STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510247	A. BUILDING: _____ B. WING _____	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 000	Initial Comment Annual Licensure Survey Violations: 295.2040 b)d)e)g) 295.3020 a)1)2)3)4)5)6)b)1)2)3)4)5)6)c)1)2)3)4)5)6)d)1)2)3)4)5) 295.4060 h)6) 295.6000 a)5)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 Section 295.2040 Disaster Preparedness b) Each establishment shall: d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill;	A2040		

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MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A2040	Continued From page 1 however, other requirements of the Life Safety Code will apply. These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide documentation of any tornado drills by employees. This deficient practice has the potential to affect all residents in the event of a tornado. Based on forwarded resident census, facility memory care unit has 14 residents. Findings include: E1(Executive Director) forwarded 3rd floor memory care resident census on 6/25/25 with 14 residents. E1(Executive Director) was provided written request on 6/25/25 which included but was not limited to tornado drills. Initial review of drill documentation did not include any tornado drills. E7(interim maintenance manager in charge of drills) on 6/27/25 at 3:00 pm stated, "there was someone else in charge of drills. I don't have the Tornado drills." E1(Executive Director) was advised on 6/27/25 there were no tornado drills and stated she would check. No additional tornado drill documentation was forwarded.	A2040		
A3020	Section 295.3020 Employee Orientation and Ongoing Training	A3020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510247	A. BUILDING: _____ B. WING _____	07/08/2025

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MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A3020	Continued From page 2 This Regulation is not met as evidenced by: Type 3 Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents; 2) The significance and location of resident service plans; 3) Internal establishment requirements and the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:	A3020		

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	ASL510247	A. BUILDING: _____ B. WING _____	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A3020	Continued From page 3 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights; 2) Disaster procedures; 3) Hygiene and infection control; 4) Assisting residents in self-administering medications; 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. d) All training shall be documented with: 1) Date; 2) Starting and ending time; 3) Instructors and their qualifications; 4) Short description of content; and 5) Staff member's written signature. These Requirements are not met as evidenced by: Based on interview and record review, facility failed to ensure 6 staff (E1, E5, E8, E9, E10, E11) out of 8 staff had completed employee orientation topics as required in a total sample of 9 reviewed for staff requirements. Findings include: On entrance date of 6/25/25, E13(Human Resources Manager) was asked for list of staff with title and date of hire who work in Assisted Living section of facility. Facility residents are memory care assisted living. Forwarded staff list was incomplete. Sample of employees was selected for staff requirements review along with explanation of documents needed for review including orientation requirements. E13 was asked to include documentation of completion of training	A3020		

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A3020	Continued From page 4	A3020		

requirements for each employee selected for review.
Based on review, E1(Executive Director), E5(Resident Assistant), E8(Licensed Practical Nurse), E9(Resident Assistant), E10(Resident Assistant), E11(Resident Assistant) have not completed required training.

E13 was advised which staff training was missing for selected employees. Upon review of forwarded employee training document, it was found:

All required training was missing for E1(Executive Director) whose hire date was not provided as requested. E1 as per interview of 6/27/25 at 9:30 am reported no one on boarded her to position.

E5(Resident Assistant) with hire date of 4/30/25 is missing training in a)1)2)3)4)5)6)b)2)3)4). Has incomplete infection control training with only hand hygiene training covered.

E8(Licensed Practical Nurse) with hire date of 6/28/24 is missing training in a)1)2)3)4)5)b)2)3)4). Infection control training incomplete. Only has hand hygiene training.

E9(Resident Assistant) with hire date of 2/10/25 is missing in a)1)2)3)4)5)6)b)2)3)4). Incomplete infection control training. Only has hand hygiene training.

E10(Resident Assistant) with hire date of 7/18/24 is missing training in a)1)2)3)4)5)6)b)2)3)4).

E11(Resident Assistant) with hire date of 4/6/25 is missing training in a)1)2)3)4)b)2)3)4). Infection control training is incomplete and only has hand

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	ASL510247	A. BUILDING: _____ B. WING _____	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A3020	Continued From page 5 hygiene training completed. On 6/26/25 at 10:00 am, reviewed training documentation issues with E2(Director of Health/Doctorate in Nursing) and asked if facility monitors compliance with training. E2 replied, "We have done an audit." E2 was asked who was in charge of the audit and for a copy of the audit. E2 did not reply and did not provide a copy of the audit.	A3020		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times. These Requirements are not met as evidenced by:	A4060		

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MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A4060	Continued From page 6 Based on interview and record review, the facility failed to provide requested pain medication to one resident(R1) out of 3 reviewed for pain medication in a total sample of 3. As a result of facility failure to have nurse with access to controlled pain medications in memory care, R1 asked facility security to call an ambulance. Findings include: R1 was admitted to the memory care section of the facility on 12/3/24 with diagnoses including but not limited to mild to moderate Dementia per physician's certification of 6/13/24, Cerebral Vascular Accident, Peripheral Vascular Disease, Knee replacement surgery (11/8/24), Type 2 Diabetes, Osteoarthritis, Polymyalgia Rheumatica, and Abnormal gait. R1 has a service plan with medications listed as a focus dated as initiated on 12/3/24 with a goal in part of "supported to take all medications safely and as ordered. Under interventions R1 "has a history of pain. May use PRN pain medications as per MAR (medication administration record) Date initiated:12/3/24," "Requires assistance with ordering meds 12/3/24," and "Requires daily supervision of medication 12/3/24." Despite service plan interventions for pain medication administration, facility failed to provide ordered pain medication because facility could not access tramadol, a controlled medication used for moderate to severe pain because only nurses who worked in memory care had electronically controlled access rights to medications. During review of facility "concern form" R1 complains, "On 4/5/25 (R1) requested pain medicine - RA(Resident Assistant) was unable to locate a nurse. So (R1) had to go to	A4060		

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A4060	Continued From page 7	A4060		

ER(emergency room) for assistance for pain relief." The concern was taken by E3(Director of Clinical Education) and referred to E2(Director of Health).

The concern follow up is completed by E3 on 4/7/25 and states, "If resident assistants are unable to locate a nurse, they are to call (E2), (Director of Health). Hospice/Palliative to be call for any unrelieved pain issues. All AL (Assisted Living) staff given the above instructions."

On 6/26/25 at 3:00 pm, R1 explained, "On 4/5/25 after 6:00 pm. May have been closer to 8:00 pm. Pain started. Pain left leg. It's a vascular issue. Pain level was 8 and progressed to 10. It was tramadol. 2nd floor nurse(for skilled care) said couldn't give me medication. Went to hospital 9:00 pm. 10:00 pm given tramadol. Pain so severe I couldn't think of anything else. Desperate situation. Return 5:00 am in morning. I was in pain 3 - 4 hours. I get Tramadol usually for pain ..."

Review of R1's medication administration record for April of 2025 documents an order for "tramadol HCL oral tablet 50 mg. Give 1 tablet by mouth every 6 hours a needed for pain." There are no nurse initials on the 4/5/25 medication administration record for administration of tramadol.

There are no nursing notes documenting R1 went to the hospital. However, E1(Executive Director) forwarded a copy of incident completed by security which documents R1 did go to the hospital. E1 writes on 4/5/25 at 10:48 pm, "(R1) had call down-stairs to front desk and talk with officer (E6, security) ... If I had a key to open the medicine cabinet ...that when (R1) in Apartment

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MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A4060	Continued From page 8 313 call down and requested that she needed an ambulance. Ambulance arrived at 10:48 pm and left the building at 11:08 pm." On 4/5/25 E4 (Resident Assistant) was caregiver present in the memory care unit evening/nightshift based on the schedule/time punch in and statement. On 7/1/25 at 11:00 am, E4 (resident assistant) stated, "Nurse wasn't there. (R1) was upset. (R1) called front desk. Sent to hospital. Gone 3 - 4 hours. (R1) said hurt pretty bad." Ambulance rate it. (R1) said 8 or 9. I'm not sure kind of nurse is. We have a nurse usually at night. Remember I called E2(Director of Health). I spoke with (E2). She's the nurse director. Said if (R1) wanted to go to the hospital then (R1) could. No issues with other residents. I don't remember if another caregiver. I think another young lady with me that night but she don't work anymore. Not (E5) caregiver. Just started a month or 2 ago ..." E4 forwarded a copy of a text to E2 which reads, " ...(R1) is saying her leg hurts really bad and was asking for meds I had went down on 2 but nurse () said that she doesn't have a key to get to the meds for the 3rd floor and now (R1) is saying wants to go to the hospital. Do I call emergency or does security? I've contacted (E1) but haven't gotten a response back yet. Can you please give me a call so that I would know how to act on the situation." The delivery time on the text is 10:48 pm. According to security documentation this text is sent at the same time the ambulance arrives on scene. E4 reports she did speak via telephone with E2 who stated if R1 wants to go to the hospital send her but there is no time given for when this conversation took place.	A4060		

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	ASL510247	A. BUILDING: _____ B. WING _____	07/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A4060	Continued From page 9 Security writes, R1 "had call downstairs to front desk and talk with ...If I had key to open medicine cabinet. And after Officer() called me on the radio. That when (R1) in Apt 313 call down and requested that she needed ambulance. Ambulance arrived at 2248(10:48 pm) and left the building at 11:08 pm. E1(Executive Director) was asked about this concern form on 6/27/25 at 9:30 am and asked why E2(Director of Health) had not come in to give R1 a pain medication. E1 replied because E2 was already asleep when E4 called but that there was a nurse who "got here late. Nurse start at 6:30 pm. She got here at 8:00. There was issue with keys. She couldn't get in office to get medications. Her (electronic device) won't allow into door. We updated (electronic devices). Now nurses have access to 3rd floor doors specifically for this reason ..." R1 described her pain as severe on 4/5/25 in the evening. R1 is on a controlled drug opiate of Tramadol which is used to treat moderate to severe pain and did not receive the tramadol as requested due to lack of nurse with access to memory care medications leading to significant pain and resident initiated transfer to the hospital for pain management.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 Section 295.6000 Resident Rights	A6000		

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MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A6000	Continued From page 10 a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes. These Requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide Tramadol, a controlled drug classified as an opiate as ordered and included in service plan for pain relief to one resident(R1) out of 3 residents reviewed for pain in a total sample of 3. Findings include: R1 was admitted to the memory care section of the facility on 12/3/24 with diagnoses including but not limited to mild to moderate Dementia per physician's certification of 6/13/24, Cerebral Vascular Accident, Peripheral Vascular Disease, Knee replacement surgery (11/8/24), Type 2 Diabetes, Osteoarthritis, Polymyalgia Rheumatica, and Abnormal gait. R1 has a service plan with medications listed as a focus dated as initiated on 12/3/24 with a goal in part of "supported to take all medications safely and as ordered. Under interventions R1 "has a history of pain. May use PRN pain medications as per MAR (medication administration record) Date initiated:12/3/24," "Requires assistance with	A6000		

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A6000	Continued From page 11	A6000		

ordering meds 12/3/24," and "Requires daily supervision of medication 12/3/24." Despite service plan interventions for pain medication administration, facility failed to provide ordered pain medication because facility could not access tramadol, a controlled medication used for moderate to severe pain because only nurses who worked in memory care had electronically controlled access rights to medications.

During review of facility "concern form" R1 complains, "On 4/5/25 (R1) requested pain medicine - RA(Resident Assistant) was unable to locate a nurse. So (R1) had to go to ER(emergency room) for assistance for pain relief."

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On 4/5/25 E4 (Resident Assistant) was caregiver present in the memory care unit evening/nightshift based on the schedule/time

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MONTGOMERY PLACE	5550 SOUTH SHORE DRIVE CHICAGO, IL 60637

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A6000	Continued From page 12 punch in and statement. On 7/1/25 at 11:00 am, E4 (resident assistant) stated, "Nurse wasn't there. (R1) was upset. (R1) called front desk. Sent to hospital. Gone 3 - 4 hours. (R1) said hurt pretty bad." Ambulance rate it. (R1) said 8 or 9. I'm not sure kind of nurse is. We have a nurse usually at night." In response to lack of hospital transfer documentation in nursing notes E1(Executive Director) forwarded note in which Security writes, R1 "had call downstairs to front desk and talk with ...If I had key to open medicine cabinet. And after Officer() called me on the radio. That when (R1) in Apt 313 call down and requested that she needed ambulance. Ambulance arrived at 2248(10:48 pm) and left the building at 11:08 pm.	A6000		