STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to label and date opened food stored in the refrigerator and freezer, failed to discard expired food, failed to use hair nets while working in the kitchen. Failed to store food off the floor. This failure has the potential to affect all residents that receive oral diets.Findings include:On 03/02/26 at 9:28am observed facility's walk-in refrigerator with open containers of mixed fruit, muffin mix, hamburger patties, [NAME] slaw, hot dogs, sliced American cheese, egg mix all with no open or discard date. Observed plastic wrapped containers with tomatoes, carrots, lettuce, cucumber and watermelon with a use by date of 03/01/26.On 03/02/26 at 9:28am V19 (Sous Chef) stated that it is important to date the food so that the staff know when it expires. V19 stated that the food that is expired is garbage.On 03/02/26 at 9:42am observed facility's walk-in freezer with 6 buckets of ice-cream, a tray of veggie burgers and a tray of chicken patties with no date. Observed 3 trays of meatballs with use by date of 10/25/25, tray of bacon with used by date of 12/07/25, tray of chicken parmesan with use by date of 02/14/26, tray of sausage patties with use by date of 12/07/25, Shepards meat with use by date of 01/04/26, turkey meat with use by date of 01/07/26.On 03/02/26 at 9:58am observed V21 (Kitchen Utility) with no beard net on.On 03/02/26 at 9:58am V21 (Kitchen Utility) stated that he forgot to put a beard net on. V21 stated that he forgets to put a beard net on sometimes but not every day. V21 stated that he should wear a beard net so that hair doesn't get into the food.On 03/02/26 at 9:58am V19 (Sous Chef) stated that everyone knows to put on hair nets before coming into the kitchen.On 03/02/26 at 10:07am observed multiple boxes of food sitting directly on the floor in the kitchen.On 03/02/26 at 10:16am V28 (Dietary Manager) stated that the food was delivered by the food delivery company. V28 stated that they shouldn't have placed the food on the floor. V28 stated that placing the food on the floor is not proper storage and the food can become contaminated.On 03/04/26 at 1:32pm V28 (Dietary Manager) stated that it is the expectations of the facility not to have expired food. V28 stated that all food should be labeled and dated. V28 stated that food with a use by date should be discarded before the use by date. V28 stated that if expired food is given to a resident, it could make the resident sick. V28 stated that there needs to be more accountability with checking for expired food. V28 stated that food that is open should have an open date and a use by date and having those dates are for safe food handling. V28 stated that everyone is the kitchen should have hair and beard nets and without them there is a potential risk for contamination.Facility's policy titled Freezer Food Storage reviewed 02/2025 documents in part, Purpose: To be sure all frozen food products are served in a timey manner and are of the highest quality. Policy: Establish a standard on all items stored in freezer, according to how long they may be frozen. Following USDA guidelines. Procedure: 2. Rotate frozen food using the FIFO (First In First Out) method. 3. Store food in its original package when possible, if taken out of original package should be labeled and dated and tightly wrapped.Facility's policy titled Receiving Deliveries revision date 10/2025 documents in part, Purpose: To establish procedures for receiving deliveries for safe food handling. Policy: Establish a standard for all delivered food goods. Purpose:. 6. All items will be stored at least 6 inches off of the floor and eighteen inches from the ceilingFacility's policy titled (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Refrigerated Storage revision date 02/2025 documents in part, Purpose: To ensure all food products are safe ad to prevent foodborne illnesses. Policy: Establish a standard for all items stored in refrigerator. Procedure:. 7. All food is labeled, if taken out of original packages, food will be labeled and dated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to perform hand hygiene between passing dining trays, failed to clean multi use equipment after use for two residents (R2 and R11), failed to perform hand hygiene after caring for one resident (R6), failed to wear PPE (Personal Protective Equipment) while caring for one resident (R17) on EBP (Enhanced Barrier Precautions), failed to perform hand hygiene during resident ADL (activities of daily living) care for one resident (R20), failed to store clean and soiled linen in a way to prevent the spread of infection. This failure affected five residents (R2, R6, R11, R17, R20) and has the potential to affect all residents that reside in the facility. Findings include: R17's medical diagnoses include but are not limited to major depressive disorder, paraplegia, neuromuscular dysfunction, type 2 diabetes. R17's care plan revised 01/13/26 documents in part, R17 is placed on EBP per facility's protocol d/t (due to) indwelling urinary device. R17 will be free from acute signs and symptoms of infection while on EBP through the next review date. EBP: wear gowns and gloves during direct high contact resident's care such as dressing, bathing/showering, personal hygiene, changing linens, wound care and toileting. R17's physician order dated 12/1825 documents in part, On enhanced based precaution d/t suprapubic catheter. On 03/02/26 at 11:17am observed V23 (Care Partner) making the bed of R17 with no PPE gown on. On 03/02/26 at 11:17am V23 (Care Partner) stated that she never had a PPE gown on while taking care of R17, but she should have. V23 stated that she should have a gown on while taking care of R17 because R17 has an indwelling urinary catheter and the gown protects R17 from the staff's bacteria. On 03/02/26 at 12:34pm observed V24 (Care Partner) deliver lunch tray to R13 then touch the foot or R13's bed. V24 observed leaving R13's room without performing hand hygiene and going directly into R18's room and assist R18 with removing lids from food items. V24 observed leaving R18's room without performing hand hygiene and taking R21's food tray into R21's room. On 03/02/26 at 12:40pm V24 stated that she should have performed hand hygiene after touching R13. V24 stated that she touched R13 bed and not R13's feet. V24 stated that she should have performed hand hygiene because not performing hand hygiene can spread infection. V24 stated that she should have performed hand hygiene after assisting R18 with her meal tray. V24 stated that she doesn't know why it is important to not spread infection. On 03/03/26 at 10:15am observed 9th floor laundry room with two closed plastic bags sitting in the corner on the floor with multiple loose items on top of the bags. Observed multiple loose clothing items on top of the laundry rooms dryer. Observed soiled linen in soiled linen bins without bags. Observed clean linen room with multiple bags of clean linen on the floor On 03/03/26 at 10:15am V25 (Housekeeping Manager) stated that she doesn't know if the piles of clothes are clean or dirty. V25 stated that the staff may have brought the clothes into the laundry area and are waiting on the washer to become available. V25 stated that soiled linen should be bagged. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	V25 then placed items that were on top of the plastic bags on the floor. V25 stated that soiled linen should not be placed on the floor. V25 stated that the items on top of the dryer should not be there and she doesn't know if the items are clean or dirty. V25 stated that soiled linen should be in a bag because of contamination. V25 stated that soiled linen could have blood or stool on it and it could make everyone sick. On 03/03/26 at 10:39am observed 8th floor laundry room with multiple loose items on top of the washer and dryer. Observed clean linen area with multiple bags of clean linen on the floor. On 03/03/26 at 10:39am V25 (Housekeeping Manager) stated that the staff think that because the linen is in a bag it is okay to place the items on the floor. V25 stated that the clean items that are stored on the floor are now contaminated and can't be used. V25 stated that storing items on the floor can cause contamination from possible pipes busting, bugs or anything. On 03/04/26 at 2:34pm V15 (Infection Preventionist) stated that EBP is used for any resident that has a device that goes inside of them. V15 stated that gowns and gloves should be worn during daily care of the residents. V25 stated that changing a resident's bed is considered high contact and PPE should be worn. V25 stated that staff should perform hand hygiene before entering and leaving a resident's room and during care. V15 stated that if a staff member assists a resident with their meal tray, hand hygiene should be performed after. V15 stated that staff should perform hand hygiene just in case there are hidden infections or secretions on the resident's table or trays.V15 stated that if staff don't perform hand hygiene, they could spread infection. V15 stated that soiled linen should be contained in a bag and there is a possibility that if touch it they could be exposed to whatever is on the linen. V15 stated that both clean and dirty linen should not be on the floor. V15 stated that germs from the soiled linen could get on the staff's shoes and the germs can be spread from their shoes. Facility's undated job description titled Care Partner' documents in part, Position Summary: The Care Partner is responsible, under the direct supervision of the Charge Nurse and in accordance with prescribed procedures and established quality care standards, for providing direct personal and restorative nursing care to an assigned number of residents, while at all times ensuring the safety and well-being of all our residents. Essential Functions: Provides and/or assists residents with all aspects of personal hygiene and activities of daily living in accordance with established care procedures and standards. Safely and efficiently moves between resident rooms, units and floors, around bathhouses, utility rooms and other areas within the facility and grounds. Facility's undated job description titled Housekeeper documents in part, Position Summary: Housekeepers are responsible for maintaining the budling's interior by providing cleaning services and ensuring sanitary conditions in resident apartments, patient rooms and assigned area. Essential Functions: Performs tasks in assigned areas using appropriate equipment and chemicals, including but not limited to: dusting, scrubbing, shining, vacuuming, making beds, washing linen. Oversees supply storage room to assist in organization of items, proper storage and well-maintained stock. Facility's policy titled Laundry Services revised 04/08/25 documents in part, Purpose: To ensure that all facility and resident personal laundry is handled, processed and stored in a sanitary manner that prevents the transmission of infection and complies with IDPH (Illinois Department of Public Health) and CMS (Centers for Medicare and Medicaid Services) regulatory requirements. Policy: The facility shall provide laundry services that: Maintain a clean, sanitary, and safe environment, Prevent cross-contamination between soiled and clean linens, Protect residents' personal belongings, Comply with applicable Illinois and federal regulations. Nursing staff are permitted to perform laundry services (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	when necessary to meet resident care needs, provided infection control and safety standards are followed. Facility's policy titled Enhanced Barrier Precaution: revised 12/2025 documents in part, Policy Statement: This policy implements Enhanced Barrier Precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDROs). Policy Interpretation and Implementation: 1. Enhanced Barrier Precautions (EBP) are an infection control intervention to reduce transmission of multidrug-resistant organisms (MDROs) in our facility. It is implemented during high-contact resident care activities for residents known to be colonized, infected or who are at risk of contracting MDROs. 2. This intervention is used in conjunction with standard precautions. 3. High-Contact Residents care activities include:. d. Changing Linens. E. Providing hygiene. Procedure:. 2. Gowns and gloves will be available immediately near or outside of the resident's room. 8. Enhanced Barrier Precautions should be used for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at a higher risk. General Considerations: 1. Staff are provided with training and education on Enhanced Barrier precautions including but not limited to the use of Personal Protective Equipment (PPE) monthly and are expected to comply with precautions. 3. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even with no history of MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carry or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized. Facility's policy titled Handwashing/Hand Hygiene reviewed 12/2025 documents in part, Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infection. Policy Interpretation and Implementation: Administrative Practices to Promote Hand Hygiene: 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Indications for Hand Hygiene: 1. Hand hygiene is indicated: a. immediately before touching a resident; d. after touching a resident; e. after touching the resident's environment. 2. Use an alcohol-based hand rub containing at least 60% alcohol for most clinical situation. On 3/2/2026 at 11:29 AM, V6 (Care Partner, Certified Nursing Assistant, CNA) observed donning gloves in R20's room and assisting with R20's one person transfer from the bed to the wheelchair. V6 wheeled R20 into the bathroom, and R20 stood using the grab bars then R20 pulled down R20's pants and brief. After R20 voided in the toilet and wiped R20's perineal area, V6 flushed the toilet with a gloved hand, and V6 started to pull up R20's pants by the waistband, but R20 said that R20 can do it. V6 let go of R20's pants, and R20 pulled up R20's brief and pants. R20 next pivoted to the wheelchair, and V6 wheeled R20 to the sink where R20 washed R20's hands with soap and water. While still wearing the same gloves, V6 wheeled R20 to the reclining chair in R20's room, and V6 assisted R20 in standing by pulling up R20's waist band (back of the pants) and R20 pivoted to sit in the reclining chair. V6 arranged the call light next to R20, straightened up R20's bed linens and arranged personal items on R20's bed side table. V6 then doffed V6's gloves and washed V6's hands with soap and water in the sink in R20's bathroom for 7 seconds (11:42:28 AM to 11:42:35 AM). On 3/3/2026 at 10:58 AM, V4 (Licensed Practical Nurse, LPN) responded to R20's activated call light and entered R20's room without performing hand hygiene. R20 stated that R20 must go to the bathroom, and V4 donned gloves (without performing hand hygiene) to assist R20 to walk to the bathroom with R20's walker (assist x 1). R20 pulled down R20's pants and brief, and R20 sat on the toilet while V4 remained in the bathroom. R20 stated that R20 was having a bowel movement in the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	toilet. After R20 was finished toileting, R20 stood up and was wiping R20's perineal area with tissue paper (3 times). With V4's gloved hands, V4 assisted in wiping R20s' perianal area after R20's bowel movement. V4 discarded the soiled tissue paper in the toilet and flushed the toilet with the same gloved hand. R20 then pulled up R20's brief and pants. V4 assisted in snapping R20's waist button with the soiled gloves. R20 walked over to the sink, and V4 pushed up R20's shirt arm sleeves with V4's soiled gloved hands. R20 observed washing R20's hands with soap and water. V4 then activated the sensor for the paper towel dispenser and handed the clean paper towel to R20 while V4 is still wearing the same soiled gloves. R20 then dried R20's newly washed hands with this contaminated paper towel. R20 walked back utilizing the walker to R20's recliner chair in the room, and V4 adjusts R20's pillows in the recliner chair still wearing the same soiled gloves prior to R20 sitting down in the reclining chair. V4 then doffs gloves and uses antibacterial hand sanitizer as V4 is walking out of the room. On 3/4/2026 at 1:00 PM, V2 (DON) stated that nursing staff must perform hand hygiene before and after direct resident care. V2 stated that nursing staff must wash their hands for at least 20 seconds with soap and water, and this time frame is the standard practice to sanitize or kill germs from the staff members' hands to prevent spreading of germs or bacteria to the next resident. V2 stated that if a nurse or CNA performs direct care with gloved hands, like wiping a resident for perineal care after a bowel movement, the staff member must change their gloves and wash their hands for 20 seconds before going to the next area of care for the resident. V2 stated that this prevents spreading of germs or bacteria to other areas on the resident or surrounding objects in a resident's environment. R20's admission Record (Face Sheet) documents, in part, diagnoses of dementia, acquired absence of lung, depression, hypertension, acute ischemic heart disease, unsteadiness on feet, anxiety disorder, diverticulitis, low back pain and atrial fibrillation. R20's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 5 which indicates that R20 has severe cognitive impairment. R20's Care Plan, dated 2/15/2026, documents, in part, a focus that R20 has an ADL (activities of daily living) self-care performance deficit with interventions of R20 requiring assistance from the staff for toileting and R20 requiring assistance from the staff to move between surfaces and as necessary. Facility policy titled Handwashing/Hand Hygiene dated December 2025 documents, in part, that hand hygiene is indicated immediately before touching a resident; after contact with blood, body fluids, or contaminated surfaces; after touching a resident; after touching the resident's environment; and before moving from work on a soiled body site to a clean body site on the same resident, and the use of gloves does not replace hand washing/hand hygiene. This policy procedure for washing hands is to wet hands first with warm water; then apply an amount of product recommended by the manufacturer to hands; rub hands together vigorously for at least 15 seconds, coverall all surfaces of the hands and fingers; rinse hands with water and dry thoroughly with a disposable towel; and use towel to turn off the faucet. Facility policy titled Residents' Rights for People in Long-term Care Facilities dated August 2021 documents, in part, You have the right to.Safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction. Facility job description (undated) for Care Partner (CNA) documents, in part, that the Care Partner is (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	responsible, under the direct supervision of the Charge Nurse and in accordance with prescribed procedures and established quality care standards, for providing direct personal and restorative nursing care to an assigned number of residents, while at all times ensuring the safety and well-being of all our residents. The Care Partners' essential functions are documented, in part, as the Care Partner provides and/or assists residents with all aspects of personal hygiene and activities of daily living in accordance with established care procedures and standards. Facility job description (undated) for Licensed Practical Nurse documents, in part, that the LPN is responsible for promoting and restoring residents' quality of life by providing nursing care as determined by the needs of the residents' and their individual plan of care. The LPN's essential functions are documented, in part, as assessing and identifying individual needs; identifies issues and develops appropriate, person-centered plan in collaboration with all health care disciplines; and provides confident, efficient and complete care within established scope of practice as permitted by licensure and outlined in individual care plan of resident; supervises nursing staff (care partners) to ensure appropriate, person-centered care is always being delivered; and adheres to infection control policies. On 3/2/2026 at 9:31 AM, facility presented a census of 30 residents living at the 8th and the 9th floor units. On 3/2/2026 at 12:34 PM, observed V4 putting wrist blood pressure cuff on R11 to measure R11's blood pressure and after completion of R11's the blood pressure measurement V4 removed the cuff of R11 's wrist and V4 placed the cuff directly on V4's wrist, without disinfecting the cuff or the monitor. On 3/2/2026 at 12:47 PM, observed EBP (Enhanced Barrier Precautions) sign on R6's room with hand sanitizer attached on the wall on the inside of R6's room. Observed V4 administering medication to R6 without using hand hygiene, gloves or gown. V4 was observed touching R6's water cup and administered medication mixed with yogurt using a spoon . After completion of the medication administration, V4 walked out of R6's room without performing hand hygiene and holding R6's water cup and spoon and carrying both items with bare hand through the hallway of the unit. No hand hygiene, observed after discarding the cup and spoon in the trash. On 3/2/2026 at 12:48 PM, V4 (LPN) stated that V4 uses same wrist blood pressure monitor for all the residents and that V4 did not clean the blood pressure monitor or the cuff, because it was easier to place on V4's wrist and V4 would clean the monitor and cuff when returned to the nursing station where the disinfectant wipes are located. V4 stated that V4 should disinfect the blood pressure monitor immediately after using and between each resident. V4 also affirmed that V4 did not perform hand hygiene after leaving R6's room and that V4 was going to wash hands at the nurse's station. V4 stated that V4 should have use the room's sanitizer located at the exit of R6's room and perform hand hygiene after exiting R6's room instead of waiting until getting to nurse's station. V4, after reading posted EBP sign on R6's room stated that V4 should have perform hand hygiene before and after exiting room and should wear gloves and gown to perform direct care and when touching R6's objects. V4 stated that hand hygiene and disinfecting equipment between use is important to prevent infection spreading to other residents, visitors and to staff members. On 3/3/2026 at 12:07 PM, observed V4 (LPN) measuring blood glucose for R2. Observed V4 using the blood glucose monitor on R2 and after completion of measurement, V4 placed the glucose monitor directly on top of medication cart. V4 did not clean and disinfect the blood glucose monitor or the top of the cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/3/2026 at 12;08 PM, V4 (LPN) stated that V4 should wipe and disinfect the blood glucose monitor and the cart immediately after use and before using on another resident. On 3/3/2026 at 12:51 PM, V2 (Director of Nursing/DON) stated that Standard and EBP precautions should be followed, and the staff should wear gown and gloves, when performing direct resident care in EBP rooms. V2 said that nursing staff should perform hand hygiene and wash hands before and after resident care, between each room. when administering medications and using the hand sanitizer that is provided. V2 stated that equipment used on the resident should be immediately cleaned with disinfecting wipes, and between different resident using and must be cleaned after each use. V2 stated that hand hygiene, equipment cleaning and using proper personal protective equipment (PPE) is very important to help prevent infection spreading to residents or staff members. On 3/4/2026 at 12:08 PM, V18 (Certified Nursing Assistant) stated that is important to wear gown and gloves when providing direct care in EBP rooms to help prevent infection spreading and that shared equipment should be cleaned and disinfected between each residents use to prevent contamination and infections spreading to other residents, visitors or staff members. On 3/4/2026 at 12:17 PM, V16 (LPN) stated that before administering medication or providing care for resident, a nurse should wash hand, perform proper hand hygiene and disinfect all equipment such as blood pressure monitor and cuff, blood glucose monitor, and thermometer to promote infection control and prevention of bacteria spreading to other residents or to the staff members. On 3/4/2026 at 12;28 PM, V8 (Restorative Aide) stated that when working with EBP residents and directly touching residents, the staff should perform hand hygiene and wear gowns and gloves to help prevent infection spreading. On 3/4/2026 at 12:40 PM, V15 (Infection Preventionist) stated that when the nurse is providing direct touch care in the EBP rooms, the expectation is to perform proper hand hygiene and don gown and gloves before entering room and perform hand hygiene after care. V15 stated that standard precautions apply to all the staff and nursing staff should always wash hands and perform proper hand hygiene before entering and after exiting resident rooms. V15 stated that the expectations are to wipe and disinfect all equipment shared between residents after each use and between residents and wait for it to properly dry before using again. V15 stated that proper hand hygiene and following standard infection control precautions is important to protect residents, visitors, staff members and to protect self from spreading infection. R2's Face sheet showed in part diagnosis including but not limited to Diabetes Mellitus due to underlying condition; Acute on chronic systolic congestive heart failure; Chronic Kidney disease; Bradycardia; Essential Hypertension; Hyperlipidemia; left bundle branch block; Methicillin susceptible Staphylococcus Aureus infection; History of Transient ischemic attack (TIA) and thrombosis of Atrium; Acute Pulmonary Edema; and Dysphagia. R6's Face sheet showed in part diagnosis including but not limited to Cellulitis of right lower limb; Cervical disc disorder; Gastro-esophageal reflux; Major Depressive disorder; Myalgia; Urgency of urination; Cerebral Palsy; Hyperlipidemia; and muscle weakness. R11's Face sheet showed in part diagnosis including but not limited to open Atherosclerotic heart disease; Displaced fracture of right ulna; Fracture of one rib; History of falling; Mild persistent asthma; Paroxysmal atrial fibrillation; Chronic kidney disease; Essential hypertension; Generalized (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	anxiety disorder; Hypothyroidism; Metabolic encephalopathy; Orthostatic hypotension and syncope. Facility's document titled Policy: Enhanced Barrier Precautions (Revised 12/2025) showed in part that the purpose it to implement Enhanced Barrier precautions (EBP) to prevent of transmission of multidrug-resistant organisms and that high contact residents include residents with wounds with skin opening and that gowns and gloves should be involved. Facility's document titled Handwashing/Hand hygiene (reviewed 12/2025), showed in part that the facility considers hand hygiene as the primary prevention tool of spreading of healthcare-associated infections and that all personnel should adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, resident or visitors. Document also showed in part, that hand hygiene is indicated immediately before and after touching a resident or resident's environment and after glove removal; Alcohol-based hand rub or soap and water should be used to perform hand hygiene. Facility's document titled Policy: Cleaning and Disinfection of Resident-Care Items and Equipment (Revised 12/2025), showed in part, that blood pressure cuffs and other non-critical items should be decontaminated and reusable items cleaned and disinfected between residents. Policy also showed in part that durable medical equipment must be cleaned before reused by another resident according to manufacturer's instructions and could include cleaning with Ethyl or isopropyl alcohol and other low level disinfectants. Facility's document titled Isolation-Categories of Transmission-Based precautions (Reviewed 12/2025), showed in part that Standard precautions should be used when caring for residents at all times regardless of suspected or confirmed infection status. Facility's document titled Standard Precautions (Reviewed 12/2025), showed in part that standard precautions should be used while caring for all residents in all situations regardless of diagnoses, suspected or confirmed infection status and that standard precautions include but not limited to hand hygiene, use of gloves and gowns and reusable resident's equipment should not be used on another resident until properly cleaned. Facility's document titled Infection Preventionist Nurse Job Description (Undated) showed in part that the Infection Preventionist Nurse is responsible for maintaining an infection prevention and control program in the facility and provide safe and sanitary environment and help prevent the development and transmission of communicable diseases and infection by coordinating, implementing, monitoring and evaluating facility's infection control program. Document showed in part one of the essential functions to educate healthcare teams and develop policies and procedures that address residents, staff, visitors and contracted staff issues related to infection control. Facility's document titled Licensed Practical Nurse Job Description (Undated), showed in part that Licensed practical nurse adheres to infection prevention policies; Possible for promoting and restoring residents' quality of life by providing nursing care as determined by the resident's needs and the plan of care and should identify and report equipment's concerns immediately and should maintain proper training. Facility's document titled Director of Nursing Job Description (Undated), showed in part that the director of nursing should provide clinical and management leadership for the nursing department and ensure that standards of quality care are followed. Doctor of nursing is responsible for holding staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	accountable for standard care and should demonstrate commitment to continuous quality improvement towards achieving the highest quality care results.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 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 observations, interviews and record review, facility failed to follow their policy and failed to properly label and marked open medications with opened date and failed to remove expired insulin from the medication cart. These failures affected five residents (R2, R9, R19, R28 and R30) residing on the 8th floor of the facility and have the potential to affect all 14 residents residing on the 8th floor unit of the facility.Findings include:On [DATE] at 9:31 AM, facility presented a census of 30 residents living at the 8th and the 9th floor units. Census showed 14 residents residing on the 8th floor unit.On [DATE] at 11:58 AM, observed 8th floor unit's medication room with V4 (Licensed Practical Nurse/LPN). Found the following in the 8th floor unit medication room refrigerator:R9's Lorazepam oral concentrate solution, 30ml bottle 2mg/ml, opened with no open date marked. R19's Lorazepam oral concentrate solution, 30ml bottle 2mg/ml, opened with no open date marked.On [DATE] at 12:59 PM, observed 8th floor unit's medication cart with V4 (Licensed Practical Nurse/LPN) and V4 stated that the cart serves all residents residing on the 8th floor unit of the facility. Found in the 8th floor unit medication cart the following:R2's Insulin Lispro 100units/ml multi dose vial injection , opened, with labeled expiration date of [DATE] and opened date marked of [DATE].R9's Latanoprost 0.005% ophthalmic solution, opened, with no open date labeled, no shortened expiration date marked.R19's Morphine Sulfate oral solution 100mg/per 5ml opened with no open date labeled or marked expiration date.R28's Morphine Sulfate oral solution 100mg/per 5ml opened with no open date labeled or marked expiration date.R30's Aluminum Hydroxide, Magnesium Hydroxide and Simethicone 400-400-40mg/5ml) oral suspension, opened with no open date marked, no shortened expiration date marked.House Stock of Chest Congestion relief DM oral solution, opened with no open date labeled/marked. On [DATE] at 1:02 PM V4 (LPN) stated that oral solutions and ophthalmic solutions after opening, should be labeled with an open date and new shortened expiration date. V4 stated that expired insulin should be not used, must be discarded and new insulin reordered form the pharmacy. V4 also said that usually, open ophthalmic solutions, and other multidose vials, are stable for 28 days after opening and therefore all opened medications should be labeled with an open date and marked with new shortened expiration date. On [DATE] at 12:51 PM, V2 (Director of Nursing/DON) stated that ophthalmic solutions are usually good for 30 days from the opened date and that all liquids and multidose vials should be dated with an open date. V2 stated that a good nursing practice is to label medications with an open date, so the following nurse would be aware of when the item was opened, and then the nurse would know when to discard the opened medications. V2 stated that all liquids, multi dose vials and ophthalmic solutions should have a new shortened expiration date labeled after the medication was opened. V2 stated that multi dose Insulin vials must be marked with an open date and a new shortened expiration date of 30 days after the insulin was opened , to ensure the correct date for proper discarding. V2 also stated that any expired insulin should be immediately removed from the medication cart, insulin should be reordered and replaced with a new vial. V2 stated that expired insulin should not be administered to resident.On [DATE] at 5:25 PM, V14 (Pharmacy Director of Operations) stated that the nursing staff should label all solutions and multi dose vials with an open date after opening. V14 stated that the new shortened expiration date of 30 days after opening an ophthalmic solution, or other oral solution should be written on the label. V14 stated that insulin should be labeled with an open date and shortened expiration date of 28 days after opening. V14 stated that insulin should be discarded after 28 days. V14 stated that is very important to mark an open date on multi dose vials because the medication would be less effective when used after recommended expiration dated.On [DATE] at 12:17 PM, V16 (LPN) stated that all medications when opened, should be labeled with an open date and a new shortened expiration date. V16 said that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	insulin should be marked with open date and new expiration date which is 28 days after opening. V16 stated that expired insulin should be discarded, and new insulin should be ordered from the pharmacy.R2's Order Summary Report showed in part an active order ([DATE]) for Insulin Lispro 100units/ml inject per sliding scale before meals.R9's Order Summary Report showed in part an active order ([DATE]) for Latanoprost Ophthalmic Solution 0.005% to instill one drop in both eyes one time a day for eye dryness.R9's Order Summary Report showed in part two active orders ([DATE]) for Lorazepam Intensol oral concentrate 2mg/ml to give 0.25ml or 0.5ml sublingually every four hours as needed for restlessness/anxiety. R19's Order Summary Report showed in part two active orders ([DATE]) for Lorazepam oral concentrate 2mg/ml to give 0.25ml or 0.5ml by mouth every 2 hours as needed for mild/severe anxiety/nausea.R28's Order Summary Report showed in part an active order ([DATE]) for Morphine sulfate 20mg/5ml to give 0.25ml sublingually every 2 hours as needed for severe pain or shortness of breath (SOB).R30's Order Summary Report showed in part an active order ([DATE]) for Alum & Mag Hydrox-Simethicone 400-400-40mg/5ml to give 30ml by mouth every 24 hours as needed for stomachache.Facility's document titled Medication Labeling and Storage Policy (Revised [DATE]), showed in part that the nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner and if the facility has outdated medications the pharmacy is contacted for instructions related to destruction. Policy further showed that labeling of medications should be consistent with applicable federal and state requirements and that opened multi-dose vials should be dated and discarded within 28 days.Facility's document titled Destroying Medication Policy, (Revised [DATE]/2025), showed in part policy statement that Medications that cannot be returned to the pharmacy should be dispose of in accordance to federal, state and local regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to identify, document, and report a new skin alteration (bruise) which affected one resident (R20) reviewed for skin conditions in the total sample of 30 residents. Findings include:On 3/2/2026 at 11:29 AM, V6 (Care Partner, Certified Nursing Assistant, CNA) observed in R20's room and assisting R20 (one person assist) from the bed to the wheelchair. V6 wheeled R20 into the bathroom, and R20 stood using the grab bars for assist and pulled down R20's pants and brief with V6 standing next to R20. This surveyor visibly observed a bruise on R20's left lateral thigh, purple in color, and approximately 3 inches by 2 inches in size. On 3/3/2026 at 10:55 AM, R20 stated that R20 doesn't know about the bruise on R20's left lateral thigh and said, I (R20) always bump into things. R20 gave permission for this surveyor to view R20's skin assessment from the nurse, and R20 pressed R20's call light.On 3/3/2026 at 10:58 AM, V4 (Licensed Practical Nurse, LPN) responded to R20's activated call light and entered the room. This surveyor requested for a skin assessment of R20, and V4 stated that R20 has no skin impairment. R20 stated that R20 must go to the bathroom, and V4 assisted R20 to walk to the bathroom with R20's walker. R20 pulled down R20's pants which exposed R20's purple, left lateral leg bruise, approximately 3 inches by 2 inches in size. R20 sat on the toilet. When asked about R20's bruise, V4 stated that V4 noticed it last week, and V4 never received in report of anything. V4 stated that when V4 noticed R20's new bruise last week, V4 asked fellow nursing staff about it, and V31 (Care Partner, CNA) said that R20 had it (bruise). V4 stated, I (V4) didn't report it to no one. V4 then touched R20's bruise saying that R20 is not complaining of pain to this area, but the bruise is kind of big. V4 assisted with R20's perineal care and transfer back to R20's reclining chair in the room. This surveyor and V4 exited R20's room, and V4 stated that on an unknown date last week, V4 documented R20's new left lateral leg skin bruise in the progress notes, and V4 did not report R20's new bruise to V2 (DON), the doctor or family representative. V4 stated that the CNAs are supposed to let the nurses know when they see something new, like a bruise. V4 stated that when V4 asked V31 about this bruise last week when V4 first noticed R20's bruise, and V31 said that V31 saw it too. On 3/4/2026 at 11:50 AM, this survey requested from V1 (Administrator), V2 (Director of Nursing, DON) and V3 (Assistant Administrator) for R20's skin assessment/evaluation/report documented by V4 in R20's progress notes (for R20's left lateral leg bruise viewed by this surveyor during this survey). On 3/4/2026 at 1:00 PM, when asked for previously requested documentation by V4 for R20's left lateral leg bruise, V2 stated, I (V2) think she (V4) didn't do it. I didn't see any documentation. V2 stated that if V4 observed a new skin alteration, like a bruise, then V4 must document it in an incident report. V2 stated that R20 has no current incident report for a new bruise. V2 stated that nurses perform skin assessments twice weekly, and nurses are to document skin changes or abnormalities in the resident's electronic health record. V2 stated that upon identifying a new skin alteration, like a bruise, the nurse must notify V2 (DON), the resident's doctor, and the resident's family representative. V2 stated that prior to this surveyor requesting for documentation on 3/4/2026 for R20's left leg bruise, V2 received no report from the nursing staff about R20's bruise. V2 stated that after this surveyor requested for R20's bruise documentation on 3/4/2026, V2 went to assess R20's skin and observed a small bruise on R20's left lower leg. When asked about the large purple bruise, approximate size of 3 inches by 2 inches, on R20's left lateral thigh, V2 stated, I didn't see that one. V2 stated that V2 was not made aware of R20's left lateral thigh bruise, and V2 will go back with the nurse on duty to perform a full skin assessment to ensure an incident report is generated. V2 stated that the purpose of identifying a new skin alteration and then the nurse making the appropriate notifications is this is the safe way for the resident to see if anything happened to cause the bruise. V2 stated that the incident report is utilized so staff can review and check the last time when the resident's skin was without the new bruise and to determine the cause of the bruise. V2 stated that CNAs assess resident's skin during (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bathing and ADL care and must notify the nurse right away if there is a new skin bruise. V2 stated that this is standard nursing practice.R20's admission Record (Face Sheet) documents, in part, diagnoses of dementia, acquired absence of lung, depression, hypertension, acute ischemic heart disease, unsteadiness on feet, anxiety disorder, diverticulitis, low back pain and atrial fibrillation and admission date of 2/13/2026.R20's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 5 which indicates that R20 has severe cognitive impairment. R20's Skin Conditions (section M) indicate that R20 has no pressure ulcer/injury, other ulcer, wound or skin problem. R20's Skin Only Evaluation, dated 2/13/2026 (admission date), documents, in part, that R20's skin baseline is skin warm and dry, within normal limits skin color, mucous membranes moist, turgor normal and that R20 does not have a current skin issue. Review of R20's Skin Only Evaluations in R20's electronic health record (EHR) from admission date to 3/3/2026 show only one additional Skin Only Evaluation, dated 2/21/2026, which was blank (no documentation) and no nurse signature. R20's Care Plan, dated 2/15/2026, documents, in part, a focus that R20 is on anticoagulant therapy with an intervention to monitor, document and report whenever needed (PRN) adverse reactions of anticoagulant therapy such as bruising. R20's Progress Notes reviewed from February to March 4, 2026 (at 2:20 PM) which show no documentation of R20's left lateral leg bruise by V4 (LPN) or any other staff.Facility policy titled Skin Assessment Policy dated March 2017 documents, in part, Policy Statement: In accordance with federal regulations under 42 CFR 483.25 (Quality of Care) and guidance issued by the Centers for Medicare & Medicaid Services (CMS), the facility will ensure that each resident receives timely, comprehensive skin assessments to identify existing skin conditions and changes in condition. Assessments will be sufficient to determine risk factors and to accurately document the presence, absence, or progression of skin impairment, including pressure injuries. Purpose: To ensure consistent, thorough, and timely evaluation of each resident's skin condition in order to identify alterations in skin integrity and support regulatory compliance. Procedure: 1. admission Assessment: A licensed nurse will complete and document a comprehensive head-to-toe assessment upon admission. The assessment will: Identify and describe all existing skin conditions, including pressure injuries, skin tears, rashes, surgical wounds, and discolorations; Include objective description of location, size, and characteristics of any alteration in skin integrity; Clearly distinguish pre-existing conditions present on admission. 2. Routine Skin Assessments (as needed or as ordered). A licensed nurse will perform and document ongoing skin assessments: Weekly for the first four (4) weeks following admission; At least monthly thereafter; More frequently for residents identified as at risk for impaired skin integrity. Observations made during routine care that indicate a potential change in skin condition must be reported promptly to licensed nursing staff for assessment. 3. Significant Change in Condition: A comprehensive skin assessment will be completed when there is a significant change in the resident's physical, cognitive, nutritional, mobility, or medical status, including but not limited to: Return from hospitalization; Decline in mobility; Changes in incontinence; Acute illness; Any newly identified area of skin concern. 5. Documentation Standards: All skin assessments must be: Timely and completed by licensed nursing staff; Accurate, objective, and descriptive; Reflective of the resident's current condition; Consistent with medical record documentation and required federal reporting.Facility policy titled Change in Condition Policy dated 4/8/2025 documents, in part, Policy Statement: Our facility notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Policy Interpretation and Implementation: The nurse will notify the resident's attending physician or physician on call when there has been a(an): a. accident or incident involving the resident b. discovery of injuries of an unknown source c. adverse reaction to medication d. significant change in the resident's physical/emotional/mental condition . Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. the resident is involved in any accident or incident that results in an injury including injuries of an unknown source b. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	there is a significant change in the resident's physical, mental, or psychosocial status . 4. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status. 5. Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments . 7. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. Facility policy titled Residents' Rights for People in Long-term Care Facilities dated August 2021 documents, in part, You have the right to.Safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction.Facility job description (undated) for Care Partner (CNA) documents, in part, that the Care Partner is responsible, under the direct supervision of the Charge Nurse and in accordance with prescribed procedures and established quality care standards, for providing direct personal and restorative nursing care to an assigned number of residents, while at all times ensuring the safety and well-being of all our residents. Essential functions include that the Care Partner provides and/or assists residents with all aspects of personal hygiene and activities of daily living in accordance with established care procedures and standards.Facility job description (undated) for Licensed Practical Nurse documents, in part, that the LPN is responsible for promoting and restoring residents' quality of life by providing nursing care as determined by the needs of the residents' and their individual plan of care. The LPN's essential functions are documented, in part, to assess and identify individual needs; identifies issues and develops appropriate, person-centered plan in collaboration with all health care disciplines; and provides confident, efficient and complete care within established scope of practice as permitted by licensure and outlined in individual care plan of resident; supervises nursing staff (care partners) to ensure appropriate, person-centered care is always being delivered; and reports concerns and/or changes in resident's physical conditions to RN (Registered Nurse) or DON (Director of Nursing).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 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 observations, interviews and record review, facility failed to implement their policy and failed to ensure that oxygen equipment was properly contained when not in use for two residents (R8 and R24); Failed to properly label and date one resident's (R13) oxygen equipment and failed to discard/replace unused expired oxygen tubing for one resident (R8). These failures affected three residents reviewed for respiratory care in the final sample of 30 residents.Findings include: On [DATE] at 9:31 AM, facility presented a census of 30 residents living at the 8th and the 9th floor units. On [DATE] at 10:45 AM, observed in R8's room unused oxygen machine positioned next to R8's bed. Observed next to oxygen machine an oxygen tubing stuck in R8's dresser drawer sticking out and hanging down, all the way to the floor. The connecting end portion of the tubing was coiled on the floor, completely resting on the floor with labeled date on the tubing of [DATE]. R8 stated that R8 used oxygen in the past, but currently using oxygen only as needed for shortness of breath but did not need to use for a while. On [DATE] at 10:35 AM, observed in R8's room the same oxygen tubing stuck in the dresser, hanging down to the floor, coiled on the floor in the same exact position as the observation from previous day ([DATE]) with the same date of [DATE] labeled on the tubing. On [DATE] at 11;30 AM, during medication pass with V4 (Licensed Practical Nurse/LPN), observed in R24's room oxygen nasal cannula tubing resting inside of a metal basket of respiratory treatment machine, not contained properly, labeled with a date of [DATE]. On [DATE] at 11:40 AM, observed with V4(LPN) in R8's room, oxygen tubing laying on the floor and labeled with date of [DATE]. On [DATE] at 11:40 AM, V4 (LPN) stated that oxygen tubing should have been properly contained in the plastic bag and that usually changing and labeling of the oxygen tubing is a nursing responsibility, but the night shift nurse performs the task and changes oxygen tubing weekly. V4 also said that the oxygen tubing should be properly contained in a plastic bag and should not be touching the floor. V4 additionally said that if resident is not using oxygen and oxygen tubing for more than a week, the tubing should be discarded and that the oxygen tubing should not be used after a month from labeled opened date. V4 affirmed that R8's oxygen tubing expired and should be discarded immediately, and a new tubing should be placed in the room if R8 needed to use oxygen again. V4 said that keeping oxygen tubing properly contained in a plastic bag is important to prevent infection spread to the resident. On [DATE] at 12:51 AM, V2 (Director of Nursing/DON) stated that oxygen tubing should be always contained in a plastic bag when not in use and that the oxygen tubing should be changed weekly and labeled with an open date. V2 said that the oxygen tubing should not be laying on the floor, touching the floor or other equipment when not in use, because the oxygen tubing could contaminate and cause infection. V2 said that properly contained oxygen tubing prevents infection spread to the residents. On [DATE] at 12:17 PM, V16 (LPN) stated that oxygen tubing that is not actively used should not be touching or laying on the floor, should be contained inside plastic bag and dated. V16 also said that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oxygen tubing should be changed weekly and discarded after expired date, which is 30 days after opening. On [DATE] at 12:40 PM, V15 (Infection Preventionist) stated that oxygen equipment and tubing should be dated when opened. V15 stated that unused oxygen tubing should be stored in a plastic bag and should never touch the floor because that could spread germs and cause infection spread to the resident, staff and other residents. V15 stated that expired oxygen tubing should not be used, should be discarded. R8's Face sheet showed in part diagnosis include but is not limited to Other Sarcomas of Liver; Generalized Anxiety disorder; Fusion of spine in Lumbar region; Low back pain; Muscle weakness, Asthma, Atrial fibrillation, Essential Hypertension, Urinary Incontinence; Migraine; Right hip pan; Postprocedural hemorrhage of a circulatory system organ or structure following other procedure and Spinal stenosis. R8's Minimum Data Sheet (MDS) ([DATE]) in section C for Cognitive patterns showed a Brief Interview for Mental Status (BIMS) score of 15, which indicates intact cognition. R8's Care plan ([DATE]) showed in part that R8 was admitted to hospice and comfort focused care at this time and that has liver disease related to Cancer of liver. R8's care plan also showed in part that R8 has altered respiratory status related to history of Obstructed Sleep Apnea (OSA) and Asthma and should have oxygen settings at 2L via nasal cannula as needed for shortness of breath (SOB) for comfort. R8's active order ([DATE]) showed in part, an active order for Oxygen at 2L as needed for shortness of breath for comfort. R24's Face sheet showed in part diagnosis include but is not limited to Type 2 Diabetes Mellitus; Hyperlipidemia; Unspecified Dementia; Essential Hypertension; Nonrheumatic tricuspid insufficiency; Left ventricular failure; Cardiomegaly; Venous Insufficiency (chronic, peripheral); Pleural Effusion and Anemia. R24's Order Summary Report showed in part an Active order ([DATE]) for AVAPS machine for sleep apnea at bedtime and in the morning and in the morning switch mask to nasal cannula and connect to oxygen concentrator. R24's Care plan focus ([DATE]), showed in part that R24 has altered respiratory status and difficulty breathing related to sleep apnea and interventions using AVAPS machine. Facility's document titled Oxygen Administration Policy, (Revised [DATE]), showed in part the purpose to provide safe oxygen administration for residents and that oxygen is administered via oxygen mask, nasal cannula and may have humidifier bottle necessary when administering. Document also showed in part, that used supplies should be discarded into designated container. Facility's document titled Oxygen Equipment Storage Policy (Revised [DATE]), showed in part that the purpose is to ensure safe storage of oxygen equipment which includes but not limited to concentrators, tubing, and humidifiers) in compliance with state licensure requirements and federal Conditions of Participation and life safety standards. Policy showed in part, that The facility shall store oxygen-related equipment in a clean, organized, and safe manner that prevents fire hazards, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	protects residents and staff, and maintains equipment integrity. Policy also documented in part that the unused oxygen tubing, cannulas and humidifiers should be stored in original package or containers (plastic bags) and that opened and not used supplies must be handled per infection control guidelines; equipment must be cleaned, should comply with federal requirements and should not be stored on the floor and that nursing staff is responsible for proper cleaning and returning of equipment after use. R13's medical diagnoses include but are not limited to traumatic subdural hemorrhage, fracture of base of skull, cerebral edema, atrial fibrillation, heart failure, presence of prosthetic heart. On [DATE] at 11:28am R13 observed lying in bed connected to oxygen via nasal cannula and connected to humidifier bottle. No date observed to R13 nasal cannula tubing or humidifier bottle. On [DATE] at 11:33am V22 (Registered Nurse/RN) stated that she does not see a date on R13's oxygen tubing or humidifier bottle. V22 stated that there should be a date on the nasal cannula and the humidifier bottle. V22 stated that oxygen tubing is usually changed once a week on Saturdays. On [DATE] at 2:34pm V15 (Infection Preventionist/IP) stated that oxygen tubing should have a date on it so that everyone knows when it was placed on the resident. V15 stated that oxygen tubing must be replaced weekly. V15 stated that not changing the oxygen tubing can cause infection. R13's physician order dated [DATE] documents in part, On continuous O2 (oxygen) regulated to 4 lpm (liters per minute). R13's physician order start date [DATE] documents in part, Change and replace oxygen tubing every Saturday evening. R13's care plan with admission date of [DATE] documents in part, R13 has oxygen therapy in place r/t (related to) ineffective gas exchange and shortness of breath.change tubing per facility protocol.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations, interviews and record review, facility failed to follow their policy and federal regulations and failed to ensure the Daily Nurse Staffing Posting information forms were posted daily in a prominent place readily accessible to residents, staff and visitors. These failures have the potential to affect all 30 residents residing in the facility. Findings include:On 3/2/2026 at 9:31 AM, facility presented a census of 30 residents living at the 8th and the 9th floor units.On 3/2/2026 at 10:30 AM, surveyor observed main lobby of the facility and the 8th floor unit. Observed nursing station, posting boards at the nurse's station and announcements and information posted on the walls of the 8th floor unit. The Daily Nurse Staffing Posting sheet was not observed displayed prominently anywhere on the 8th floor unit or main lobby of the facility.On 3/3/2026 between 11:40AM and 11:57 AM, surveyor observed main lobby , 8th floor unit and 9th floor unit of the facility and did not observe the Daily Nurse Staffing Posting sheets prominently displayed on any surface of the facility's used bulletin boards or other display areas.On 3/3/2026 at 12;07 PM, V4 (Licensed Practical Nurse/LPN) stated that V4 is not aware of prominently posted sheet that would contain the daily nurse staffing posting information. V4 said that the only sheet the unit has at the nurse's station is the daily schedule that shows the staff caring for certain residents.On 3/3/2026 at 12:51 PM, V2 (Director of Nursing/DON) stated that the facility makes sure that there is continuing nursing coverage 24 hours per day, 7 days a week and that V2 is a full time in the role of DON. V2 stated that the daily staffing schedules are posted at each nurse's station, but V2 is not sure where the Daily nursing staffing posting sheet would be located. V2 said that V2 thinks the Daily nursing staffing posting sheet should be posted on each unit. V2 stated that V13 (Scheduler/CNA) is the scheduler for the facility and is responsible for filling out the Daily nursing staffing postings and that V2 assists V13 with the responsibilities.On 3/3/2026 at 2:41 PM, V13 (Scheduler/CNA) stated that the Daily schedules are located at each nurse's station, and that V13 fills out Daily nursing staffing posting sheets, but has the sheets located at V13's office in a binder. V13 said that V13 was not aware that the Daily nursing staffing posting sheets should be prominently displayed for all residents, staff and visitors to easily locate and said I did not know that it was supposed to be posted, I update them daily . V13 did not know that the Daily nursing staffing posting sheets should be clearly displayed and visible and V13 said that V13 can bring the sheets from V13's office and present to the surveyor. V13 stated that the Daily nursing staffing posting sheets should include the name of the facility, date, census and total number of hours worked per shift for nurses and nursing assistants.On 3/3/2026 at 2:55 PM, V13 (Scheduler/CNA) presented Daily nursing staffing posting sheets and stated that V13 went to obtain the sheets from V13's office from a binder. V13 stated that V13 has been in a role of scheduler for about a year and had training for the role of scheduler but was not told that the Daily nursing staffing posting information should be prominently posted.On 3/3/2026 at 3:19 PM, V1 (Administrator) stated that the Daily nursing staffing posting sheets were located inside of staffing binders at each nurse's station and that binders are easily accessible to residents or visitors. V1 stated that, starting immediately, the facility will start posting the Daily nursing staffing posting sheets on each nurse's station bulletin boards.Facility's document titled Staffing Sufficient Nursing Policy(Revised 5/13/2025), showed in part that direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care for residents) should be posted in the facility for every shift.Facility's document titled Facility Wide Assessment, (December 2025), showed in part in section Policies and Procedures for Provision of Care that the care needs of the residents, and the requirements of regulations, rules and laws govern the needed policies and procedures.Facility's document titled Nursing Scheduler/Care Partner Job Description (Undated), showed in part that The Scheduler is responsible for coordinating, creating, maintaining, and monitoring staffing schedules for the nursing department to ensure adequate coverage and compliance with staffing requirements. Document showed in part that Essential functions include but are not limited to monitoring daily (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146165	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Admiral at the Lake, The	933 West Foster Avenue Chicago, IL 60640

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	staffing; Ensuring schedules comply with applicable staffing regulations and Maintaining accurate scheduling records and reports.Facility's document titled Director of Nursing Job Description (Undated), showed in part that the director of nursing should provide clinical and management leadership for the nursing department and ensure that standards of quality care are followed. Doctor of nursing is responsible for holding staff accountable for standard care and should demonstrate commitment to continuous quality improvement towards achieving the highest quality care results.