STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145639	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chicago Ridge Snf	10602 Southwest Highway Chicago Ridge, IL 60415

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718 Based on observations, interviews, and record reviews the facility failed to follow their call light policy and procedures by not promptly answering residents call lights. This failure applies to five (R6, R7, R13, R14, R15) of 15 residents reviewed for call light response. Findings include: R6 is a [AGE] year-old female with a diagnoses history of Schizoaffective Disorder, COPD, and Stage 3 Chronic Kidney Disease, who was admitted to the facility 11/20/2024. On 01/27/2025 at 9:35 AM, R6 stated during nights it has taken an hour for staff to respond to her call light. R6 stated as a result of this she has trouble getting water or being dried at night and has experienced some itchiness and burning in her peri area from being left wet for too long. R7 is a [AGE] year-old female with a diagnoses history of Polyneuropathy, Reduced Mobility, and Chronic Embolism and Thrombosis who was admitted to the facility 06/08/2023. R7 stated during nights it has taken an hour for staff to respond to her call light. R7 stated if she is left in a wet diaper for too long she can get urine burns. R13 is a [AGE] year-old male with a diagnoses history of Chronic Pain Syndrome, Chronic Congestive Heart Disease, Acquired Absence of Left Toe and Right Leg Below Knee, Dependence on Supplemental Oxygen and Renal Dialysis who was admitted to the facility 11/26/2024. R14 is a [AGE] year-old female with a diagnoses history of Schizophrenia, Schizoaffective Disorder, COPD, Seizures, Edema, and Need for Assistance with Personal Care who was admitted to the facility 11/22/2024. R15 is a [AGE] year-old female with a diagnoses history of COPD, Pulmonary Embolism, Congestive Heart Failure, and Dependence on Enabling Machines and Devices who was admitted to the facility 05/08/2023. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 01/28/2025 from 11:45 AM - 12:00 PM Observed R13's call light activated and V30 (Licensed Practical Nurse) working right outside R13's room and did not respond to his call light. V30 walked to the nurses station and sat down alongside V29 (Wound Nurse/Licensed Practical Nurse). At nurses station, R13, R14, and two other room call lights were activated. V29 and V30 remained sitting at the nurses station while the four room call lights were activated and did not respond. V32 (Certified Nursing Assistant) walked near the nurses station, around the floor, and past R13's room without responding to his activated call light. V31 (Restorative Nurse) walked past R13's room with his call light activated and did not respond to his call light. On 01/28/2025 at 12:00 PM, V31 (Restorative Nurse) stated she answers call lights quite frequently and had not noticed that R13's call light was activated when she walked past. On 01/28/2025 at 12:03 PM, V31 (Restorative Nurse) respond to R13's call light after being made aware of it by the surveyor and R13 informed V31 that he wished to be transferred from his bed. On 01/28/2025 at 12:05 PM, R14 and R15's call light were still activated at the nurses station while V29 (Wound Nurse/Licensed Practical Nurse) and V32 (Certified Nursing Assistant) were present and neither of them responded to the call light. On 01/28/2025 at 12:07 PM, R14 and R15's call light was finally deactivated. R15 stated R14 had pressed the call light and was now in the restroom. On 01/28/2025 at 2:56 PM V10 (Director of Nursing) stated when call lights are on any staff should respond immediately even if it's not their resident. The facility's Call Light Policy received 01/27/2025 states: Purpose: To respond to resident's requests and needs in a timely and courteous manner. All call lights will be answered by any staff within their scope of practice. All staff should assist in answering call lights. Nursing staff members shall go to resident room to respond to call system and promptly cancel the call light when the room is entered. Answer light (signal) promptly.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718 Based on interviews and record reviews the facility failed to follow their grievance policy and procedures by not ensuring that a concern reported to staff regarding assistance with activities of daily living was documented, investigated, followed up on, and resolved. This failure applies to one of fifteen residents (R7) reviewed for grievance procedures. Findings include: R7 is a [AGE] year-old female with a diagnoses history of Polyneuropathy, Reduced Mobility, and Chronic Embolism and Thrombosis who was admitted to the facility 06/08/2023. On 01/22/2025 at 10:09 AM, V10 (Assistant Director of Nursing) stated about a week ago there was an incident of one of the mechanical lifts not working because it needed to be charged. On 01/27/2025 at 9:35 AM, R7 stated V27 (Family Member) filed a grievance with the facility regarding her being left in the chair for 17 hours. R7 stated in response to V27's report about her being left in the chair the facility explained it takes at least two hours for the mechanical lift to partially charge and this may not be enough of a charge to transfer her. R7 stated the mechanical lift had not been charged on the day she was left in the chair for 17 hours and no one had offered to ask for assistance from other staff to help transfer her out of the chair. R7 stated this incident happened approximately one and a half to two weeks ago. On 01/28/2025 at 9:48 AM, V27 (Family Member) stated lately they'll get R7 out of bed but then say they don't have anybody there to place her back in bed and the mechanical lift isn't working. V27 stated approximately two weeks ago R7 was left sitting for over 8 hours and the next day she formally reported this grievance to V25 (Psychosocial Rehabilitation Services Coordinator). On 01/27/2025 at 10:04 AM, V10 (Assistant Director of Nursing) stated she had not received any complaints from regarding R7 being left in a chair for several hours. On 01/27/2025 at 10:40 AM, V25 (Psychosocial Rehabilitation Services Coordinator) stated V27 (Family Member) called a couple of weeks ago and reported a complaint to her that over the weekend R7 was in the chair and V27 was trying to call the nurses station about this and couldn't get a hold of anyone. V25 stated she reported this information to V2 (Director of Nursing) or V10 (Assistant Director of Nursing) at the front office. On 01/28/2025 at 2:56 PM, V10 (Director of Nursing) stated if a grievance is reported it should be documented on a grievance form and turned in to the proper head of the respective department. The facility's Grievance Forms from January 2025 reviewed by surveyor from 01/22/2025 - 01/23/2025, and on 01/28/2025 did not include documentation regarding R7 being left in a chair for several hours. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility provided a Grievance form to the surveyor on 01/29/2025 dated 01/28/2025 documenting V27 (Family Member) reported that R7 was up in chair for almost 7 hours. The facility's Grievance Policy received 01/27/2025 states: All concerns will be documented in writing. The Director of Social Services will review and maintain concern through resolution. All departments and facility staff members are required to participate in the investigation and follow up that is required to resolve each concern. Concern resolutions are expected within 72 hours.

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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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40920 Based on observation, interview, and record review, the facility failed to have a system in place to ensure that a resident who was assessed to not be able to navigate safely and independently in the community, leave the facility unsupervised. This failure applied to one (R1) of one residents reviewed for supervision and resulted in R1 eloping from the facility on 01/10/25 with no access to ordered medical care and was subsequently found (at an undetermined date) intoxicated by local police and taken to local hospital. The Immediate Jeopardy began on 01/10/25 when R1 eloped from the facility. V1 (Administrator) was notified of the Immediate Jeopardy on 01/22/2025 at 3:39 PM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on 01/28/25 but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. Findings include: R1 is a [AGE] year-old male who was admitted to the facility on [DATE], past medical history includes, but not limited to other seizures, unspecified psychosis it due to a substance or known physiological condition, gastroesophageal reflux disease, chronic obstructive pulmonary disease, encephalopathy, unspecified dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, essential primary hypertension, encounter for general psychiatric examination requested by authority, suicidal ideation, depression, etc. Community survival skills assessment dated [DATE] documented that R1 does not appear to be capable of unsupervised outside pass privileges at this time. Discharge planning review dated 12/31/2024 documented resident's discharge potential as fair, nursing facility required to help resident attain or maintain highest practical health status. Minimum Data Set (MDS) assessment dated [DATE] section C (cognitive) scored resident with a BIMS (Brief Interview of Mental Status) score of 12, section GG (functional) of the same assessment coded R1 as requiring staff supervision for all Activities of Daily Living (ADLs) including ambulating within the facility. Section P (alarms and restraints) documented that R1 does not use any restraints or alarms. It is to be noted that the facility is located on a busy highway, in a high traffic area. Care plan initiated 12/23/2024 documented that R1 is at increased risk for alteration in pain and discomfort related to diagnosis of GERD. R1 is at risk for seizure activity related to seizure disorder, has a diagnosis of severe mental illness and significant mood distress related to a diagnosis of depressive illness. R1 is also care planned as requiring supervised smoking and community access. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Police report number ****** dated 01/11/2025 17:23 stated in part: On 11 [DATE] at approximately 1723 hours, responding Officer received a call from Southwest Central Dispatch (SWCD) regarding a missing person at a nursing home (address). SWCD advised that a patient left yesterday without permission and still has not returned. Responding officer arrived on scene at the Nursing Home and spoke with Staff Director V3, she related that on 10 [DATE] at approximately 1830 hours, the bed alarm in room (#). V3 related that her staff conducted a headcount immediately after the bed alarm went off and realized that the patient in room (#), (R1), was missing. V3 advised that R1 was last seen wearing a winter hat, jeans, and a winter jacket. V3 stated that she contacted R1's only emergency contact that she has listed in their computer system, (V6) several times with negative results. V3 related that R1 has been a patient at the nursing home since November 2024 and is unsure where he could be. V3 advised responding officer that R1 has dementia and has never left the Nursing Home since he`s been a patient there. V3 also stated that R1 does not have a cell phone. On 1/15/2025 at 4:46PM, V3 (Social Service Director) said that a staff reported to her that R1 was not in the facility, she asked other staff, (a nurse and smoking monitor) and they said that he did not come out for the morning and afternoon smoke breaks. V3 said that she did not see R1 leave the building, did not speak to the assigned nurse, she called the police because the administrator instructed her to do so, V3 filed a report, the police told her that it was a missing person report and gave her the report number. V3 said that R1 does not have an independent pass, can only go out with supervision, he has never tried to leave the facility before and does not have any behaviors. On 1/22/2025 at 10:39 AM, V3 (Social Service Director) was interviewed again regarding the bed alarm mentioned in the police report and she said that she does not recall starting that a bed alarm went off, or mentioning the exact day and time the resident left the facility, she just told the police that it was reported to her on Saturday. 1/16/2025 at 9:47AM, V6 (Family Member) said that she does not know where resident is, the facility called her on Saturday morning around 6:30AM, stating that the resident left the facility yesterday and had not returned. V6 said that the facility did not call her till 6:30AM the following day, she cannot get in touch with R1 because he does not have a phone, he does not have any other family and V6 is worried that he might be in danger. 1/15/2025 at 4:59PM, V4 (Licensed Practical Nurse - LPN) said that R1 is pleasant, he walks around the facility, V4 did not see resident leave the facility, she documented that he was appropriately dressed for the weather because that's what the roommate told her. 1/15/2025 at 5:10PM, V5 (Certified Nursing Assistant - CNA) said that she was the person that reported resident missing, she saw the resident on Friday around 8:00PM, when V5 came back to work on Saturday around 3:00PM, she was hearing people saying that R1 is not in the facility, the CNA she took over from said that she did not see resident all day, he did not eat breakfast or lunch. V5 said she reported to social services after searching the rooms on every floor, they thought he was out on pass. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1/15/2025 at 6:00PM, V1 (Administrator) said that they were made aware that resident left the facility, they spoke to the roommate, and he told them that resident said he was leaving, and he left. V1 said that there is only one main entrance and a back door through which they get supplies. V1 was asked why resident was discharged in the system and she said, if a resident leaves unauthorized, we call the police, and they consider it the same as going against medical advice (AMA). V1 was asked if residents are required to sign an AMA form when going AMA and she said yes, she was asked if R1 signed any papers and she said no. 1/23/2025 at 2:05 PM, V12 (Local Police Detective) called surveyor and stated that R1 had been located. V12 did not know all the details surrounding the whereabouts of R1 but said that R1 had been found in (Nearby Town) (which is over 30 miles away from the facility). V12 added that R1 was intoxicated when found and taken to a local hospital. V12 did not know which hospital but gave surveyor the report number. Surveyor attempted to contact (Nearby Town) police department for more details and left several messages with no call back. Requested for an authorized pass policy but the facility did not have one to provide during the course of this survey. Supervision policy (undated) presented by V1 (Administrator) states in part, our policy strives to make the environment as free from hazards as possible. Resident safety and supervision are facility-wide priority. The same document also stated: Our facility oriented approach to safety addressees risk for group of residents such as wanderers, behaviors, aggressiveness, confusion, etc. Resident supervision is a core component to resident safety. Discharge against medical advice policy revised 7/2024 states in part, It is the policy of this organization to provide medical and psychological care to residents of the facility. In the majority of the situations, it is not in the resident's best interest to leave against medical advice (AMA). Staff to utilize good public relations to . Contact the attending physician and notify psychiatrist and administrative representative prior to allowing the individual to leave the premises .2. Carefully document when a resident leaves AMA. Make sure that the physician, and administrator designee agree that the person is competent to leave. 3. Require resident to sign the AMA form. 6. Scan the AMA form into the electronic medical record (EMR). The Immediate Jeopardy that began on 01/10/25, was removed on 01/28/25, when the facility took the following actions to remove the immediacy: The facility will continue to provide a safe environment for the residents through written policies and procedures to prevent elopement and to use as a baseline to maintain a secure resident environment. Corrective action that will be accomplished for those residents found to have been affected by the deficient practice. R1 no longer resides in the facility. Investigation: The facility initiated an investigation on 1/11/2025. It has been determined that the resident exited the facility from the basements back door. As a system revision, the facility has implemented the following measures. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	How the facility will identify other residents having the potential to be affected by the same deficient practices. All residents who reside in the facility have the potential to be affected by this alleged deficient practice. Measures the facility has taken or systems the facility will alter to ensure the problem will be corrected and will not recur. Director of Social Services, Assistant Director of Social Services and PRSCs has re-assessed facility residents' elopement risk assessment and community survival skill assessments. Initiated: 1/11/25 Completed: 1/13/25 The facility has provided an elopement binder to all facility units with pictures identifying residents at risk for elopement. (Exhibit 1) Initiated: 1/11/2025 Completed: 1/13/2025 Director of Social Services, Assistant Director of Social Services and PRSCs have re-screened and assessed All residents to determine any factors that would put them at risk for elopement. Factors including History of elopement (prior to admission), exit seeking behaviors, attempts at elopement, hanging around exit doors, wandering between units, verbalizing a strong desire to leave. Initiated: 1/11/2025. Completed: 1/13/2025 Director of Social Services, Assistant Director of Social Services and PRSCs will continue to meet and assess all residents upon admission, quarterly, annually, and with change in condition or behavioral observations that may put the resident at risk for elopement. All residents that were assessed with indicators of history of elopement will be considered high risk for elopement, in addition to those that score 6 or more. (Exhibit 2) Initiated: 1/11/2025. Completion: Ongoing Administrator, Director of Social Services and all staff will continue to monitor residents for potential signs of elopement. Initiated: 1/11/25. Completion: Ongoing o Staff were re-educated but not limited to the facility elopement policy and procedures. The re-education emphasized identifying residents at risk for elopement and providing a safe environment. This re-education provided a return verbalization and understanding. This education was completed by the Regional Nurse Consultant and Director of Social Services. Initiated on 01/17/2025. Completion: Ongoing. o DON/Designee will in-service all newly hired staff at the time of hire on the facility's elopement policy. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Initiated: 1/23/2025. Completion: Ongoing o DON/Designee will in-service staff out on leave or on vacation upon their return to work. Initiated: 1/23/2025. Completion: Ongoing o Additionally, elopement binders have been placed on all facility units including the front reception area. Initiated: 1/11/2025. Completion: Ongoing o All exit doors have been rechecked to ensure all alarms are functioning properly and to check staff response time. Initiated and Completed on 1/17/2025. o The facility Assistant Administrator conducted an ad hoc QA meeting on 0/15/25 which reviewed the facility elopement policy as it relates to safeguarding current and future residents from elopement. Quality Assurance plans to monitor the facility's performance to make sure that the corrections are achieved and are permanent. o Quality Assurance will audit 5 random resident files to ensure the risk for elopement has been properly assessed and care planed. This audit was initiated on 1/23/2025 and will occur weekly for a period of two months. Completion: 3/28/2025 o The Administrator/Designee will perform weekly audits will be performed on all newly admitted and readmitted residents to ensure the risk for elopement has been properly assessed and care planned. The Administrator/Designee will conduct this audit weekly for 2 months and present its audit to the QA Committee. Initiated: 1/23/2025. Completion: 3/28/25 o As part of the Quality Assurance Committee the Administration/DON will in-service all staff monthly on the elopement policy for a period of two months. The in-servicing and any allegations of elopement will be monitored by the Regional Nurse Consultant. Initiated: 1/23/2025. Completion: 3/28/25