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	04/30/2026

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interviews and record review, facility failed to follow their policy and federal regulation and failed to ensure that the Daily Nursing Staffing Posting was completed appropriately. These failures have the potential to affect all 23 residents residing at the facility.Findings include:On 4/27/2026 at 9:45 AM, facility presented a census of 23 residents living at the 3rd floor unit.On 4/28/2026 at 12:12 PM, on the 3rd floor unit, observed Daily Nursing Staffing Posting displayed in the hallway by the first nursing station in the glass covered posting cabinet. Observed the Daily Nursing Staffing Posting sheet prefilled with dates from 4/26/2026-5/2/2026, with Facility's name, Nurses and Certified Nursing Assistants (CNA's) total hours per shift, and observed slots for the facility's Census empty, not filled out with the Census information for all the dates on the sheet.On 4/28/2026 at 12:53 PM, V8 (Clinical Services Manager/Assistant of Director of Nursing/ADON) stated that V8 performs scheduling for nursing staff and gives Daily Nurse Staffing Posting information to V9 (Administrator Services Manager) and V9 updates the postings daily. V8 stated that the Daily Nurse Staffing Posting Information should be posted in a visible area of the unit, and the sheets should include information on the total hours worked per shift for nurses and nursing assistants, the date, the facility's name and the current census. V8, looking at the displayed Daily Nurse Staffing Posting, affirmed that all the required information is not filled out and affirmed that the facility's census information is missing.On 4/28/2026 at 1:16PM, V9 (Administrative Services Manager) stated that V9 is responsible for filling out the Daily Nurse Staffing Posting forms and that V9 updates the postings daily if any changes are made. V9 stated that the Daily Nurse Staffing Posting information should be displayed prominently for all residents and visitors to see easily. V9 also said that the facility's posting should be located on the 3rd floor unit in the hallway by the first nurse's station, in the glass display cabinet. V9 stated that V9 is not familiar with the facility's Daily Nurse Staffing Posting policy and stated that the form should include the total number of hours worked per shift for nurses and nursing assistants, and the posting should include the date and the name of the facility. V9 stated, while looking at the copy of the facility's Daily Nurse Staffing Posting sheet, that there is a place on the form for facility's census information and that V9 thinks that the daily census information should be filled out, but V9 was not positive that it was one of the requirements. V9 affirmed that the facility's Daily Nurse Staffing Posting Form for the week of 4/26/2026 does not have facility's census information filled in. V9 presented Daily Nurse Staffing Posting Sheets for last 6 weeks, and while reviewing the sheets, V9 said that V9 has not been filling out the census information on the Daily Nurse Staffing Posting sheets. Observed Daily Nurse Staffing Posting sheets from 3/15/2026 to 4/28/2026 and was found that all of the sheets were missing facility's census information filled out for every day. V9 said that V9 was not familiar with the regulation requirements regarding the Daily Nurse Staffing Posting and that V9 should learn the required information that must be filled out on the Daily Nurse Staffing Posting Sheets. On 4/28/2026 at 1:23 PM, V1 (Administrator) stated that the Daily Nurse Staffing Posting Sheets should include the Date, Facility's name, Total number of hours per shift for nurses and nursing assistants and the facility's Census number. V1 affirmed, while looking at the copy of the facility's Daily Nurse Staffing Posting Form, that V1 does not see the facility's Census information filled in for any of the days on the sheet or the earlier Daily Nurse (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
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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Staffing Posting sheets from 3/15/2026 to 4/28/2026. V1 stated that V1 is not sure if the facility has a policy for Daily Nurse Staffing policy but will check with corporate offices and provide when available. V1 also said that V1 should be familiar with the regulation and requirements for the Daily Nurse Staffing Posting Information.On 4/29/2026 at 12:52 PM, V2 (Director of Nursing/DON/Infection Preventionist/IP) stated that the Daily Nurse Staffing Postings should be visible at the 3rd floor unit and should have all necessary components filled out, but V2 is not very familiar with the requirements and stated that filling out the Daily Nurse Staffing Postings was not V2's responsibility.Facility's Documents titled Daily Staff Nursing 2026 (4/26/2026 to 5/2/2026) showed in part that facility's Census information for 4/26/2026 and 4/27/2026 are missing and are not filled out. Additional Facility's Daily Staffing Nursing sheets for the weeks of 4/19/2026 - 4/25/2026; 4/12/2026 - 4/18/2026; 4/5/2026 - 4/11/2026; 3/29/2026-4/4/2026; 3/22/2026-3/28/2026 and 3/15/2026-3/21/2026 showed that all facility's Daily Nurse Staffing Posting sheets were missing documentation of the facility's Census numbers for each day of the week from 3/15/2026 to 4/28/2026.Facility's Document titled Posting of Direct Care Daily Staffing Numbers (11/1/2019) showed in part that the facility should post at the beginning of each shift, in the prominent location that is accessible to residents and visitors the following information including but not limited to Facility name, Date, Total number and actual hours worked of licensed and unlicensed nursing staff and Resident Census.Facility's Document titled Position Description Administrative Services Manager (Undated) showed in part that some duties include but are not limited to preparing agendas, schedules, distribution of documents, anticipating changes and adjusting accordingly, preparing reports and non-routine information and performing of data entry and proofreading of internal and external documents.Facility's Document titled Role Profile Director of Nursing (Undated), showed in part that the Director of Nursing (DON) should provide management and supervision of the nursing care provided to the residents of the facility and the DON manages the day to day operations of the facility, ensures that the facility is operating within the state and federal regulations and is responsible for nursing outcomes, reviews and adjusts daily nursing hours in accordance to census and reviews and implements staffing plan for the facility's Nursing staff.Facility's Document titled Position: Executive Director (Undated), showed in part that some of the essential functions of the Executive Director (Administrator) include but are not limited to maintaining working knowledge of applicable federal and state laws and regulations and other policies and procedures to ensure adherence and insuring compliance with regulatory agencies.The (Rev. 229; Issued: 04-25-25; Effective: 04-25-25; Implementation: 04-28-25) State Operations Manual documents, in part,S483.35(i) Nurse Staffing Information.S483.35(i)(1) Data requirements. The facility must post the following information on a daily basis:(i) Facility name.(ii) The current date.(iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides.(iv) Resident census.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure that the medication carts were kept clean and free of loose pills, failed to ensure multi-use medications were labeled with an open date, failed to discard expired medications and failed to discard expired medication supplies. These failures have the potential to affect all 23 residents assigned to the medication cart.Findings include:On 04/28/26 at 12:38pm during medication storage and labeling task with V4 (Registered Nurse/RN) of 3rd floor medication cart, there were 12 loose unidentified pills observed in the medication drawers, an opened tube of Diclofenac sodium topical gel 1% with no open date, an open tube if bacitracin zinc antibiotic ointment with no open date, Vitamin B1 100mg (milligram) with expiration date of 02/2026, Omeprazole 20mg with expiration date that was unable to be read, tuberculosis needle with expiration date of 01/31/25.On 04/28/26 at 12:38pm V4 (RN) stated that the loose pills on the medication cart should be discarded. V4 stated that the loose pills are trash because they are not labeled and are unsanitary. V4 stated that expired medications should not be given to residents because the expired medications lose their efficacy. V4 stated that supplies are not appropriate for use if they are expired. On 04/28/26 at 12:44pm observed medication storage room with V4 (RN). Observed medication Aspercreme with expiration date of 03/2026.On 04/29/26 at 3:25pm V2 (Director of Nursing/DON) stated that her expectation is that there's no expired medications or supplies in the medication cart. V2 stated that expired medications are detrimental to residents and should not be on the medication cart. V2 stated that expired medications and supplies should be discarded and replaced with non-expired supplies. V2 stated that loose pills are unacceptable and unsanitary. V2 stated that loose pills cannot be properly identified if they are not in their original package.Facility's policy titled Storage and Expiration Dating of Medications and Biologicals revised date 06/30/25 documents in part, Procedure: 10. Facility should ensure medications and biologicals that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the pharmacy or supplier. 11. Once any medication or biological package is opened, facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the primary medication container when the medication has a shortened expiration dated once opened. 12. Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged, or missing labels or cautionary instructions.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews and record review, facility failed to follow their policy and federal regulation; failed to ensure that food safety is maintained during lunch serving from a steam table by staff touching ready to eat food with bare hands, wearing only one glove and not washing hands before glove applying or after glove removal; failed to follow proper sanitation practices to ensure that the dishwasher machine sanitized dishes at the proper temperature; and failed to properly contain and label open food in the freezer. These failures affected one resident (R22) and have the potential to cause foodborne illnesses for all 23 residents receiving oral nourishment in the facility.Findings include: On 4/27/26 at 9:15 am, kitchen tour was conducted with V7 Director of Dining Services, and the following findings were observed. At 9:25 am, Walk in freezer observed crab cakes in a silver tray with saranwrap not fully covering the crab cakes and the crab cakes were not dated. V7 Director of Dining Services stated, The crab cakes have been in the freezer since Friday, and they should have been dated. I will remove them. At 9:30 am, V7 ran a test strip to test the dish machine sanitation level. The dishwasher machine was observed, with two gauges in front of the machine. V7 stated that one gauge was for the wash cycle, and the other gauge was for the final rinse cycle. The first gauge during the wash cycle had a reading of 155 degrees Fahrenheit (F), and the second gauge was the final rinse cycle that had a reading of 150 degrees F. V7 stated that the final rinse should reach 160 degrees F. A second test was run with the same results. On 4/27/26, V7 Director of Dining Services presented a list of 23 residents who were receiving an oral diet in the facility. On 4/28/26, V7 presented a document titled, Education in-service training record, with content of ensuring all dishwashing equipment is operated at required sanitizing temperatures to reduce the risk of foodborne illness and maintain compliance with public health regulations. On 4/29/26 at 10:00 am, V7 stated that the dishwasher machine was not working and was serviced yesterday (4/28/26); we are rewashing all the dishes. The company had to change the heat booster element. It was not getting to the proper temperature to sanitize the dishes. On 4/29/26 at 11:00 am, V15 Director of Plant Operation stated that there was a work order placed on Monday, 4/28/26. It is a high temperature machine. The sanitation temp should be 160 degrees. We called out for the machine to be serviced. I saw the strip yesterday; the way I read the strip was not turning completely black. It should turn completely black. If it is not black, then it is not reaching the right temperature of 160 degrees. There were days on this month's log sheet that did not appear to have reached the right temperature. They should have rearranged it to make sure it was ok. If we failed again, we should have placed a work order in. If the machine does not reach the proper temperature, then it could still be dirty, and dirt carries bacteria. Facilities Dishwasher Test Strips Results sheet documents, in part, Corrective Actions: If the test strip result doesn't match the color for 160 degrees Fahrenheit, stop using the machine and notify your supervisor. For the month of April 2026, the dates that the strips were gray and not black were (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	on April 11, 12, 21, 22, 23, 24, 25, and 26. Facility's dishwasher temperature sensitive tape label documents, in part, 4. The gray/white temperature sensitive element will turn black if the dish has reached the rated temperature. Facility document titled The Worx Hub dated 4/28/26, documents, in part, Main kitchen: Details: Dish machine's final rinse is not rising to 180 degrees. Dishwasher machine service ticket dated 4/28/26, documents in part, Description of work performed: Arrived at location and found final rinse was at 150 degrees. One contactor was burnt up and not pulling in. So, contactor removed and installed contactor in its place and then ran unit final rinse temperature now at 195 degrees. Ran temperature strips and they turned black. Facility's Policy titled, Sanitation an Infection Prevention/Control dated 1/26 documents, in part, Dish Machine Temperatures: Single tank conveyor dual temperature machine: wash temperature 160 degrees Fahrenheit. Final rinse temperature 180 degrees Fahrenheit - 194 degrees Fahrenheit. Facility's Policy titled, Food and Supply Storage dated 1/26 documents, in part, Policies: All food, nonfood items, and supplies used in food preparations shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. Procedures: Cover, label, and date, unused portions and open packages. Facility's Job description titled Director of Dining Services undated, documents in part, Leading Food and Beverage Operations: Perform daily walk-through to ensure full compliance with Département of Health regulations and Compass Group standards. Direct and conducts safety, sanitation, and maintenance programs. Findings include: On 4/27/2026 at 9:45 AM, the census presented is 23 residents in the facility. On 4/27/2026 at 12:01 PM, during lunch observation of the third floor unit, observed V3 (Server) behind the hot steam bar serving lunch for residents without gloves on. Observed V3 assembling garden salad for R22 with bare unwashed hands without using serving utensils or gloves. V3 was observed to touch and remove sliced cucumber from a container of precut cucumbers with bare hands and placed the cucumber on top of the lettuce along with the tomato that V3 also placed on R22's plate with bare hands. On 4/27/2026 at 12:03 PM, observed R22 receiving the salad plate and observed R22 eating salad including the cucumber that was placed by V3's bare hands on R22's plate. Observed V3 to continue to assemble salad for other residents in the dining room during lunch serve in the same manner, where V3 was touching vegetables with bare hands and placing on resident's plates without using serving utensils or gloves. On 4/27/2026 at 12:55 PM, V3 (Server) stated that V3 is allowed to touch and serve food with bare hands without using gloves as long as V3 washed hands. V3 also said that V3 can touch raw vegetables with bare hands when V3 is placing vegetables on resident's plate. On 4/28/2026 at 12:07 PM, observed V5 (Server) serving lunch for the residents on the 3rd floor unit (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	behind the hot steam bar. Observed V5 to place one glove on the left hand and not on the right hand and removed a slice of toast from a toaster, placed on the table and cut toast in half. V5 was observed cutting the toast holding the sandwich in left hand and knife in the right hand that had no glove on. V5 placed the cut sandwich on the plate, then removed glove from the left hand, did not wash hands after glove removal. V5 with unwashed bare hands removed items from fridge, and ice cream from freezer, touching the ice cream bin, served ice cream into resident's bowl and placed ice cream bin back in the freezer. V5 immediately put one glove only on the left hand and touched and cut another toasted sandwich in the same matter, holding bread in left hand with glove on and holding knife in the right hand with no glove and with no hand washing observed. V5 removed the glove and immediately touched other resident's plates to serve food without washing hands between or prior to applying or after removing gloves. On 4/28/2026 at 12:23 PM, V5 (Server) stated that ready-to eat food should never be touched and served with bare hands and if no serving utensils are available, then gloves should be used for touching the food. V5 said that touching food with bare hands could cause infection and spread diseases and that food should be served in a sanitary matter. V5 stated that gloves should be worn on both hands and hands should be washed before applying gloves and after glove removal. On 4/28/2026 at 12:39 PM, V6 (Assistant Director of Dining Services) stated that the dietary staff serving food should be always wearing gloves when preparing and assembling salad and when they need to touch ready-to eat food. V6 stated that the staff should not be touching ready to eat food or vegetables with bare hands and placing on residents plates. V6 also said that staff should be washing hands before applying gloves and immediately after removing gloves. On 4/28/2026 at 12:40 PM, V7 (Dining Services Director) stated that the food servers and dietary staff should not use bare hands and touch resident's food to prepare salad for residents. V7 stated that the staff should always wear gloves on both hands when touching food and placing on plates and should wash hands prior applying and after removing of gloves. V7 stated that it is important to wash hands and not touching food with bare hands to prevent bacteria spreading. V7 stated that there are no residents on the unit with Nothing by mouth (NPO) precautions and that all 23 residents were being served lunch from the same hot steam table. V7 affirmed that if food server touches vegetables in the already prepared containers with bare hands, there is a risk of contamination and spreading of bacteria or infection that could potentially affect all 23 residents receiving lunch plates from the same vegetable containers. On 4/29/2026 at 12:40 PM, V1 (Administrator) stated that employees should not use bare hands to touch food when serving plates. V1 stated that is important because of infection control and spreading of germs and that employee touching food from main bowl and placing it on the plate would affect every resident eating at the facility. V1 also stated that hand hygiene is very important to prevent infection spreading and everyone should wash hands after removing gloves. On 4/29/2026 at 12:52 PM, V2 (Director of Nursing/DON/ Infection Preventionist/IP) stated that bare hands should not touch food, because it can cause contamination and infection spreading and that staff should always use gloves when touching food and placing on residents plates. V2 also said that hands should be washed before applying gloves and immediately after glove removal. R22's Diagnosis include but is not limited to Other secondary Parkinsonism; Meniere's Disease bilateral; Low Back Pain, Unspecified Sensorineural Hearing Loss; Obstructive Sleep Apnea; Lack of Coordination; Unsteadiness on feet; Vitamin D deficiency; History of Falling; Essential Hypertension; (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Muscle Weakness; Primary open-angle Glaucoma bilateral; Kyphosis of thoracic region and basal cell carcinoma of skin of scalp and neck. R22's Minimal Data Sheets (MDS) (4/13/2026), in section C for Cognitive Patterns showed in part the Brief Interview for Mental Status (BIMS) score of 15 which indicates intact cognition. R22's Active Diet order (1/6/2026) showed in part Regular diet, regular texture and regular consistency and Active order (1/12/2026) for Nutritional supplement once a day. R22's Care Plan (1/11/2026) showed in part that R22 has a potential nutritional and skin integrity problem and to provide and serve supplements and diet as ordered. Facility's Menu (Monday 4/27/2026) showed in part that Garden salad was on the menu for lunch starters for all residents with Regular diet and regular texture. Facility's Document titled Diet Type Report (4/29/2026) showed in part that 16 residents in the facility have a regular diet, 6 residents have No Added Salt (NAS) diet, and one resident has No concentrated Sweets Diet ordered. Document showed in part that all 23 residents have regular texture diet ordered. Facility's Document titled Education/In-Service Training Record (Undated), showed in part that objective is for dining services staff should demonstrate proper food safety and sanitation practices by preventing bare-hand contact with ready-to-eat foods to reduce the risk of foodborne illness. Document also showed in part that to prevent cross-contamination and foodborne illness bare-hands contact with foods including but not limited to cucumbers, vegetables, cut fruit, and breads is not allowed and if any employee touches food with bare hands the food should be discarded. Document also showed in part that approved barriers must be used at all times including but not limited to disposable gloves and that hands should be washed before putting on new gloves. Document showed in part that if the bare hands touch any food, the staff responsibility is to discard contaminated food immediately and that failure to follow procedures could result in foodborne illness. Facility's Document titled Resident Food Services Policy (1/2026) showed in part that Meal service should be provided in a safe, clean and home like environment and that gloves or barrier utensils should be utilized when staff handles ready to eat food. Document show in part that staff should wash hands or use alcohol sanitizer after touching resident or serving next course. Facility's Document titled Recommendations for Standard and Transmission-Based Precautions in Healthcare Settings (Undated), showed in part that standard precautions is infection control method that should help reduce transmission of disease and applies to all residents that are receiving care. Document also showed in part that hand hygiene used frequently is the most important measure to reduce the risks of transmitting organisms and in the dining services department, soap and water is the only approved method for decontaminating hands during food preparation and food service. Document showed in part that microorganisms that are present on staff's hands, would transfer to residents and that wearing gloves does not replace the need for hand hygiene, and hands should be decontaminated after gloves removal and between resident contact and the failure could cause infection control hazard. Facility's Document titled Chapter 1 Infection Control Guidelines (Undated), showed in part that compliance with specific requirements for infection control include but are not limited to provide a (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	safe and sanitary environment and help prevent development and transmission of disease and infection. Facility's Document titled Chapter 2 Practice Guidelines (Undated) showed in part clean technique refers to reduction of numbers of microorganisms or reduction of the risk of transmission from one person or place to another person and that hand hygiene to reduce skin microorganisms include use of soap or hand sanitizer. Document also showed in part that wearing gloves reduces the risk of transmitting organisms on hands contaminated with microorganisms from one staff to resident and vice versa and to wash hands or use hand sanitizer after removal of gloves. Facility's Document titled Position: Server/Dietary Aide, (6/25/2025), showed in part that Server should ensure that all dietary procedures are followed according to the established policies and that the food should be prepared in accordance with sanitary regulations and facility's established policies and procedures and that safety regulations and precautions should be followed at all times. Facility's Document titled Assistant Director of Dining Services Job Description, (Undated),showed in part that the Assistant Director of Dining Services is responsible for assistance with all aspects of dining service , supervision of daily operations and maintaining the highest standards of food quality and ensures compliance with federal and state regulations and with facility's protocols regarding food service operations, safety and security and should follow facility's and department's Infection Control policies and procedures. Facility's Document titled Director of Dining Services Job Summary, (Undated), showed in part that the director should oversee the development and implementation of departmental strategies and should perform daily walk-through to ensure compliance with health regulations and standards and should direct and conduct safety, sanitation and maintenance program and ensures ongoing communication in all areas of food and beverage by conducting staff meetings to update staff members on relevant information. Facility's Document titled Infection Preventionist Responsibilities (Undated), showed in part that the Infection Preventionist's (IP) responsibility include but are not limited to prevention and control strategies, providing education and training, implementing evidence based infection control practices and recommend education for colleagues to minimize, prevent and control infections. Facility's Document titled Role Profile Director of Nursing (Undated), showed in part that the Director of Nursing (DON) should provide management and supervision of the nursing care provided to the residents of the facility and the DON manages the day to day operations of the facility, ensures that the facility is operating within the state and federal regulations and is responsible for nursing outcomes, reviews and adjusts daily nursing hours in accordance to census and reviews and implements staffing plan for the facility's Nursing staff. DON also develops and implements an Infection Control Program and selects and evaluates staff for departmental leadership and management. Facility's Document titled Position: Executive Director (Undated), showed in part that some of the essential functions of the Executive Director (Administrator) include but are not limited to maintaining working knowledge of applicable federal and state laws and regulations and other policies and procedures to ensure adherence and insuring compliance with regulatory agencies. The (Rev. 229; Issued: 04-25-25; Effective: 04-25-25; Implementation: 04-28-25) (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	State Operations Manual Documents, in part, 483.60(i) Food safety requirements. The facility must – 483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

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	04/30/2026

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. Based on observation, interview and record review, the facility failed to label and date nebulizer mask for one resident (R34). These failures affected one resident (R34) reviewed for respiratory equipment in total sample of 21 residents.Findings include:On 4/27/26 at 11:00 am, R34 was observed in bed with a nebulizer mask not dated lying inside R34's nightstand. R34 stated that he gets nebulizer treatments every day and as needed.On 4/28/2026 at 12:10 PM V2 (Director of Nursing) stated that nebulizer mask should be dated when it is changed or when therapy is initiated. It should be changed weekly or as needed (e.g. (for example), if visibly dirty). The reason is for infection control regarding the nebulizer mask getting dirty and contaminated. On 4/29/2026 at 11:12 AM V11 (Registered Nurse) stated that nebulizer masks are usually changed and dated by Sunday night shift nurses. V11 also stated that if she sees any mask that is visibly dirty or not dated, she will change and date it. The purpose of this is infection control practice.R34's admission Record documents diagnoses which include but are not limited to pulmonary fibrosis, muscle weakness, obstructive sleep apnea, pulmonary embolism, difficulty in walking and presence of automatic cardiac defibrillator.R34's Brief Interview of Mental Status (BIMS) score is 15. R34 is cognitively intact.R34's Physician Order Sheet (POS) shows active order dated 4/19/26 documents, in part: Albuterol solution 2.5mg(milligram)/3ml(milliliter). 3 milliliter inhale orally via nebulizer one time a day related to pulmonary fibrosis.R34's Physician Order Sheet (POS) shows active order dated 4/19/26 documents, in part: Ipratropium-Albuterol inhalation Solution 0.5-2.5 (3) MG (Milligram)/3ML (Milliliter) 3 ml orally every 6 hours as needed for Shortness of Breath/Wheezing via nebulizer.The facility's job description titled Role Profile for Registered Nurse (undated) documents, in part: Position responsibilities: Adhere to state and federal rules and regulations concerning delivery of care and assure that effective quality nursing care is delivered. Assume responsibility of care interventions consistent with professional standards of care. Demonstrates working knowledge of infection control practices.The facility's policy titled Infection Control Guidelines (undated) documents, in part: CMS (Centers for Medicaid and Medicare Services) mandates compliance with specific requirements for infection control. Define policies, procedures and practices consistent with evidence based infection control practices. Provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of disease and infection.

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	04/30/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review the facility failed to reconcile control substance form and maintain an accurate account of the controlled substance record for one resident (R38) reviewed for controlled substance in a sample of 21 residents.Findings include:On 04/28/26 at 12:35pm reviewed 3rd floor medication cart with V4 (Registered Nurse/RN). R38's controlled substance form for phenobarbital 64.8mg (milligrams) showed quantity remaining as 28. 27 tablets observed.R38's physician's order dated 04/21/26 documents in part, Phenobarbital oral tablet 64.8mg. Give 1 tablet by mouth one time a day for seizures.On 04/28/26 at 12:35pm V4 (RN) stated that she forgot to sign the narcotic sheet when she removed R38's medication. V4 stated that not signing out narcotics when removing them could create a count discrepancy and/or diversion. On 04/29/26 at 3:25pm V2 (Director of Nursing/DON) stated that the purpose of signing the controlled substance form is to make sure that all narcotics are accounted for. V2 stated that If the nurse doesn't sign out narcotics at the time of removal, the nurse could forget to sign it later and create a discrepancy. Facility's policy titled Inventory Control of Controlled Substances revised 08/01/24 documents in part, Procedure: 1.1 Facility should maintain separate individual controlled substance records on all Schedule II medications and any medication with a potential for abuse or diversion in the form of a declining inventory using the Controlled Substances Declining Inventory Record. These records should include:. 1.1.6 Quantity remaining.Facility's undated job description titled Registered Nurse documents in part, Position Responsibilities: Maintains an updated knowledge base in pharmacology. Demonstrates knowledge of policies governing medication administration and documentation. Assures that narcotics are accounted for properly.

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	146174	A. Building B. Wing	04/30/2026

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to properly store respiratory equipment in a sanitary manner to help prevent transmission of disease and infection. This failure could potentially affect 1 (R18) resident reviewed for infection prevention and control in a sample of 21.On 04/27/2026 at 12:27PM surveyor and V2 (Director of Nursing/Infection Preventionist, DON/IP) entered R18's room and observed R18 awake in bed. A suction machine inside a plastic bag was observed laying on the floor next to a chair. An oxygen mask with oxygen tubing inside a plastic bag was observed laying on the floor next to the suction machine. Surveyor asked V2 if suction machine and oxygen mask with tubing should be on the floor and V2 said, No. V2 took suction machine and oxygen mask with tubing out of R18's room.R18's Brief Interview for Mental Status (BIMS) dated 04/10/2026 documents R18 with a score of 00 which indicates that R18's cognition is severely impaired.R18's face sheet shows that R18 was admitted to the facility on [DATE] with diagnoses which include but are not limited to: Vascular dementia, Dysphagia, Oropharyngeal phase. R18's orders show that R18 was admitted to [NAME] Hospice on 05/11/2024.On 04/29/2026 at 1:46PM, V2 was interviewed and stated, suction machines and oxygen masks with their tubing should be laid on a bedside table or dresser. When asked why suction machines and oxygen masks with their tubing should not be on the floor, V2 stated It should not be on the floor because that's an infection control issue, it can get contaminated and transfer an infection to the resident. It's also hazardous because anyone can trip over it.Facilities Infection Control document (undated) Chapter 1 states in part, Provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of disease and infection. Provide measures to prevent and control outbreaks and cross-contamination. Infection Preventionist responsibilities include in part, Monitor appropriateness of precautionary procedures for individual residents.