

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2025
NAME OF PROVIDER OR SUPPLIER  Wentworth Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West 69th Street Chicago, IL 60621	

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 0571</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2025
NAME OF PROVIDER OR SUPPLIER  Wentworth Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  201 West 69th Street Chicago, IL 60621	
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 0571</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to inform residents of their monthly personal funds amount and failed to distribute residents personal fund monies monthly. This failure affected three of three residents (R8, R9, R10) reviewed for personal funds. The findings include: On 9/22/2025 at 2:03 pm, R8 stated she (R8) is not aware why she was not receiving her monthly sixty dollars from the trust fund. R8 stated V8 her nephew is the power of attorney over her healthcare, and she did not authorize V8 to have power of attorney over her finances. R8 stated the facility never notified her (R8) that the facility was giving V8 her monthly trust fund money. R8's Minimum Data Set Section C dated 9/2/2025 documents, in part, a BIMS (Brief Interview Mental Status) Score of 8 which is indicative of a moderately impaired cognition. R8's Social Security statement dated 3/2024 documents; in part, [NAME] is R8's representative payee. R8's money order receipts dated 9/3/2025 documents a payment of one hundred five dollars and sixty-four cents to [NAME] from R8 the remitter. R8's money order receipts dated 8/3/2025 documents a payment of one hundred five dollars and sixty-four cents to [NAME] from R8. R8's bank statement dated 7/24/2025 to 8/20/2025 documents, in part, a withdrawal of eighty-eight dollars and eighty-four cents from [NAME] Financial Group Life Insurance Company. R8's bank statement documents a deposit of one hundred sixty-five dollars and sixty-four cents from a pension company on 7/30/2025. On 9/23/2025 at 11:36 am, V8 (R8 Family Member/FM) stated he (R8FM) has had power of attorney for property since December 1, 2010. V8 stated R8 receives a Social Security Check, and the facility is the representative payee. V8 stated R8 also receives a small pension check in the amount of one hundred and sixty-five dollars and sixty-four cents. V8 stated he (V8) takes sixty dollars from pension funds to pay R8's life insurance policy in the amount of eighty-eight dollars and provides the remaining one hundred five dollars and sixty-four cents to the facility in a money order. V8 stated he (V8) pays the remaining twenty-eight dollars needed to pay R8's insurance premium. V8 states his (V8's) aunt will not remember the power attorney information because she has dementia. V8 stated he V8 buys R8's clothes, snacks, personal grooming supplies, and restaurant food upon her (R8's) request. V8 stated he will bring the Financials. On 9/24/2025 at 1:38 pm, V1 (Administrator) stated V11 (Business Office Manager) meets with the residents monthly and have the resident sign for their funds. V1 stated residents who receive Social Security Benefits are deposited in a trust fund account and each resident will receive thirty dollars or sixty dollars monthly. V1 stated he (V1) was made aware this week that V8 (R8's Family Member) was receiving R8's pension fund, deducting sixty dollars from the pension fund for R8's insurance policy, and providing the balance of the pension fund to the facility. V1 stated typically every resident should receive a check monthly check from Social Security and another check for thirty or sixty dollars is allocated to the residents monthly. V1 stated a resident has the right to know about their personal funds account and he is not sure why R8 does not receive personal funds monthly. On 9/24/2025 at 2:01 pm, V21 (Director of Financial Services) stated she actually receives R8's Social Security Check of [NAME] receives one thousand two hundred and forty-seven dollars. V21 stated the facility is the representative payee and was aware V8 (R8's Family Member) was withholding the 60 dollars from R8's pension check and providing the balance of the pension check to the facility in the form of a money order. V21 stated Social Security hired a third-party company to complete their audits on Social Security Checks. V21 stated the third-party company informed her (V21) that Social Security's guidelines require Representative Payee's to handle all beneficiary funds and family members, or power of attorneys are not acceptable to manage a person's monthly benefits. V21 stated she has recognized the previous method of handling R8's funds are incorrect and moving forward will follow the guidelines outlined in the Social Security's Guide for Representative Payees to handle R8's beneficiary funds. V21 stated V8 and R8 has been notified of this decision. On 9/22/2025 at 2:15 pm, R9 stated she (R9) has not received her trust fund money this month and is not aware how much she receives. On 9/22/2025 at 2:23 pm, R10 stated he (R10) has not received any trust fund money, and he would appreciate it if he did. R10 stated he does not have a power of attorney, and his daughter was his power of attorney, but he is married now. Power of Attorney documents to the facility today. On 9/25/2025 at 11:23 am, V11 stated R10 signs for his daughter to receive his personal funds of sixty dollars monthly. V11 stated R9 does not receive personal funds because her family is her representative payee. V11 stated R9 is aware that her family is her representative payee. R9 Minimum Data Set Section C dated 8/22/2025 documents, in part a RIMS (Brief Interview Mental Status) Score of 6 which is indicative of a severely impaired cognition</p>		