

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/29/2025
NAME OF PROVIDER OR SUPPLIER  Peterson Park Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  6141 North Pulaski Road Chicago, IL 60646	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, interview, and record review, the facility failed to provide and maintain an effective pest control program. These failures have the potential to affect 174 resident's residing in the facility. Findings Include: On 11/25/2025 at 9:53 AM, surveyor observed R159 laying on his bed free of pain. R159 is alert and oriented to person, place or time. R159 stated he has seen roaches today in the bathroom. Surveyors open the bathroom door and observe one small roach on the ground. R159 stated he has not seen an exterminator from the pest control company come in to spray medication to get rid of the roaches. On 11/25/2025 at 10:04 AM, Surveyor observed R70 sitting on the edge of the bed. R70 appears to be comfortable and free of pain. R70 is alert and oriented to person, place and time. R70 stated he has seen roaches in his bathroom, dresser, and nightstand. R70 opened his dresser, and there was live activity present of three different size roaches: small, medium and large. The roaches scattered away when the dresser door was opened. R70 stated this is nothing, I see them all the time everywhere. R70 stated he has not seen an exterminator from the pest control company come in to spray medication. On 11/25/2025 at 10:32 AM, surveyor observed R19 sitting on the edge of the bed while reading a magazine. R19 is alert to person, place and time, with occasional forgetfulness. R19 stated she has seen roaches in her bathroom. R19 stated when I saw the roach in my bathroom I stepped on it, then I called the nurse. R19 continued by stating the nurse then called the housekeeper, and she cleaned up the dead roach from the floor. R19 stated I don't recall seeing an exterminator come in to get rid of the roaches. On 11/25/2025 at 12:00 PM, surveyor observed activity of a small roach in the conference room table while it landed on the table. On 11/25/2025 at 9:48 AM, V17 (Maintenance Director) stated he has seen roaches in the past typically in the hallways but has seen improvement since the facility hired an exterminator. V17 stated the exterminator comes to the facility two times per month, and during that time he will let the exterminator know where he last seen any activity of roaches. Policy titled Pest Control documents in part it is the facility's policy to ensure that there is an effective pest control process in the building. If there is a suspicion or actual problem with pests, the facility will contact a pest control company to inspect presence of a pest control problem. If a pest problem or infestation is identified, the pest control company will treat the problem. It is the discretion of the pest control company if follow-up treatment or inspection is needed.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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