

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 Complaint Investigations: 2683763/2967138 2683946/2971904 2683630/2966646		S0000			04/18/2026	
S9999	Final Observations Statement of Licensure Violations: (1 of 2) 300.1810l) Section 300.1810 Resident Record Requirements I) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month's voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month. This REQUIREMENT is not met as evidenced by: Based on interviews and record review the facility failed to satisfy the applicable reporting requirements by failing to provide the Colbert Lead Defendant Agencies, the applicable Colbert Dementia Review for residents admitted in the facility in January 2026. The findings include: On 04/04/2026 at 10:44AM, V9 (Social Services Director) via phone stated that he has not received an administrative warning letter from Maximus for failing to enter information of newly admitted residents with dementia into Maximus assessment pro. V9 stated Maximus requests the facility to enter dementia resident information into assessment pro. Once we enter the information, Maximus will see it and schedule a visit to the facility to assess the resident. There is nothing for us to enter in		S9999			04/18/2026	

Office of Primary Care and Health Systems Management

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 assessment pro until Maximus requests the information. There is no time frame for us to adhere to once Maximus requests the information. V9 stated a representative from Maximus came to the facility approximately six weeks ago and requested V9 to enter information for residents with dementia admitted to the facility in January 2026. V9 stated he completed requested assessments. I didn't receive a notification of completion. Once I complete the assessment, it goes away. If there is anything pending to be completed it shows up in Assessment Pro. V9 stated he was not in the facility and could not show surveyor, the Maximus portal. V9 provided multiple residents progress notes, diagnosis, MDS (Minimum) assessments and stated those are documents were provided to Maximus, but there is not time frame for him to complete the assessments in assessment pro. On 04/04/2026 at 12:39PM, V1 (Administrator) stated the social workers were trained online on how to complete the referrals for dementia residents to Maximus for Colbert Williams review. V1 stated the facility follows the guidelines on the website "you should have the regulations/guidelines". V1 stated V9 completes assessments and communicates with Maximus. V1 further stated she checked on Maximus portal and there is nothing pending. On 03/24/2026, Maximus reported to Illinois Department of public Health (IDPH) that the facility failed to provide the January 2026 dementia Colbert Williams review reports requested by the allotted time frame of 15 days to assessment pro Maximus. The facility is past the follow-up regulation period for (OHCE) and has not responded to the warning letters sent. (C) Statement of Licensure Violations: (2 of 2) 300.610a) 300.1210a) 300.1210b) 300.1210d)2) 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			S9999			04/18/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide wound care treatments for two residents R1 and R5, failed to notify the physician when wound worsened for one resident (R1) resulting in R1 being sent to the hospital for wound infection and needing further surgical			S9999			04/18/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 interventions, failed to assess and treat wounds for one resident (R5) resulting in R5 not receiving wound care for 12 days. These failures affected two residents (R1 and R5) out of 3 residents reviewed for wound care. Findings include: R1's medical diagnoses include but are not limited to dehiscence of amputation stump, bacteremia, sepsis, acquired absence of left leg, pulmonary hypertension, post-traumatic stress disorder, heart failure. R1's Minimum Data Set dated 12/23/25 has a Brief Interview for Mental Status score of 12, indicating R1's cognition is moderately impaired. R1's care plan dated 02/28/26 documents in part, "Enhanced Barrier Precautions: I am in enhanced barrier precautions for: Wounds or skin opening requiring a dressing. Enhanced precautions will be maintained and I will not exhibit signs of active infection thru next review... Set up isolation per facility protocol. Follow the enhanced precautions guidelines." R1's care plan dated 02/28/26 documents in part, "I am at increased risk for impaired skin integrity related to left below knee amputation (BKA), bypass grafts, extremities left leg. I will not develop any skin integrity issues thru next review, unless the disease process causes unavoidable deterioration. Administer wound care treatments per MD (Medical Doctor) orders... Weekly skin checks per facility policy." R1's physician order dated 02/24/26 at 7am documents in part, "Paint left BKA with betadine, apply adaptic , calcium alginate and cover with ABD (abdominal) pad, kerlix and tape daily and PRN (as needed). Every day shift. Start 02/24/26. Review of R1's treatment administration record (TAR) has no documentation for treatment on 02/24/26, 02/25/26 and 02/26/26. R1's progress note dated 03/12/26 documents in part, "Upon doing rounds, the pt (patient) complained of phantom pain. His wound was assessed and right below knee wound dehiscence was noted. The doctor and NP (Nurse Practitioner) was called and gave orders to send the pt back to the ER (emergency room) for further evaluation." R1's hospital records dated 03/13/26 documents in			S9999			04/18/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 part, "He was sent in from the nursing home because he has had increased drainage for the past week. Left-sided BKA (below knee amputation) wound dehiscence. Concern for infection. Patient reports drainage started occurring one week ago and became increasingly difficult to manage, thus nursing home sent him here." R1's discharge hospital records dated 03/24/26 documents in part, "Left BKA wound dehiscence with infection s/p (status post) AKA (above knee amputation) revision by vascular... Right heel stage 2, POA (present on admission) ... cover with alginate and bordered foam, change daily." On 04/03/26 at 10:27am observed V3 (Wound Care Coordinator/WCC) cleansing R1's right heel wound and apply foam dressing. On 04/03/26 at 10:27am V3 (WCC) stated that she had just discovered the wound to R1's right heel. V3 stated that she would apply a treatment of her recommendation until the wound care doctor sees R1 for wound care. Review of R1's physician orders indicate that R1 had no physician order for right heel wound until 04/03/26, although discharge hospital records dated 03/24/26 documents that R1 had active right heel wound and discharge orders for that wound. R5's medical diagnoses include but are not limited to peripheral vascular disease, venous insufficiency, lymphedema, non-pressure chronic ulcer of other part of right lower leg with unspecified severity. R5's admission date to the facility is dated 02/26/26. R5's progress note dated 02/26/26 at 9:25pm documents in part, "Resident has DX (diagnosis) of chronic embolism and thrombosis of lower extremity; non pressure chronic to left lower leg, etc. (etcetera)...Physician (V26) notified and order to continue orders... Will continue plan of care." R5's care plan dated 02/26/26 documents in part, "I have an alteration in skin integrity: Right lower leg, Left lower leg... I will be free of any additional skin integrity issues, unless the disease process causes further unavoidable deterioration through the next review...Provide treatment as per MD order." Review of R5's physician orders shows that R5's initial wound care orders were not entered until 03/09/26, indicating R5 did not have wound orders			S9999			04/18/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 5 from admission on 02/26/26, a total of 8 days. R5's physician order dated 03/09/26 documents in part, "Right lower leg: Cleanse with NSS (Normal Saline Solution), pat dry, apply collagen and cover with ABD, wrap with kerlix and ace wrap every day and prn (as needed) for soiled/dislodged." On 04/03/26 at 11:37am R5 stated that she had been in the facility for over a week without having her wounds changed. R5 stated that she kept asking the nurses to change her wound dressing and they would tell her that there was no one there that could do it. On 04/03/26 at 3:16pm V2 (Director of Nursing/DON) stated that it is the expectation of the facility that nurses document everything that they do. V2 stated that if it is not documented, it looks as though it wasn't done. V2 stated that residents are admitted to the facility with orders from the discharging facility and it is her expectation that the nurse transcribes those orders on admission. V2 stated that a resident should not be in the facility with an open wound with no orders. V2 stated that not treating a resident's wound could cause infection or the wound could deteriorate. On 04/03/26 at 4:21pm V2 (Director of Nursing) stated that the facility does not have a policy for wound care assessments. V2 stated that the admitting nurse is expected to do a wound assessment on admission and document the resident's wounds. V2 stated that wound assessments are done every seven days by the wound care nurse. V2 stated that if there are any changes to an incision, the nurse should notify the resident's physician. Review of R1's records indicate that R1 had a wound assessment done on 02/24/24 and not until 14 days later on 03/10/26. R1 was sent out to the hospital on 03/12/26 for pain to the wound and admitted with diagnosis of wound infection. On 04/03/26 at 3:51 V26 (Medical Doctor/MD) stated that he was not aware that his residents R1 and R5 had not received wound care treatment. V26 stated that it is his expectation that the nurses follow the physician orders. V26 stated that it is a standard of care and is expected that the physician's orders are carried out. V26 stated that wounds that are not changed can get worse, can lead to infection and even mortality. V26 stated that wounds should be addressed on the day of admission and followed up with the appropriate treatment plan. V26 stated that			S9999			04/18/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 6 a newly admitted resident or a resident returning from the hospital should have orders from the discharging facility and those orders should be continued until the resident is seen by the wound care nurse or the wound care doctor. V26 stated that if R1's wounds were not treated as ordered, R1's infection could have come from the facility not treating R1's wounds. Facility's undated policy titled "Wound Cleansing and Dressings" documents in part, "Policy: It is the policy of this facility to perform wound dressing changes as ordered by the physician using clean technique on all chronic or contaminated wounds. A moist wound environment is most favorable for optimal wound healing." Facility's policy titled "Guidelines for Observing and Implementing Resident Rights" dated 07/12/23 documents in part, "Policy: It is the policy of the facility to observe and implement resident rights as dictated by CMA. These rights and protections are mandated by Federal and State laws. These rights and protections are a requirement in edicare and/or Medicaid certified nursing homes. Each resident has the right to be treated with dignity and respect. An interaction between a resident and a staff member, temporary staff member, volunteer, visitor, or any other person must be conducted in such a way as to enhance the resident's self-esteem and self-worth while meeting the resident's needs. The preferences and goals of the resident should be honored as much as possible and the resident's comfort, safety and overall welfare must be promoted, protected, and enhanced at all times... To achieve this staff will 1. Treat each resident with respect and dignity. 2. Care for each resident in a manner and environment that promotes the maintenance of/or enhances the resident's quality of life... 5. Provide equal access of quality of care." Facility's undated policy titled "Physician Orders (Following Physician Orders) documents in part, "Policy: It is the policy of the facility to follow the orders of the physician. At the time of admission, the facility must have physician orders for the resident's immediate care. The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission. Procedure: 1. The facility must have orders from the physician upon admission for: c. Routine care to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan... 3. Orders that accompany the resident on admission will be			S9999			04/18/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0050450		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/06/2026	
NAME OF PROVIDER OR SUPPLIER Landmark at 95th Rehabilitation and Nursing Center LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET , CHICAGO, Illinois, 60643			
(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 7 clarified by the physician through action of the nurse who will contact the physician for clarification upon the resident's admission." (A)			S9999			04/18/2026