STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146174	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Circle	3659 West 99th Street Chicago, IL 60655

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 49572 Based on observation, interview, and record review, the facility failed to develop written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, and exploitation within the QAPI (Quality Assurance and Performance Improvement) program. This failure has the potential to affect all 23 residents residing at the facility. Findings include: Review of facility census dated 2/03/25 documents that there are 23 residents that reside in the facility. Record review of facility-provided documentation of QAPI (Quality Assurance and Performance Improvement) minutes from January 2024 through January 2025 does not indicate that any dialogue regarding abuse, neglect, and exploitation was discussed. Review of facility policy titled, Abuse, Neglect and/or Misappropriation of Resident Funds or Property and Exploitation Prohibition, revised date 12/2019, does not indicate how staff will communicate and coordinate situations of abuse, neglect, and exploitation within the QAPI (Quality Assurance and Performance Improvement) program. Review of facility policy titled, Mission Driven Quality Assurance and Performance improvement Plan (QAPI), dated April 2015, does not indicate the facility intergrading their Abuse Policy with their facility's QAPI policy/program. On 2/4/25 at 10:33am, V1 (Director of Nursing/DON) said, The Administrator is the Abuse Coordinator, but in her absence, I (V1) am the Abuse Coordinator. For QAPI (Quality Assurance and Performance Improvement), we (facility) have internal and external QAPI meetings. Nursing meets monthly with the internal department heads for QAPI, and the opposite month nursing meets with the external departments such as pharmacy, lab, and radiology. The medical director attends all the meetings. When asked if the facility's Abuse policy coordinates with the facility's QAPI policy/program, V1 replied, I (V1) think so. When asked if abuse is discussed in the facility's QAPI meetings, V1 replied, When we (facility) see there is a room for QAPI in abuse we (facility staff) would bring it up and disseminate it to the staff. Surveyor gave V1 the facility policies on abuse and QAPI that V1 gave to surveyor for review. When asked if V1 can show this surveyor where it indicates the facility's abuse prevention policy/program coordinates with facility's QAPI policy program, V1 replied, I (V1) don't see where it specifically narrates that correlation. I (V1) don't see it in the policies. (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
	146174	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Circle	3659 West 99th Street Chicago, IL 60655

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Facility policy titled, Resident Rights, undated, documents, in part, . Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . c. be free from abuse, neglect, misappropriation of property, and exploitation . Facility job description titled, Director of Nursing, undated, documents, in part, . Sit on Quality Assurance Committee and through the QA process, develop and implement action plans/projects/studies for Continuous Quality Improvement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146174	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Circle	3659 West 99th Street Chicago, IL 60655

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. 45346 Based on observation and interview, the facility failed to have signage posted identifying a resident who has oxygen in use in the resident's room to prevent a possible hazard. This affected one resident (R12) in a total sample of 21 residents. Findings include: On 02/03/2025 at 10:45am surveyor observed an oxygen tank, contained in a stand, sitting on the floor in R12's room. No Oxygen in Use sign posted on the outside of R12's door indicating that oxygen was in use in R12's room. On 02/03/2025 at 11:45am V1(Director of Nursing) stated, yes, there should be a sign on the door indicating that oxygen is in use in R12's room. On 02/05/2025 at 10:30am V1(Director of Nursing) stated the nursing staff are responsible for placing the Oxygen in Use sign on the resident's room door if the resident requires and receives an order for oxygen. V1 stated the sign is to be placed on front of the resident's door or there is a magnetic sign the staff can place on the door frame. V1 stated if the resident or family smokes in a room with oxygen; this can be a fire hazard. R12's diagnosis includes, but are not limited to, chronic obstructive pulmonary disease, unspecified, atherosclerotic heart disease of native coronary artery without angina pectoris, acute combined systolic (congestive) and diastolic (congestive) heart failure, and type 2 diabetes mellitus without complications. R12 has a Brief Interview for Mental Status (BIMS) dated 12/04/2024 which documents R12 has a BIMS score of 15, indicating R12's cognition is intact. R12's most current Order Summary Report documents in part, O2(oxygen) 2L(liters) via nasal cannula prn (as needed). R12's care plan documents in part, Focus: R12 has COPD (Chronic Obstructive Pulmonary Disease). Goal: R12 will display optimal breathing patterns daily through review date. Intervention: Oxygen Settings: O2(oxygen) via NC9nasal cannula) @(at) 2L(liters). On 02/05/2025 reviewed the facility's policy dated May 2008 and titled Oxygen Administration, which documents in part, Underneath Supplies that may be required for this procedure: l) Oxygen in use, no smoking sign as required.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146174	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Circle	3659 West 99th Street Chicago, IL 60655

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 - Some Note: The nursing home is disputing this citation.	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572 Based on observation, interview, and record review, the facility failed to conduct hand hygiene prior to passing meal trays. This failure has the potential to affect 6 residents (R7, R11, R12, R22, R23, and R123) reviewed for infection control in the sample of 21 residents. Findings include: On 2/03/25 at 11:52am, surveyor observed V4 (certified nursing assistant/CNA) perform hand hygiene and wash her (V4) hands, retrieve a dish of food from the steamtable, walk to the table R4 was sitting at and serve R4 the dish. V4 then walked back to the steamtable, did not perform hand hygiene, retrieved another dish of food from the steamtable, walked to the table R12 was sitting at and served R12 the dish. After serving R12 the dish of food, V4 went back to the steamtable, did not perform hand hygiene, retrieved another dish of food from the steamtable, walked to the table R22 was sitting at and served R22 the dish. V4 then walked to the sink, performed hand hygiene, and washed her (V4) hands. V4 then retrieved a dish of food from steamtable, walk to the table R8 was sitting at and served R8 the dish. V4 then walked back to the steamtable, did not perform hand hygiene, retrieved another dish of food from the steamtable, walked to the table R23 was sitting at and served R23 the dish. V4 then walked back to the steamtable, did not perform hand hygiene, retrieved another 2 dishes of food from the steamtable, handed the dishes to V5 (Certified Nursing Assistant/CNA) who preceded to serve other residents on the other side of the dining room. V4, did not perform hand hygiene, then retrieved another dish of food from the steamtable, walk to the table R7 was sitting at and served R7 the dish. V4 then walked back to the steamtable, did not perform hand hygiene, retrieved another dish of food from the steamtable, walked to the table R11 was sitting at and served R11 the dish. V4 then walked to the sink, performed hand hygiene, and washed her (V4) hands. On 2/03/25, V4 (certified nursing assistant/CNA) stated that hand sanitizer or soap and water should be used to clean hands in between each resident when serving food to prevent germs from spreading. R7's Face Sheet documents, in part, diagnoses that include but are not limited to Parkinson's disease with dyskinesia; cognitive communication deficit; major depressive disorder; and unspecified abnormalities of gait and mobility. R7's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 09 which indicates that R7's cognition is moderately impaired. R11's Face Sheet documents, in part, diagnoses that include but are not limited to anxiety disorder; hypertension; hypothyroidism; muscle weakness; and other abnormalities of gait and mobility. R11's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 12 which indicates that R11's cognition is moderately impaired. R12's Face Sheet documents, in part, diagnoses that include but are not limited to limitation of activities due to disability; other abnormalities of gait and mobility; muscle weakness; lack of coordination; hypertension; and history of falling. R12's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R12 is cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146174	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Circle	3659 West 99th Street Chicago, IL 60655

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 - Some Note: The nursing home is disputing this citation.	R22's Face Sheet documents, in part, diagnoses that include but are not limited to encounter for surgical aftercare following surgery on the digestive system; acute cholecystitis; urinary tract infection; and history of falling. R22's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 13 which indicates that R22 is cognitively intact. R23's Face Sheet documents, in part, diagnoses that include but are not limited to history of falling; paroxysmal atrial fibrillation; hypertension; and hyperlipidemia. R23's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 11 which indicates that R23's cognition is moderately impaired. R123's Face Sheet documents, in part, diagnoses that include but are not limited to covid-19; history of falling; rhabdomyolysis; and chronic kidney disease, stage 3. R123's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 14 which indicates that R123 is cognitively intact. On 2/4/25 at 10:33am, V1 (Infection Preventionist/Director of Nursing/DON) said, My expectations for staff during meals are I (V1) expect staff not to touch their hair, keep hair pulled back and have a portable hand sanitizer on them (staff). Hand hygiene should be done between each resident when serving food. The purpose is as a precaution to be proactive to make sure standard precautions are followed to prevent the spread of infection. It's proper infection protocol. Facility policy titled, Hand Hygiene, undated, documents, in part, Hand hygiene is the single most important measure for reducing the risk of the spread of infection. Hand hygiene is part of standard precautions. It can reduce the transmission of healthcare associated infections to resident and colleagues . Consistent practice of good hand hygiene procedures reduces healthcare associated infections by preventing the spread of microorganisms . The following is a list of some situations that require hand hygiene: . o Before and after eating or handling food (perform handwashing with soap and water) o Before and after assisting a resident with meals (perform handwashing with soap and water) o After touching items or surfaces in the immediate care area even if the resident wasn't touched . Facility job description undated and titled Infection Preventionist Responsibilities, documents, in part, . Responsibilities include collecting, analyzing, and providing infection data and trends to nursing colleagues and healthcare practitioners; consulting on infection risk assessment, prevention, and control strategies; providing education and training, and implementing evidence-based infection control practices, including those mandated by regulatory and licensing agencies and guidelines from the CDC (Center for Disease Control and Prevention). The following activities are performed as directed or clinically indicated: . o Coordinate and monitor infection rounds processes . o Evaluate care procedures used for infection prevention and control techniques . Facility job description undated and titled Certified Nursing Assistant, documents, in part, The certified nursing assistant position provides quality nursing care to residents; implements specific procedures and programs . Performs all job responsibilities in accordance with prescribed safety and infection control procedures, including thorough hand washing, . Facility job description undated and titled Director of Nursing, documents, in part, . implement an Infection Control Program .