

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 09/23/2025	
NAME OF PROVIDER OR SUPPLIER Complete Care at Margate Park				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	Initial Comments		S0000				
	Complaint Investigation 2588646/2612582						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.690b)						
	300.1210b)						
	300.1210d)6)						
	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 300.690 Incidents and Accidents						
	b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.						
	Section 300.1210 General Requirements for Nursing and Personal Care						
	b) The facility shall provide the necessary care and						

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 09/23/2025	
NAME OF PROVIDER OR SUPPLIER Complete Care at Margate Park				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	Continued from page 1 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. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to provide adequate supervision for a resident while at the facility. This failure affected 1(R1) resident out of 5 residents reviewed for supervision. R1 incurred a full thickness burn on his left leg with a surface area of 136.90 cm². Findings include: On 09/18/2025 at 3:12pm, V10 (Smoke Monitor/Receptionist) stated that on 07/29/2025, he (V10) was in the dining room, opening the door to the patio for the 3pm smoking time. When V10 saw him (R1) in the dining room, he (V10) said, "Wow, he got some burn." V10 stated he sent him (R1) upstairs because he (R1) could not stay in the patio with a big burn on his leg. V10 said there is no way he (R1) got the burn in the patio because it was not hot that day for him to get a huge burn mark. It was like riding a motorcycle and hit the leg on the exhaust of the motorcycle. V10 said he (R1) came in at 3pm to smoke and when he saw the burn mark, he sent him upstairs right away. V10 stated he did not know how he (R1) got the wound. He got the wound somewhere upstairs, on the floor. On 09/18/2025 at 3:27pm, V11 (Agency Registered Nurse) stated she remembers that day. She was supposed to leave at 3pm and while she was waiting for the incoming			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 09/23/2025	
NAME OF PROVIDER OR SUPPLIER Complete Care at Margate Park				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	Continued from page 2 nurse to come, the resident was brought upstairs, and she saw a skin tear behind his leg. V11 said she was thinking the tear happened while he (R1) was downstairs. V11 stated residents move around a lot, she did not know when he (R1) went downstairs and did not know where he (R1) went downstairs, and R1 came back through the elevator. V11 said she did not know what happened and he (R1) is nonverbal. V11 stated his (R1) wound did not happen while he was on the floor. On 09/18/2025 at 12:56pm, V6 (Wound Care Doctor) stated he has been treating him (R1) for a while. V6 stated he talked to (V3-R1's family member) about his wound and the treatment plan and to get consent for the debridement of the wound. On 09/23/2025 at 2:56pm, V6 (Wound Care Doctor) stated it is a serious injury because it is a full thickness burn. All the layers of the skin, including the epidermis, dermis, and subcutaneous tissue are damaged and because of the size of his wound. On 09/22/2025 at 1:03pm, V2 (Director of Nursing) stated she was not notified of R1's injury on 07/29/2025. V2 could not recall V11 notifying her of R1's injury. V2 said if notified, she would need to investigate it, she would need to talk to any witnesses who potentially working with him (R1) before and after the injury was observed, she would be auditing documentation to make sure family and doctor were notified, make sure the nurse reach out to the doctor for a treatment plan and if in place, to make sure the facility is following the treatment plan, do an in service with the nurses to make sure they are doing the right procedure. V2 stated 'Yes', it is required of the facility to report to the State injury of unknown origin or a major injury. V2 said the timeframe for reporting is within 24 hours. Injury of unknown origin should be investigated as an allegation of abuse. There should be an abuse investigation. V2 stated she did not know about R1's injury of unknown origin and there was no investigation done, and it was not reported to the State. On 09/22/2025 at 3:30pm, V19 (New Administrator) stated abuse include injury of unknown origin. The procedure is to report it immediately within 2 hours and to initiate the investigation immediately. Immediately means, as soon as the initial reportable was sent to the State, then she (V19) would start interviewing any party that is involved. V19 said anybody who work with the resident who may have in contact with the resident. The purpose is to see the root cause of this and to rule out abuse. V19 stated she sent the reportable		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 09/23/2025	
NAME OF PROVIDER OR SUPPLIER Complete Care at Margate Park				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	Continued from page 3 today (09/22/2025). V19 said, "It means his (R1) injury of unknown origin was not reported and was not investigated. Yes, it should be reported and investigated because facility didn't know how the resident got the injury, and per policy, it should be reported and investigated". V19 (New Administrator) stated a burn is a serious injury. On 09/23/2025 at 4:04pm, V15 (Assistant Director of Nursing) stated she has been at the facility for 1 ½ years and she sees him (R1) around. (R1) goes up and down the floor using the elevator and he (R1) never uses the stairs. V15 said the nurses and the CNAs are supposed to supervise R1 while he is on the floor. V15 stated she does not know how and still asking herself how the wound happened. V156 said she is not sure if he is supervised while in the elevator because he (R1) knows where he is going and when to comeback on the floor. V15 stated she wishes she could explain how it happened. V15 stated with an injury like that, somebody should know and should report it. V15 said it is not expected of a resident to be injured at the facility, and no one knew about it and somebody should know. V15 stated if no one knew how the injury happened, he (R1) was not supervised adequately. R1's Admission Record documented that R1's diagnoses (include but not limited to) deaf, type 2 diabetes mellitus, hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, chronic systolic (congestive) heart failure. R1's (08/05/2025) Minimum Data Set documented, in part: "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 99. C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. C1000. Cognitive Skills for daily decision making: 3 severely impaired." R1's (07/29/2025) Progress note documented, in part: "Resident came up with a skin tear behind his left leg at 3:10pm, wound care book filled up, pls follow up with the wound department for appropriate dressing. Authored by: V11." R1's (07/31/2025) Initial Wound Evaluation & Management Summary documented, in part "Focused Wound Exam (Site 1) Burn Wound of The Left Leg Full Thickness. Wound Size (L x W x D): 18.5 x 7.4 x 0.1 cm. Surface Area: 136.90 cm². Pain assessment: Described as Severe. Signed by: V6 (Wound Care Doctor)."		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 09/23/2025	
NAME OF PROVIDER OR SUPPLIER Complete Care at Margate Park				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	Continued from page 4 The (undated) Residents' Rights for People in Long-Term Care Facilities documented, in part "As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to State and Federal laws. Your rights to safety. Your facility must provide services to keep your physical and mental health at their highest practicable levels. Your facility must be safe." The (undated) Accidents and Supervision documented, in part "Policy: The resident environment will remain as free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. Policy Explanation and Compliance Guidelines: The facility shall establish and utilize a systematic approach to address resident risk and environmental hazards to minimize the likelihood of accidents. Supervision- Supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents." (B)		S9999				