

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056960	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE, CHICAGO, Illinois, 60640		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000 S9999	Initial Comments Complaint Investigation 2585468/IL194557 Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210c) 300.1210d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S0000 S9999		

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056960		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE, CHICAGO, Illinois, 60640			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	<p>Continued from page 1</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that a resident had routine preventative screening for 1 resident (R3) out of 3 residents reviewed for routine screenings. This failure resulted in R3 not receiving recommended annual breast mammograms while residing in the facility, which resulted in R3 being diagnosed with stage 4 breast cancer which metastasized to other parts of her body.</p> <p>Findings Include:</p> <p>R3's Face Sheet documents resident is a 60-year-old with diagnoses including but not limited to: Neutropenia, malignant neoplasm of unspecified site of right female breast, secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes, secondary malignant neoplasm of mediastinum, secondary malignant neoplasm of other specified sites.</p> <p>Minimum Data Set Section (MDS) section C (dated 09/26/2024) documents R3 has an Interview for Mental Status (BIMS) score of 11, indicating that R3 had moderate cognitive impairment.</p> <p>Care plan (dated 09/05/2023) documents that R3 has potential for pain related to Dx of left breast cellulitis, bilateral breast mass and right breast cancer with metastasis to right axilla, retro pectoral, mediastinum, spleen, left axilla and liver.</p>	S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056960	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE , CHICAGO, Illinois, 60640		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	<p>Continued from page 2</p> <p>Mammogram Policy (revised February 2025) documents in part: Female residents 55 and younger will have mammogram screenings conducted annually unless otherwise indicated by physician.</p> <p>On 07/16/2025 at 11:03AM, V2 (director of nursing) stated R3 was admitted to the facility 07/15/2004. R3 complained of breast pain on 05/30/2023. R3 was assessed due to complaining of tenderness and pain in the right breast. R3 was seen by the nurse practitioner due to pain in the right breast, on 05/30/2023, the same day she complained. Upon assessment, the nurse on the floor noted the right breast to be bigger than the left breast and hardening of the right breast. On 05/30/2023, the nurse practitioner ordered a breast ultrasound for R3 to be done in the hospital, and a consultation with the oncologist. On 06/27/2023, resident was taken to the hospital for the ultrasound appointment. That same day, the radiologist recommended a CT scan of the chest for further evaluation, which was done the same time as the ultrasound. The CT of the chest showed cancer which metastasized to the spleen, liver and axillary area. When R3's breast cancer was found, it was already spread to other parts of the body. R3 was admitted to the hospital from the appointment due to right breast cellulitis. R3 was seen by the oncologist at the hospital while she was admitted. R3 was receiving weekly chemotherapy treatments. When R3's cancer was found, it was treated right away. The breast exams are performed when a resident complains of pain or tenderness at the breast site. The facility's protocol is to perform breast exams when there is a concern voiced by the resident. According to the facility's policy, residents who are 55 years old and younger should have a breast mammogram every year. V2 stated, "(R3) had a breast mammogram in 2017, and I don't see any mammograms for R3 after the one she had in 2017. (R3) had mental health co-morbidities and she often refused to be touched, refused examinations a lot of the time, and refused tests. (R3) was verbal and a lot of the times she would state that she was fine and refused assessments and examinations. Residents 55 years of age and under should have a routine mammogram every year. The only mammogram for (R3) that there is on record is from 06/07/2017, and (R3) was 52 years old at the time. (R3) should have had another mammogram after 2017, however, I cannot find a mammogram for (R3) from 2018. (R3) did not pass away in this facility. (R3) was sent out to the hospital on 10/28/2024 for a mental health evaluation, and she did not return to this facility. I don't know where (R3) discharged to. She was receiving weekly chemotherapy treatments and going to see the</p>	S9999		

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056960	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE , CHICAGO, Illinois, 60640		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	<p>Continued from page 3</p> <p>oncologist on a regular basis while she resided here."</p> <p>On 07/17/2025 at 10:10AM, V12 (nurse practitioner) stated, "The last time I seen R3 was on September 24, 2024. On 05/30/2023 R3 complained of breast pain, tenderness and swelling. I placed an order for antibiotic because the breast was swollen and tender and it was suspicious for mastitis. I also ordered an ultrasound of the breast and I ordered R3 an appointment with an oncologist, because I was suspecting breast cancer based on the presentation of the breast. R3's breast appeared to be tender, red, and swollen and I immediately suspected breast cancer. From then on, the oncologist picked right up, and he planned the treatments for R3, and we followed the oncologist's direction. When I see a change of status, take action right away, so I placed interventions for R3 immediately when her right breast was swollen. I do not believe that R3 had a mammogram prior to her breast being tender. The first mammogram for R3 that I know of was 06/20/2023. R3 should have had an annual breast mammogram prior to 06/20/2023. R3 was supposed to have a routine yearly mammogram. There was a breast mammogram done for R3 back in 2017, and it was negative, and it was recommended for R3 to have a repeat mammogram in 2018. From the records that I am looking at, I do not see a mammogram performed for R3 in 2018. The dangers of not performing routine annual breast mammograms are breast cancer and missed diagnosis. If R3 would have had the routine breast mammograms yearly, we would have caught the breast cancer earlier."</p> <p>R3's Mammography Report (dated 06/07/2017) documents in part: No suspicious masses, calcifications or other abnormalities are seen. Routine follow-up mammogram in 1 year is recommended.</p> <p>R3's Progress Note (dated 05/30/2023) documents, "Resident reported having pain in the right breast, upon assessment the right breast was noted to be bigger than the left breast and hard to touch. NP notified and came to assess resident with orders for right breast ultrasound and follow up with Dr. C. at community hospital for further evaluation."</p> <p>R3's Progress Note (dated 05/30/2023) documents, "A 58-year-old AA female with past medical history listed below was seen and examined today 5/30/2023 due to RN reporting that patient is complaining of tenderness and pain of right breast and to follow up on chronic medical conditions management. Patient is observed to be in the hallway and starts yelling and screaming upon</p>	S9999		

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056960	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER UPTOWN CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 NORTH KENMORE , CHICAGO, Illinois, 60640		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	<p>Continued from page 4</p> <p>trying to assess the right breast lump. RN and social worker assisted during assessment. Patient is known to be non-compliant with medical regimen despite education. Patient denies fever, chills, cough, sore throat, congestion, hoarseness, shortness of breath, HA, chest pain, abdominal pain, NVDC, burning and tingling during urination, change in bowel habits. All available health notes reviewed. BREAST: Swelling, tenderness, hardness noted on right breast. No redness, bleeding, drainage, and dimpling noted. No swollen and hardened axillary lymph nodes palpated. Limited palpation study due to patient complaining of pain."</p> <p>R3's Hospital Records (dated 06/27/2023) documents in part: R-Mastitis, Non-lactational/R-Breast Malignant Mass with Metastasis. CT-chest/A/P showed metastasis to the LNs (axillary, retro-pectoral, mediastinal) spleen and liver.</p> <p>R3's Progress Note (dated 06/27/2023) documents, "Resident went to oncology appointment and was admitted to community hospital with dx of Cellulitis to R Breast/Abscess to R Breast. Resident belongings in room. Medication in cart. Sister made aware. So noted."</p> <p>R3's Progress Note (dated 06/30/2023) documents, "Resident is a 58 y/o female alert and oriented x 2. Resident has an admitting dx of right breast cellulitis and right breast malignant mass with metastasis to liver, spleen and axillary. Dx/HX of COPD, DM, Anxiety and OP. Resident is a limited assistance of one staff member for ADLs. Resident is continent of bowel and has occasional incontinence of bladder. Resident is able to ambulate without any assistive device. Resident requires cueing for task. Resident has dressing to right side of breast post biopsy. Resident is noted with appointment to follow up with oncology Wednesday. Resident is currently on Clindamycin 300mg every 8 hours for 7 days and Levaquin 750mg PO daily x 7 days. Resident sister informed of transfer in. Medications verified by MD. Resident is acclimated to room. Belongings brought down to new room. So noted."</p> <p>R3's Death Certificate (dated 02/18/2025) indicates that R3's cause of death as breast cancer with metastasis to brain. (B)</p>	S9999		