

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER West Suburban Medical Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3 Erie Court Oak Park, IL 60302	
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)		
F 0627 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide written notice of transfer/discharge to the resident and/or resident representative, including the reason, effective date, and location of transfer, for one of eight residents reviewed for discharge (R2). This failure resulted in R2, who has aphasia and resided on the same unit for over six years, being transferred to a local hospital emergency room without prior notification or opportunity for preparation. This deficient practice has the potential to cause R2 to experience fear, anxiety, and confusion related to unexpected transfer. Findings include R2's face sheet documents an admission date 3/25/24. Under insurance it documents self-pay. No contacts listed. R2 previous face sheet documents admission date of 10/23/2020. R2's physician certification documents an admit date of 12/4/19. Requested facility census or initial admission date and facility was not able to provide. R2's Minimum Data Set (MDS), dated [DATE], documents R2 is Vietnamese with preferred language Vietnamese. Under language, if R2 requires an interpreter, it documents a code of one, which indicates yes. Under admission date (date the episode of care in this facility began) documents a date of 10/23/2020. Under makes self understood documents a code of three, which indicates rarely/never understands. Ability to understand others documents a code of three, which indicates rarely/never understands. Under cognitive patterns it documents a score of 00, which indicates R2 is rarely/never understood. R2's medical diagnoses include stroke, aphasia, cerebrovascular accident, hemiplegia, and seizure disorder. R2's MDS, dated [DATE], documents under discharge plan: is active discharge planning already occurring for the resident to return to the community? Documents 0, which indicates no. Has a referral been made to local contact agency? It documents 0, which indicates no because local contact agency unknown. R2's progress note, dated 12/6/2019: Social worker met with resident for initial assessment. Social worker attempted to use translator phone to speak with patient. (R2) was not able to speak using translator phone. Social services spoke to (R2) in English and (R2) would respond with yes or no. it is unclear if patient understands English/ (R2) cognitive status. Per nursing report, (R2) has been living at another local hospital for seven years. R2's progress note, dated 7/31/2020, documents: (R2) unable to be interviewed. (R2) has guardian. (R2) has no family and does not communicate. No insurance coverage at this time and no coverage for nursing home placement as patient identity cannot be established nor can his immigration status. On 3/26/26 at 12:22PM, V3 (Social Worker) said R2 has been a resident on the unit for over 10 years. R2 does not have any Medicare or Medicaid services due to not being a legal citizen. R2 has a state guardian in place. V3 said at this time, they do not have any current plan for discharge. V3 said they have attempted to place R2 for years and have not had any success. R2 has been taken care of by staff on the unit. On 3/27/26 at 9:20 AM, V2 (Unit Manager) said they still do not have a discharge plan for R2. The tentative plan is to send him local county hospital because there is no other place that will accept him due to payment source but unsure of any other details. On 3/27/26 at 11:00AM, V2 (Unit Manager) said they are reaching out to the transport person at local county hospital to try to set up transfer. No other details at this time. On 3/31/26 at 10:24AM, V4 (R2's state guardian) said she called the facility (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 0627</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>on Thursday because she saw on the news about the facility closure and confirmed with staff that the unit would be closing on Friday. V4 said staff were attempting to find him placement in the past but were unsuccessful due to his financial status. V4 said she received a call around 2:00PM on 3/27/26 informing her that they had nowhere for R2 to go and needed help with finding placement. V4 said R2 is still at the local hospital emergency room awaiting placement. On 3/27/26 at 3:00PM, V3 (Social Service) said she was just informed the local hospital will not take him and they have no other place for R2 to go at this time. On 3/27/26 at 4:15PM, V2 (Unit Manager) said R2 will be transferring to local county hospital emergency room via private ambulance. On 3/27/26 at 4:35PM, ambulance crew on unit to transfer R2. V5 (EMT/Emergency Medical Technician) said they have orders from ((name)) county president that R2 is to be taken to local county Emergency room. V5 was asked if he could provide documentation of this order but said he was not. On 3/27/26 at 4:45PM, V1 (Administrator) was on the unit and asked what documents were being sent with resident. V1 said EMT crew was provided face sheet, medication list, and 2 disk drives of electronic medical record history. V1 informed the surveyor the surveyors are not allowed to take any medical records. On 3/27/26 at 5:00PM, R2 was transferred off the unit and was loaded into the ambulance without incident. Ambulance left the hospital at 5:07PM. R2's progress note, dated 3/27/26, documents: R2 discharged to ((name)) county hospital Emergency room. R2's physical medicine and rehabilitation progress note, dated 3/27/26, documents under neuro alert to self. Responds yes to most questions. Under rehab hospital closing unexpectedly. Plan to transfer to another facility. R2's case management planning assessment note, dated 3/27/26 at 12:08PM, documents: transfer needed due to hospital closing. Call made to local hospital transfer center. Spoke with intake coordinator. R2 not accepted no acute care need noted. Stated R2 would be better treated at lower level of care, skilled nursing facility (SNF). Comprehensive discharge details for this visit. Voice mail left with V4 (R2's state guardian) requesting return call to obtain any documents or family contacts. R2's case management note, dated 4/1/26, documents: late entry (R2) was transferred to local emergency room after receiving approval from local hospital administration. Private ambulance transported patient. (R2's) face sheet, transfer documents and thumb drive with medical records given to staff. State guardian called and message left. R2's social work transition planning ongoing notes, dated 4/4/25- 3/20/26, documents monthly entries with no documentation about any referrals or plans for discharge. R2's progress note that were reviewed from 3/23 to discharge did not document any referral or contact made for any discharge plans for R2 except for placement at local emergency room. R2's care plan reviewed with no discharge planning care plan documented. Surveyor had no computer access to the medical records during the survey. Surveyor requested any documents related to R2's admission, any referrals, any contact to other agencies, discharge planning or discharge assessments or summary or orders for review. No other documents received for R2 during the survey. Facility policy titled discharge criteria and planning, reviewed 8/23, documents: to provide guideline for appropriate discharge of residents from the skilled nursing unit. the resident's status of discharge will be discussed at the weekly team conference. The social worker will provide continual updates regarding resident progress to resident and significant others. The physician will document a discharge summary in the computerized system.</p>		

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<p>F 0845</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Submit a timely, acceptable plan for facility closure, including notification of the appropriate entities and ensuring residents are transferred in a safe and orderly manner.</p> <p>Based on interview and record review, the facility failed to develop and implement an adequate plan for relocation and failed to provide written notification at least 60 days prior to closure to residents, resident representatives, and appropriate parties for eight of eight residents reviewed for facility closure (R1-R8).The facility closed abruptly without an approved closure plan or required notifications, resulting in uncoordinated and unsafe resident discharges.This deficient practice placed residents at risk for unsafe transfers, lack of continuity of care, and increased emotional distress. Findings include:On 3/31/26 at 2:41PM, V6 (President) said they notified the State Agency on Wednesday (3/25/26) via email that they will need to close the facility by Friday (3/27/26) due to financial concerns. V6 said they did not notify resident or representatives with any written documentation. V6 said they were updating State Agency daily on the discharge status of all residents throughout the week. V6 said case management verbally informed all residents at the facility. On 4/2/26 at 2:18PM, V6 (President) said he is aware of the regulation about notifying State Agency and residents within 60 days, but due to the financial emergency, that did not apply. V5 said he informed the hospital board who informed him he had 30 days to submit a plan. On 3/31/26 at 10:24AM, V4 (R2's state guardian) said she did not receive any written notification of the facility impending closure. V4 said she called the facility on Thursday because she saw on the news about the facility closure and confirmed with staff that the unit would be closing on Friday.On 3/27/26 at 5:07PM, all residents had been discharged from the facility.There was no written letter or notification documented related to the facility closure that was presented to the surveyor. Surveyor requested any documentation related to notification provided to residents and representatives related to closure and none was provided.Facility email from V6 (President), dated 3/25/26, documents: They have no option but to initiate a temporary suspension of all services till such time that we are able to get revenue cycle system working normally and obtain funds. We plan to stop accepting patients from emergency room Wednesday 3/25/2026 evening and discharge or safely transfer our in-house patients to other facilities over the next few daysSurveyor had no access to the resident's computer records during the survey. Surveyor requested policy and procedures related to unit/facility closure but was not provided any during the survey.Facility census, dated 3/26/26, documents: eight residents on the unit.Facility policy untitled or dated documents: Under purpose: To ensure that any temporary suspension, reduction, conversion, or permanent closure of a hospital unit is conducted in a safe, legally compliant, patient-centered, and operationally controlled manner with advance notice to the Hospital and Facilities Review Board, Illinois Department of Health and other impacted agencies. Under policy: The hospital will not close, suspend, or discontinue any unit or licensed clinical service in a manner that compromises patient safety, continuity of care, record preservation, staff communication, regulatory compliance, or property security. For a full hospital closure, the hospital will follow Illinois closure-notice and pre-closing requirements. For any closure that would discontinue an existing licensed clinical service or change the licensed beds/services, the hospital will follow the regulatory protocol under advice from the Hospital and Facilities Review Board, Illinois Department of Health and other impacted agencies. Under definitions: Closure: For purposes of a full facility closure, Illinois defines closing as ceasing all operations under an existing facility license so that patients are no longer treated at the closed location; it does not include a contemporaneous relocation to a replacement facility. Unit closure: Permanent or temporary discontinuation of patient care operations in a specific unit, including subacute rehabilitation, with transfer of affected patients to another unit, another facility, or another level of care. Temporary suspension: A planned or unplanned interruption of hospital/unit operations that is expected to resume later. Under procedure: The Executive Leadership Team will determine whether the action is a unit closure, a service discontinuation, or a facility closure. For a permanent hospital closure, the hospital will provide the (continued on next page)</p>		

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<p>F 0845</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hospital and Facilities Review Board, Illinois Department of Health and other impacted agencies with at least 60 days' notice and meet all required pre-closing and post-closing obligations. The hospital will begin patient disposition planning as soon as closure planning is determined. Every in-patient will receive an individualized discharge/transfer plan based on clinical needs, functional status, payer requirements, and placement options. The hospital will use an interdisciplinary team that includes the attending physician, nursing, case management/social work, therapy as applicable, pharmacy as needed, and the unit leadership team. For subacute rehabilitation patients, the discharge plan will identify the appropriate next level of care, such as another hospital unit, inpatient rehabilitation, skilled nursing, long-term care, home health, or home with services, based on medical necessity and patient goals. The patient and, where appropriate, the caregiver/support person will be involved in selection and planning. Patients and legally authorized representatives will be informed as early as possible, with documented counseling on the transfer plan, anticipated date of transfer/discharge, and contact information for questions.</p>		