample of 24 residents reviewed for PASRR.Findings include: R40 Notice of PASRR (Pre-admission Screening and Resident Review) Level I Screen Outcome, review date 5/14/24, has a determination of No Level II Required – No SMI/ID/RC (Severe Mental Illness/Intellectual Disability/related condition). R40 face sheet, printed 1/21/26, documents diagnoses that include but are not limited to delusional disorder with onset date 3/24/25; generalized anxiety disorder with onset date 3/24/25; major depressive disorder with onset date 4/17/25. According to Psychiatry Note 2/13/25, Per staff patient (R40) has no changes in baseline behaviors. According to Psychiatry Note, 3/13/25, Per Staff patient (R40) frequently presents with paranoid delusions. Will start patient (R40) on quetiapine to manage delusional thinking. According to R40 Order Summary Report, printed 1/21/26, R40 has active orders for Quetiapine Fumarate oral tablet. According to MDS (Minimum Data Set), 12/22/2025, R40 has potential indicators of psychosis, delusions. According to R40 care plans, R40 requires psychotropic medication to help manage and alleviate anxiety and delusions, revision 7/29/25. 1/21/26 at 2:12 PM, V16 (Social Services Director) stated PASRR (Pre-admission Screening and Resident Review) is to identify people who have a severe mental illness, intellectual disability and serve as a guide for services. It helps to determine correct placement. The Level one is done at admission. Level two is done depending on what information is recorded in the level one, mental health symptoms, cognitive issues, substance abuse, medical conditions, psychotropic medications. Upon admission, to determine if another level one is needed, I use the level one information and the hospital records. A new level one is warranted if they are in house and show indicators of needing a level two, mental health symptoms, substance abuse, self-reporting of psychiatric issues. If there are significant changes, new diagnoses then a new level one is warranted. I am alerted to significant changes and new diagnoses when the MDS (Minimum Data Set) triggers a significant change, or when I do a progress notes review. We check for MDS triggers weekly. New psychiatric diagnoses are discovered through Psychiatry progress notes twice monthly. Medical diagnoses are discovered upon hospital readmissions. I am familiar with R40. Because of the major Depressive Disorder and Delusional disorder diagnoses R40 should have been referred for another PASRR screening. R40 was not referred due to oversight. R40 does verbalize delusions sometimes. Facility policy Pre-admission Screening and Resident Review (PASRR), 12/23, documents in part: 6. The facility will consider submitting a new PASRR L1 screen if there is a suspected psychiatric condition and/or a new psychiatric diagnosis is added by a physician. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R92 is a [AGE] year-old individual with medical diagnosis included in R92's current face sheet includes but not limited to: delusional disorders, unspecified dementia, moderate, with psychotic disturbance. Section C - Cognitive Patterns documents R92's Brief Interview for Mental Status (BIMS) as 7/15 indicating R92 has severe cognitive disabilities. R92's medical records document R92's PASRR screening was completed on January 23, 2025. R92's current face sheet documents R92's mental health diagnosis of delusional disorders dated 07/30/2025 and unspecified dementia, moderate, with psychotic disturbance dated 06/06/2025 were diagnosed during R92's During Stay at the facility. On 1/22/2026 at 3:45PM, V16(Social Services Director) stated PASRR 1(Preadmission Screening and Resident Review) potential skilled nursing home (SNF) residents are screened for mental illness (MI), intellectual disability (ID), or developmental disabilities (DD) prior to admission. This screening helps the SNF determine if a resident requires a referral for a PASRR 11 screening by a specialized screener. V16 stated PASRR 11 is a person-centered evaluation that helps the facility develop a person-centered treatment plan. V16 stated it is his responsibility to check all residents' medical records for new mental health diagnosis, complete a new PASRR 1 and trigger a PASRR 11 to be completed by an outside specialized screener. V16 stated he missed R92's new diagnosis of Dementia with delusional disorders and dementia, with psychotic disturbance which R92 was diagnosed with during R92's stay at the facility. V16 stated failing to complete PASRR 11 for R92 can lead to R92 not receiving the specialized care R92 needs. R92's Physician Order Sheet dated 08/21/2025 documents R92's medications to include Quetiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate)-Give 2 tablets by mouth two times a day for dementia with psychosis, paranoid delusions. 2/18/2025 -Melatonin Oral Tablet 10 MG (Melatonin). Give 1 tablet by mouth at bedtime for Insomnia. R92's Nursing Progress Note dated 1/7/2026 22:21documents R92 was noted upset throughout shift, wanted a shower at exactly the time she was requesting which was during dinner. When informed she would be given a shower latter, R92 started yelling and cursing at staff, taking and oxygen off. PASRR screening policy dated [DATE] documents: -Facility staff, as indicated, will provide information to help Maximus compete the level 2 interview/screen.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of records and interview facility failed to acquire preadmission screening and resident review for 1 out of 5 residents (R63) in a total sample of 24 resident reviewed for resident assessment. These failures affect 1 resident (R63) in determining correct care settings for a resident with serious mental illness. Findings include:R63, a [AGE] year-old resident, initially admitted in the facility on [DATE]. R63 was diagnosed with bipolar disorder and alcohol use upon admission.On [DATE], facility received notice of PASRR level 1 screening that documents R63 referred to PASRR level 2 screening with suspected or confirmed mental health disability. Under PASRR level 1, R63 has mental health diagnosis of bipolar disorder, substance related diagnosis which is alcohol abuse or dependency and currently on Lurasidone 60 MG which is an antipsychotic. Outcome of PASRR level 1 documents that a PASRR level 2 evaluation must be conducted.On [DATE], facility received notice of PASRR level 2 screening that documents R63 was determined for short term approval without specialized services. Date of short-term approval ends on [DATE]. Per PASRR level 2 instructions this determination allows R63 a limited number of days in the facility. The short-term approval will end on the date short term approval ends which was [DATE]. If R63 or care provider thinks R63 needs to stay after [DATE], a nursing home facility staff member must submit a new PASRR level 1 screen. The new PASRR level 1 screen must be submitted no later than 10 days before the short-term approval date ends ([DATE]).On [DATE] at 10:44 AM, V16 (Social Service Director) stated that R63 has diagnosis of bipolar, alcohol abuse and is currently taking antipsychotic. R63 was admitted on [DATE] and was given short-term approval that already expired on [DATE]. V16 stated that he missed requesting a new PASRR screening for R63 because it did not trigger in the system on his computer. V16 stated he should do a new screening because it expired [DATE]. V16 stated PASRR screening is important to determine the right setting or placement for R63.Pre-admission Screening and Resident Review (PASRR) policy dated 12/2023 reads: it is the policy of this facility to comply with Federal, State and the appointed screening agency. Review the PASRR documents to help assess/ascertain what type of problems, needs and issues need to be addressed to help resident function at his/her maximum level of well-being.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on observation, interview, and record review, the facility failed to assist a resident in maintaining their vision by not following physician orders to obtain corrective lenses for one (R94) resident in a total sample of 24 residents reviewed. Findings include: On 01/20/2026 at 1:17PM, R94 states he has visited the eye doctor twice already and the eye doctor prescribed him eyeglasses. R94 states he gave the prescription to the nurses in the facility, and they lost his prescription both times. R94 states he is still without the eyeglasses that he needs.On 01/22/2026 at 10:01AM, V20 (Social Services Assistant) states R94 informed her last month and a few months ago that when he went to the eye doctor, he received a prescription for corrective lenses. V20 states that R94 told her that he gave his prescription to the escort who accompanied him to the eye doctor. V20 states R94 also told her that the escort gave his prescription to the social services department. V20 states no one in the social services department received a prescription for eyeglasses for R94. V20 states she attempted to follow up with this matter by trying to find out who the assigned nurse or escort was on the day R94 went to the eye doctor. V20 states she was unable to figure out who the nurse or escort was and R94 did not remember the name of the eye doctor that he went to. V20 states the resident's doctor appointments are posted on the facility's electronic bulletin board to inform staff of the resident's upcoming and past outside doctor's appointments. V20 states the bulletin board lists the resident's name, the doctor's office address and telephone number, the date and time of the office visit. V20 states the nurses are responsible for inputting resident appointments in the bulletin board because they are the ones who makes the appointments. V20 states she can search back at least one year to see a list of resident's doctor's appointments. V20 states she searched back approximately 3-4 months and could not locate a doctor's appointment scheduled for R94. On 01/22/2026 at 10:45AM, V21 (Eye Care Clinic Receptionist) states R94 visited their eye care clinic on 09/25/2025 and was seen by an eye doctor. V21 states R94 was given a prescription for eyeglasses to help with reading and for seeing at a distance. V21 states the escort who accompanied R94 to his appointment was also made aware of R94's prescription and the need to contact R94's insurance company regarding payment for R94's eyeglasses.R94's progress note dated 09/25/25 at 4:40PM, written by V22 (Licensed Practical Nurse/LPN) documents Back from eye center with Dr without any order. A reappointment scheduled for 3/26/26 at 1pm.Facility document dated 01/22/2026, titled Clinical Communications, Facility Bulletin Board documents that on 09/25/2025, an eye doctor appointment was made for R94 at an eye care clinic.A document dated 09/25/2025 shows that a prescription for corrective lenses was written and prescribed for R94 by an eye doctor outside the facility. Ombudsman Resident's Rights for People in Long Term Care Facilities dated 11/2018, documents in part, Your facility must make reasonable arrangements to meet your needs and choices.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to implement infection control measures during storage of oxygen tubing for one resident (R114) out of five residents reviewed in a total sample of 24 residents. This failure places residents at risk to be provided with inappropriate care and services to meet the resident's physical, mental and/or psychosocial needs.On 1/20/2026 at 12:43 PM, R114's oxygen concentrator's oxygen tubing not covered and, on the floor, next to R114's bed.On 01/21/2026 at 12:47 PM, V2 (Director of Nursing) stated that the facility does have an oxygen equipment policy. V2 stated that for oxygen tubings, staff change the oxygen tubings weekly, and when not in use, staff keep them in bags. V2 stated that the tubing should not be on the floor because of infection control and the residents can place the oxygen tubing back in their nose.R114's current face sheet documents R114 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to: chronic obstructive pulmonary disease, unspecified, acute and chronic respiratory failure with hypercapnia.R114's active physician order set documents in part, oxygen at 2-4 liters/min (minute) per n/c (nasal cannula).R114's Transfers and Bed Mobility/Limited lift review (Nursing/restorative) assessment documents in part transfer recommendation, Resident will be designated as Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 1 = One Person Assistance.Facility provided document titled Oxygen Equipment documents in part, to administer oxygen in conditions in which infection control is maintained. Oxygen tubing/nebulizer masks will be covered when not in use.