Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE COMP	SURVEY LETED
		IL6003958	B. WING		12/0	C 05/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MORGA	N PARK HEALTHCAR	E 10935 SO CHICAGO		ED STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2489654/IL181567	ation				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210b) 300.1210c) 300.1210d)2) 300.1210d)3)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re each resident's con	shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care l properly supervised nursing				
	tment of Public Health Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE
Electron	ically Signed					12/18/24

If continuation sheet 1 of 8

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED
		IL6003958	B. WING			C 05/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
MORGAN	N PARK HEALTHCAR	F	OUTH HALSTE O, IL 60628	ED STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 1	S9999			
	care and personal	care shall be provided to each e total nursing and personal				
		care-giving staff shall review able about his or her residents' care plan.				
	nursing care shall i	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
		nts and procedures shall be dered by the physician				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.	i			
	These requirement	s are not met as evidenced by	:			
	review the facility fa procedures, failed t failed to ensure tha	ion, interview, and record ailed to follow policy to follow Physician orders, t indwelling urinary inage bags are monitored, and				
	failed to document catheters are insert are changed for thr	when indwelling urinary ted and/or urine drainage bags ee of three residents (R2, R3, atheters. These failures				
	resulted in R2 susta pain and UTI (Urina sustained Purple U	aining (10/14/24) abdominal ary Tract Infection). R3 and R4 rine Bag Syndrome which is a	1			
		where the urine drainage bag a chemical reaction between				

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6003958	B. WING		- C 12/05	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IORGA	N PARK HEALTHCAR	F	OUTH HALSTE	D STREET		
			O, IL 60628			()(7)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
		e and the plastic of the bag th UTI's in patients using s.				
	Findings include:					
	Health) received all	(Illinois Department of Public legations regarding the neter care resulting in R2's				
	1. R2 was admitted discharged on 11/2	l to the facility on 3/13/24 and 9/24.				
	R2's diagnoses incl bladder.	lude flaccid neuropathic				
	indwelling catheter neuropathic bladde indwelling catheter needed per MD (Me for signs/symptoms	es (8/9/24) resident has related to diagnosis of flaccid r. Intervention: Change and urinary drainage bag as edical Doctor) orders. Monitor s of pain/discomfort. t is on antibiotic for urine				
	(6/26/24) Change u displaced, clogged, Change urinary dra change as needed.	an Order Sheets) include irinary catheter as needed if or there is no urinary output. inage bag with each catheter (7/2/24) Catheter size 18 FR obstructive uropathy.				
	discharged to hosp Abdominal Pain. (1	s include (10/14/24) resident ital. Reason for transfer: 10/22/24) Admitted from Idmitting Diagnoses: UTI,				
	On 12/4/24 at 10:4	1am, V2 (DON/Director of				

partment of Public I					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
	IL6003958	B. WING		C 12/05/2024	
ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, ST	ATE, ZIP CODE		
	_ 10935 SO	UTH HALSTE	D STREET		
	CHICAGO	, IL 60628			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
Continued From pag	ge 3	S9999			
2024) MARS (Media and stated "He (R2)	cation Administration Records) didn't have no TARS."				
"Change urinary cat clogged, or there is urinary drainage ba as needed for cathe required catheter siz documented on eith	heter as needed if displaced, no urinary output. Change g with each catheter change eter care" however the ze is excluded, and nothing is er MAR. In addition, R2's				
indwelling urinary ca to be transcribed an orders go to the MA TAR. Surveyor inqu V2 responded "Tha administration." Su belong on the MAR on the MAR becaus on the MAR." [The I medication]. Survey drainage bags shout "Drainage bags shout "Drainage bags are of the orders is even needed) if there is a the bag like sedime not draining properly R2's indwelling urina responded "Let me a while they said." Y (Electronic Medical he came here with t	atheter orders are supposed of V2 stated "Some of the R and some of them go to the uired what the MAR is used for t is the medication rveyor inquired if catheters and V2 replied "They can go the template allows it to go MAR is for prescribed yor inquired how often urine ld be changed V2 stated changed um, I know that one ry 30 days, and PRN (as uny leakage, color changes of nt or any obstruction and it's y." Surveyor inquired when ary catheter was placed V2 look it up, I think he had it for V2 reviewed R2's EMR Records) and stated "I think he catheter; I would have to				
	PARK HEALTHCARI SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pay Nursing) presented 2024) MARS (Medic and stated "He (R2) Treatment orders s TAR, not the MAR]. R2's (September & 'Change urinary cat clogged, or there is urinary drainage bag as needed for catheter siz documented on eith (November 2024) M care. On 12/4/24 at 2:26p ndwelling urinary cat ob transcribed an orders go to the MAR TAR. Surveyor inque V2 responded "That administration." Su belong on the MAR on the MAR because on the MAR." [The I medication]. Survey drainage bags should 'Drainage bags are of the orders is even heeded) if there is a the bag like sedime not draining properly R2's indwelling urinary (Electronic Medical he came here with the	ROVIDER OR SUPPLIER STREET ADD PARK HEALTHCARE 10935 SO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Street A2's (September-November 2024) MARS (Medication Administration Records) and stated "He (R2) didn't have no TARS." Treatment orders should be transcribed on the TAR, not the MAR]. R2's (September & October 2024) MARS include 'Change urinary catheter as needed if displaced, clogged, or there is no urinary output. Change urinary drainage bag with each catheter change as needed for catheter care" however the required catheter size is excluded, and nothing is documented on either MAR. In addition, R2's (November 2024) MAR excludes any catheter	Incomposition Street AdDress, CITY, ST PARK HEALTHCARE 10935 SOUTH HALSTE CHICAGO, IL 60628 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 S9999 Nursing) presented R2's (September-November 2024) MARS (Medication Administration Records) and stated "He (R2) didn't have no TARS." Treatment orders should be transcribed on the TAR, not the MAR]. S9999 R2's (September & October 2024) MARS include 'Change urinary catheter as needed if displaced, clogged, or there is no urinary output. Change urinary drainage bag with each catheter change as needed for catheter care" however the required catheter size is excluded, and nothing is documented on either MAR. In addition, R2's 'November 2024) MAR excludes any catheter care. On 12/4/24 at 2:26pm, surveyor inquired where ndwelling urinary catheter orders are supposed to be transcribed and V2 stated "Some of the orders go to the MAR and some of them go to the TAR. Surveyor inquired what the MAR is used for '2 responded "That is the medication administration." Surveyor inquired if catheters belong on the MAR and V2 replied "They can go on the MAR because the template allows it to go on the MAR." [The MAR is for prescribed medication]. Surveyor inquired how often urine drainage bags are changed UU, I know that one of the orders is every 30 days, and PRN (as heeded) if there is any leakage, color changes of he bag like sediment or any obstruction and it's hot draining properly." Surveyor inquired when R2's indwelling urinary catheter was placed V2 responded "Let me look it up, I think he had it for a while they said." V2 reviewed R2's EMR Electronic Medica	Incomposition Incomposition IOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PARK HEALTHCARE 10935 SOUTH HALSTED STREET CHICAGO, IL 60628 ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WISE BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX Trag PROVIDER'S PLAN OF C (EACH DEFICIENCY WISE BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREVIDER'S PLAN OF C (EACH DEFICIENCY Continued From page 3 S9999 Vursing) presented R2's (September-November 2024) MARS (Medication Administration Records) and stated "He (R2) didn't have no TARS." Treatment orders should be transcribed on the TAR, not the MAR]. R2's (September & October 2024) MARS include Change urinary catheter as needed if displaced, ologged, or there is no urinary output. Change as needed for catheter care" however the equired catheter size is excluded, and nothing is documented on either MAR. 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WING 12/ CONDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PARK HEALTHCARE 10935 SOUTH HALSTED STREET CHICAGO, IL. 60628 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENTY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENTY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX TAG PRETX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENTY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX TAG PRETX PRETX TAG PRETX PRETX PRETX TAG PRETX PRETX PRETX TAG PRETX PRETX PRETX TAG PRETX PRETX PRETX TAG PRETX PRETX PRETX TAG PRETX PRETX PRETX PRETX TAG PRETX PRETX PRETX TAG PRETX PRET

If continuation sheet 4 of 8

AND PLAN OF CORRECTION		PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED C
		IL6003958	B. WING			05/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
MORGA	N PARK HEALTHCAR		OUTH HALSTE D, IL 60628	D STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
\$9999	because he had a L size or type of catha responded "He had not seeing a size or inquired when R2's changed (prior to de "I can't even see wh (R2 was admitted in prior). Surveyor inc MAR includes catha that it was missing of there." Surveyor inc to the hospital on 10 had abdominal pain was admitted to the had a UTI." 2. R3's diagnoses in dysfunction of bladd R3's (11/29/23) card indwelling urinary can neuromuscular dyst Interventions: Chan drainage bag as ne orders. R3's POS includes drainage bag as ne (6/26/24) Foley cath neuromuscular dyst change urinary catha no urinary output as R3's (November-De the following: Chang [the required cathet	JTI." Surveyor inquired if the eter is on R2's MAR V2 a suprapubic catheter but I'm the site on there." Surveyor urinary drainage bag was eveloping the UTI) V2 replied then the bag was changed." the March 2024 - 7 months puired if R2's (November 2024) eter care V2 stated "No, I seen when I pulled it. Yeah, it's not quired why R2 was transferred 0/14/24 V2 responded "He the Surveyor inquired why R2 the hospital and V2 replied "He the hospital and V2 replied "He the plan states resident has an atheter related to function of the bladder. ge catheter and urinary eded per Medical Doctors (2/12/24) May change urinary eded (schedule as PRN). theter 18Fr diagnosis function of bladder. May theter if displaced, clogged, or a needed. exember 2024) MARS include ge urinary catheter as needed er size (18Fr) is excluded]. of drainage bag as needed				

STATEMEN	Pepartment of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	IL6003958		B. WING		C 12/05/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
MORCAI		10935 SC	OUTH HALSTE	D STREET		
MORGAI	N PARK HEALTHCAR	CHICAG	O, IL 60628			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
		determined a score of 15				
	acquired a UTI at the however R3's urinal appeared purple (d noted in the tubing. bag were barely vise Surveyor inquired vise Surveyor inquired vise and R3 responded inquired when R3's changed R3 replied On 12/4/24 at 2:26 color indwelling urine bags are supposed Nursing) stated "The bag should be clear	om, Surveyor inquired if R3 ne facility R3 stated "No" ry catheter bag and tubing iscolored), and sediment was The contents in the catheter sible due to dark discoloration. when R3's catheter was placed "That was April." Surveyor catheter bag was last d "I don't even know." om, Surveyor inquired what hary catheter tubing and/or to be and V2 (Director of ne tubing should be clear, the r as well unless there's urine in e no sediment in it or				
	R3's indwelling urin stated "I'm not sure placed, I see the or year January 4." S urine drainage bag	om, surveyor inquired when hary catheter was placed V2 when the catheter was rder at the beginning of the urveyor inquired when R3's was changed V2 responded "I changed at, I just see the				
	indwelling urinary c Surveyor inquired v drainage bag? V2 s "Nobody came in h Surveyor inquired a catheter tubing V2 R3 responded "The	om, V2 inspected R3's atheter (as requested). what color is R3's urine stated "Purple." R3 responded ere and changed it." about the contents in R3's replied "I see a little sediment.' ey (staff) should have changed o." V2 exited R3's room and	,			

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6003958	B. WING			C)5/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		10935 S0	OUTH HALSTE	D STREET			
MURGAN	N PARK HEALTHCAR	E CHICAG	O, IL 60628				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 6	S9999				
	affirmed "That need	ds changed bad."					
	3. R4's diagnoses i ureteral stricture.	nclude hydronephrosis with					
	suprapubic cathete	plan states resident has a r. Interventions: monitor and octor signs/symptoms of UTI.					
	20Fr for obstructive urinary drainage ba when unable to obs urinary drainage ba physician (schedule	ncludes suprapubic catheter e uropathy. May change g as needed for prevention serve urine contents in the g/tubing or as ordered by the e as PRN). [Change r if occluded is excluded].					
	(November 2024) N R4's requested (No	om, V2 (DON) presented R4's /IAR. Surveyor inquired about vember 2024) TAR V2 stated a TAR, just the MAR."					
	exclude change su	ecember 2024) MARS prapubic catheter (20Fr) and ited for urinary drainage bag					
	indwelling urinary c facility V6 (LPN/Lice "About every week. shift." Surveyor ing was last changed a (Electronic Medical coming up on the T V6 and surveyor su	om, surveyor inquired when atheters are changed at the ensed Practical Nurse) stated I know it's due on the night juired when R4's catheter bag nd V6 accessed R4's EMR Records) and stated, "It's not AR but there's an order for it." bsequently inspected R4, his					
	(discolored) and thi	g and tubing appeared purple ck sediment was noted in the ts in the bag were barely discoloration.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	IL6003958	B. WING			C 05/2024
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IORGAN PARK HEALTHCAR	E 10935 S	OUTH HALSTE	D STREET		
	CHICAG	O, IL 60628			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999 Continued From pa	nge 7	S9999			
R4's indwelling urin stated "I don't have Surveyor inquired v was changed V2 re documented." Surv discoloration of the indicative of V2 rep the tea looking colo in for a while." On 12/4/24 at 3:10 inspection) V2 insp requested). Survey urine drainage bag Surveyor inquired a catheter tubing V2 tubing. It's um, whi The (10/31/18) cath Policy: To establish of or prevent infecti indwelling catheter. will be removed and following are obser	pm, surveyor inquired when hary catheter was placed V2 a date for him either." when R4's urine drainage bag asponded "It's nothing veyor inquired what a purple urinary drainage bag is died "It could be hydration, like or or some sediments that set pm, (2 days after the initial ected R4's catheter (as yor inquired what color is R4's V2 stated "It's purple." about the contents in R4's responded "It's sediment in the ite milky sediment." heter care policy includes guidelines to reduce the risk ions in resident with an . Urinary catheter and tubing d reinserted when any of the ved: inability to observe urine ary drainage bag or tubing. (B)				