| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145748 | A. Building<br>B. Wing | 04/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Montgomery Place | 5550 South Shore Drive<br>Chicago, IL 60637 |

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 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records review, the facility failed to keep protected health information secure for one (R4) of three residents reviewed in a sample of 9. Findings include:R4's medical diagnosis includes but is not limited to mixed hyperlipidemia, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. R4's MDS (Minimum Data Set) section C-Functional Abilities dated [DATE], documents R4's Brief Interview for Mental Status as 7/15, indicating severe cognitive impairment.R4's Physician Order Sheet (POS) dated 12/30/2025 documents: Atorvastatin Calcium Oral Tablet 20 MG (Atorvastatin Calcium). Give 20 mg by mouth one time a day for antihyperlipidemia.R2's Physician Order Sheet (POS) dated 11/15/2025 documents: Atorvastatin Calcium Oral Tablet 40 MG (Atorvastatin Calcium) Give 1 tablet by mouth at bedtime for LIPITOR.On 04/07/2026 at 11:26AM, V3 (R2's family member/Power of power of attorney -POA) stated via phone that R2 was discharged with one packet of medication Atorvastatin Calcium Oral Tablet 40 MG (Atorvastatin Calcium) 30 pills in her name and another packet of (Atorvastatin) 20MG in R4's. V3 provided R4's information on the packet which included R4's personal identifying information which included R4's, name, date of birth , dose to be given which was different from what R2 receives. V3 stated she noticed the wrong medications belonging to R4 when she got home with R2. On 04/08/2026 at 12:25PM, V9 (Registered Nurse-RN (Agency) stated she discharged R2 with all medications as prescribed in the discharge order. V9 stated a resident's medication Bingo card has the resident's name, date of birth , name of medication, dose and time medication is taken. It would be a HIPAA (Health Insurance Portability and Accountability) violation to discharge a resident with another resident's medication because the Bingo cards contain resident's personal protected information. On 04/08/2026 at 12:35PM, V2(Director of Nursing-RN) stated the nurse should review discharge medications with the resident being discharged to make sure they are the right medications. Each resident's medication Bingo cards contain the resident's name, date of birth , name of medication, dose and time to be taken. If a resident is discharged with medication belonging to another resident, that is a HIPAA violation because the medication contains the other resident's personal protected identifying information.Policy titled HIPAA dated 02/02/2026 documents:-This policy establishes the standard and procedures for protecting the privacy, security, and integrity of Protected Health Information (PHI) in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. |

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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