

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE 3601 South Harlem Avenue Berwyn, IL 60402	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40065</p> <p>Based on interview and record review, the facility failed to ensure a resident has the right to receive unopened personal mail in a timely manner. This failure affected one (R3) resident in a sample of 6 residents reviewed for privacy and resident rights.</p> <p>Findings include,</p> <p>R3 is [AGE] years old with BIMS (Cognition test) score of 15, meaning R3 is cognitively intact.</p> <p>On 12/21/24 at 9:56 am R3 said, he received a letter from IDPH and when he got his letter it was opened and also there was no envelope to send appeal. R3 was not sure if it came with the letter. R3 said, the letter was mailed on 12/4/24 and it was handed to him by the facility on 12/13/24. R3 said, activity brought the letter and it was V14 who handed the letter to him. R3 said, V14 told him when she picked up the letter from downstairs, it was already open like that. R3 provided the letter, and it was opened neatly and looked like it was opened with a letter opener or scissors. R3 said, he does not have scissors or letter opener in his room.</p> <p>On 12/21/24 at 9:49 am V18 (Business Office Manager) said, she collects mail. If it is business, Department of Human Services and social security she will open it and then she gives the mail to activity and it gets distributed on the floor to residents. V18 said, she does not open Illinois Department of Public Health findings as it is personal mail. V18 said, R3 spoke to her, he said one of the mail was opened, and he was upset it was not given to him in a timely manner. V18 said, the turn around process for mail is daily, 2 days at the most and there is no procedure to hold on to mail for 10 days. V18 said, he informed her of this issue and she said she would make sure he gets mail on time. V18 said, she did not complete a written grievance form on this and she should have done a grievance.</p> <p>On 12/21/24 at 11:43 am V14 (Activity) said, she picked up the mail after it was check by business manger (V18), and she delivered mail to R3 and it was opened. V14 said, R3 asked why the letter was opened and she told him that is how she got it from the mail box. V14 said, time turn around for mail is daily, staff check for mail on daily basis. V14 said, she did not delay the delivery of the letter and facility does not hold mail on purpose and they deliver the mail everyday in a timely manner.</p> <p>(continued on next page)</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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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/21/24 at 12:49 pm, V1 (Administrator) said, facility does not retaliate on residents for filing complaints, that is their right. V1 said, R3 signed consent for facility to open his mail. V1 provided the consent R3 signed when R3 was admitted , however the consent does not include personal mail and correspondence from IDPH. V1 said, the letter was opened by mistake and he will in-service the staff so it does not happen again.</p> <p>Review of the admission contact R3 signed (7/28/22), it documents permission for facility to open the following correspondence: social security checks, pension checks, Veteran Administration checks, correspondence from Department of Human Services and Illinois Department of Healthcare and Family Services, Social Security, Medicare Insurance and Doctor and Hospital Bills. (consent does not include IDPH complaint findings or personal mail)</p> <p>Long Term Care Ombudsman Program Residents Rights for People in Long Term Care Facilities documents in part: Your facility must deliver and send your mail promptly. Your facility may not open your mail without your permission.</p>		