STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145796	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Balmoral Home	2055 West Balmoral Avenue Chicago, IL 60625

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and record review, the facility failed to protect the right of the resident to access their personal funds without restriction by placing a resident on a money management program as a form of behavioral punishment. This failure affected 1 resident (R4) out of 4 residents reviewed for resident funds. Findings included:R4's Face Sheet documents resident is an [AGE] year-old with diagnoses including but not limited to: Hypertensive heart disease without heart failure, adult failure to thrive, pain in right hip, anemia, neuralgia and neuritis, retention of urine, nicotine dependance, cigarette non-compliance. Minimum Data Set Section (MDS) section C (dated 05/05/2025) documents that R4 has an Interview for Mental Status (BIMS) score of 15, indicating that R4's cognition is intact. R4's Care plan (dated 02/05/2024) states: SMOKING MANAGEMENT/NON-COMPLIANCE: Resident was reported using smoking materials in an inappropriate/risky manner (setting pieces of paper on fire in his room). Smoking materials were confiscated, and resident was placed on money/cigar management as a consequence. On 05/20/2026 at 9:15AM, during a complaint investigation survey, a review of R4's progress notes revealed that the facility restricted the resident from accessing their funds directly by placing the resident on a money management program as a consequence to R4 for smoking in his room. An interview with the resident was not obtained because R4 discharged from the facility on 07/30/2025. On 05/20/2026 at 10:23AM, V1 (administrator) stated, When a resident is caught smoking in their room, we have a policy, and the cigarettes and the lighter is confiscated. The resident's room is searched to make sure that the resident does not have any flammables. We have a policy for restricting residents who are smoking in their rooms. The consequences are that the resident will be instructed, educated and counseled about their inappropriate behavior. Further incidents with their non-compliance for the second offense may result in money management, a resident may not be able to take cash out from their trust fund for 2nd time offense. The written policy does not include a time frame for the money management, it is left to the discretion of the social worker, based on severity of the offense and the number of occurrences of the resident. The residents have not expressed any concerns about their trust fund money limitation when they are found to smoke in their rooms. On 05/20/2026 at 1:26PM, V2 (director of nursing) stated, On 07/09/2025, there was a note that R4 was smoking in his room on 07/08/2025. Based on the social worker notes, the money management was initiated as a consequence of smoking in his room, until 10/22/2025. Based on this, it is a repeated offense. R4's funds were restricted from 07/09/2025 until 10/22/2025. R4 was also smoking in his room on 12/11/2024 and 12/22/2024. R4 also smoked in his room on 11/11/2024. Per the facility's policy, residents with repeated offenses are placed on money management program, their funds are restricted. On 05/21/2026 at 10:37AM, V6 (social services director) stated, We don't have it happen a lot here, but when a resident is caught smoking in their room, social services meets with the resident. We ask them if they engaged in prohibited behaviors. We educate them on the importance of not smoking in their rooms, we don't want fires, and other residents can't tolerate the smell of smoke. That in general is why facilities are not allowing smoking inside. We confiscate smoking materials, and the smoking materials are held with staff under supervision. We let them know that they can have it under staff supervision. We draft a behavior (continued on next page)

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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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	contract, if they agree to sign it. Some residents will not agree to sign it. A behavior contract is a paper trail of continued behaviors, and that's a safety concern. We notify the physician, because the physician may put a resident on restrictions. I don't know a lot about the money management because this was implemented before I got here. I'm guessing the money program was initiated once a resident was caught smoking several times. The money program was used as tracking tool to see how much money a resident had on them to use towards cigarettes. The staff would be more involved with distributing cigarettes, opposed to the residents having free access. They would tell the trust fund/financial staff that instead of the money going directly to the resident, the money would go to a designated staff member. And a designated person would make the purchases for the resident. Or the other option is that a resident would get small amounts of their trust fund instead of the lump sum amount. When a facility oversees the resident's money, they receive supportive services with money distribution, so that it can be used for things they need for daily use. Something had to have happened for a resident to be on money management. I look at the money management program as a safety mechanism for instance a resident had been deemed to not keep up with their money, like they pass it out to their peers or they leave it in different places, so this is a safety tool. If the money management is used due to resident behaviors, then it can be viewed as a restriction of funds to decrease the behavior. We have not been doing that since. It was in place when I started working here. We have not actively been using it. R4 was discharged from the facility on 07/25/2026. R4 was placed on money management 3 or 4 times. On 05/21/2026 at 11:44AM, V1 (administrator) stated, I am the abuse prevention coordinator. There is physical, emotional, sexual, verbal, mental financial neglect, and confinement. An example of financial abuse is stealing. When there is stealing, it has to be reported to the supervisor, and the supervisor reports it to the abuse coordinator, and the abuse coordinator reports it to the state immediately. Restricting resident funds, we have a policy here when a resident smokes unsafely, they get educated and if they do it again, they may be placed on money management. The purpose of which is for the safety of the individual, to ensure that there is no more unsafe practices with smoking. So that would not be abuse. On money management, the residents don't have access to cash, but staff can help them with purchasing items requested. On 05/21/2026 at 11:58AM, V24 (business office manager) stated, The facility was managing R4's trust fund while the resident was here. R4's monthly income for 2024 was $1,196.00 from social security. Per Medicaid regulation, residents are allowed to keep $60 per month from their monthly income. In 2025, R4's monthly income was $1,226.00, and R4's monthly allowance was $60 per month. In November 2024, R4 had $75 available to him in his trust fund account. On 11/07/2024, R4 withdrew $60 and on 11/29/2024, R4 withdrew $15, and $0.23 remained in his account. In December 2024, R4's available funds were $60.23. On 12/05/2024, R4 withdrew $60 out of his trust fund account with $0.23 remaining. In July 2025, R4's available balance was $60.23 and R4 withdrew $60 on July 28, 2025. R4 discharged from the facility on 07/30/2025. After R4 discharged from the facility, his social security check funds came on 08/03/2025, and the funds were returned to the social security office. R4's Progress Note (Dated 11/11/2024) documents, Per nursing staff, resident was noted smoking inside his room on 11/9/24. Smoking materials were confiscated, and resident was placed on money/cigar management as a consequence till 11/23/24. Social worker met with the resident on 11/11/24 to further address his smoking non-compliance. Resident is currently able to receive 1 cigarette at a time during smoking break. Resident is closely monitored at this time. R4's Progress Note (Dated 12/11/2024) documents, Per nursing staff, resident was noted smoking inside his room on 12/11/24. Smoking materials were confiscated, and resident was placed on money/cigar management as a consequence till 01/11/25. Social worker met with the resident on 11/11/24 to further address his smoking non-compliance. Resident is currently able to receive 1 cigarette at a time during smoking break. Resident is closely monitored at this time. R4's Progress Note (dated 12/22/2024) documents, Per nursing report, resident was smoking inside his room on 12/21/24. Staff conducted a search, but no additional smoking materials were found. Smoking policy was reviewed. Resident remains not be (continued on next page)

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	able to handle own smoking materials at this time. Previously initiated money management was extended as a consequence till 2/18/25. Social worker met with the resident for follow up on 12/22/24. Patient is currently closely monitored. R4's Progress Note (dated 07/09/2025) documents, Per nursing report, resident was smoking inside his room on 07/08/24. Staff conducted a search, but no additional smoking materials were found. Smoking policy was reviewed; Rt remains not be able to handle own smoking materials at this time. Money management was initiated as a consequence till 10/22/25. Social worker met with the resident for follow up on 07/09/25. Rt is currently closely monitored and continuously directed to designated smoking areas. Policy on Trust Fund Distribution, Money Management and Financial Counseling (dated 02/01/2009) states in part: Residents of this facility have the right to manage their own financial affairs and handle their spending money. Residents have the right to have the facility keep their money in a trust account to safeguard and manage personal spending money. The facility reserves the right to utilize money management in situations in which the resident's behavior is overly self-destructive and/or dangerous to other individuals. Money management and financial counseling are psychiatric intervention techniques in practice across the United States and established as a viable strategy within the federal long-term care standards. This technique promotes increased responsibility while at the same time decreasing self-destructive behavior. This facility implements money management in situations including but not limited to: Resident inability to follow the rules addressing smoking safety (especially in situations in which hazardous use of smoking materials are likely to cause harm). This may include residents who continue to harm their personal health by smoking in spite of the physician's recommendation to stop. Residents who respond well to this intervention and show progress (i.e., enhanced responsibility) may earn the privilege of having self-management reinstated if the following criteria are met: The problem or problems that the money management is addressing are no longer being displayed by the resident (i.e., no further episodes of alcohol/drug use or hazardous smoking).The individual may be asked to agree to a trial time period (i.e., thirty days) to allow the team to more fully assess compliance with reasonable assurance that the problem is being held in check. Facility Safe Smoking Safety Policy (undated) states in part: To provide a safe and healthy living environment with respect for the health and well-being needs of each resident, staff member and visitor. It is also the objective of this policy to communicate to each resident that they are responsible for following each rule and on-going compliance with this policy. Consequences of non-compliance: Residents will be instructed, educated and counseled about their inappropriate behavior. Safe, appropriate behavior will be stressed. Documentation will be entered in the record accordingly. Further incidents of non-compliance may result in money management/monetary control intervention, loss of independent smoking privileges, which means smoking materials will be turned over to a designated staff member, held in a secure location and the resident will only be allowed to smoke when supervised by a responsible individual. And at the discretion of the organization.

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview and record review, the facility failed to follow standards of practice by not performing a proper nursing assessment of a resident's wound/skin condition, after a certified nursing assistant (C.N.A) notified the nurse of the existence of the wound/skin condition for 1 resident (R5) out of 3 residents reviewed for a skin assessments. This failure resulted in the delay of R5's wound treatment, for a wound that was septic, necrotic, infected with Fournier's gangrene, and required wound debridement.Findings Include:R5's face sheet documents that R5's diagnosis is not limited to peripheral vascular disease, type 2 diabetes mellitus, malignant neoplasm of overlapping sites of bladder, hypertensive heart disease without heart attack, hyperlipemia.R5's MDS (minimum data set) dated 01/01/2026, documents that R5's BIMS (brief interview for mental status) has a score of 14, indicating R5's cognition is intact.R5's hospital records with review date of 02/16/2026 documents in part, R5 presented with symptoms of sepsis, most likely related to skin infection, suspecting necrotizing infection, scrotum, inner thighs, complicated with acute kidney injury, and A-fib, RVR. Debrided by general surgery and urology in OR.On 05/19/2026 at 1:22 PM, R12 stated R5 was his roommate, and he was a very special friend of his. R12 stated R5 was independent, he did everything by himself. R12 stated he never seen any wound nurse treating R5 for wounds.On 05/20/2026 at 10:08 AM, V13 (Former Certified Nurse Aide) stated he used to work in the facility for 6 months but resigned from his position. V13 stated that on February 13th at approximately 7:00 PM, R5's brother was visiting R5, and asked V13 to check on him. V13 stated R5's brother was concerned that R5 was not talking much and was not being himself. V13 stated he checked on R5 and noticed that he was soiled. V13 stated while he was performing patient care, he noticed that R5 had an untreated wound to sacral area, and it was bleeding. V13 stated the surrounding area in the bottom had a discoloration, and he described it as black. V13 stated he told V17 (Registered Nurse) about the wounds bleeding, but she did not assess R5's wounds. V13 stated V17 pulled him to the side and told him not to mention anything about blood in front of R5's family members. V13 stated V17 checked R5's vital signs, then she called the ambulance. V13 stated V17 re-checked R5's vital signs 20 minutes after calling the ambulance. V13 stated he also rechecked R5's wounds, the brief was removed and there was still bleeding noticed from the bottom. V13 stated the wound appeared as it was untreated, and he does not recall a wound nurse ever treating R5's wounds.On 05/20/2026 at 1:58 PM, V17 (Registered Nurse) stated R5 is alert and oriented to person place and time. V17 stated R5 was independent and ambulatory. V17 stated R5 did not have any behavior, and they both had a good relationship. V17 stated on the day she sent out R5 to the hospital, she went to his room to assess his blood sugar, before she administered his diabetes medication. V17 stated when she entered R5's room, he was laying down on his bed, and this was out of his normal behavior. V17 stated she was concerned for R5's wellbeing and decided to check his vital signs. V17 stated when she checked the vital signs, R5's oxygen saturation was approximately 86-89% room air. V17 stated she had to put him on 3-4 liters of oxygen, which did help. V17 stated V13 began patient care on R5. This surveyor asked V17 if she was notified of any skin issues on R5. V17 stated R5 did not have any skin issues, he was ambulatory and independent. V17 stated there were no wounds or discoloration in the bottom.On 05/202/2026 2:19 PM, V20 (Certified Nurse Assistant) stated she was familiar with R5, and he was independent and did everything for himself. V20 stated R5 always refused a skin assessment. V20 stated she will always document the refusal on the shower sheets and notify the nurse. V20 stated she is not sure if R5 had any wounds because he always refused a skin assessment.On 05/21/2026 at 11:23 AM, this surveyor called V18 (Licensed Practical Nurse) did not answer, and a voicemail was left.On 05/21/2026 at 11:24 AM, this surveyor called V16 (Registered Nurse) did not answer, and a voicemail was left.On 05/21/2026 at 9:48 AM, V13 stated V17 did not assess R5's sacral wounds even after she was notified twice. V13 stated V17 was too busy trying to send out R5 to the hospital. On 05/22/2026 at 12:09 PM, V22 (LPN/ Wound Nurse) stated she had (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	been working in the facility as a wound nurse for 2 months, but she has been working in the facility as an agency nurse since last summer. V22 stated R5 was ambulatory, independent and he was compliant with his medications. V22 stated she was never aware that R5 had a sacral wound. V22 stated he was never on the wound care list that she received in March, and by then R5 was not in the facility.On 05/21/2026 at 12:40 PM, V25 (Physician) started during R5's initial admission, there was a skin assessment that was completed. V25 stated R5 did have a redness discoloration on the sacral region, but there was no skin breakdown noted. V25 was sent to the hospital on one occasion, and when he returned from the hospital the redness in the sacral did get worse, however there was no skin breakdown. V25 stated R5 must have been sitting for long periods of time, and it made the redness worse. V25 stated R5 had a diagnosis of V25 stated R5 had an advanced metastatic cancer of the lungs. V25 stated the cancer was spreading into the liver and other organs, it was a malicious malignancy. V25 stated Fournier's gangrene can be caused by cancer spread to the skin, which is common in cancer patients. V25 stated it is very common for residents who have cancer to develop this skin condition. V25 stated if the resident sits for a long period of time, it will make the skin worse rapidly. On 05/22/2026 at 7:55 AM, this surveyor called V25 (Certified Nurse Assistant) did not answer, and a voicemail was left.This surveyor reviewed R5's electronic medical records, he did not have any records of having any wounds in the facility.Reviewed R5's shower sheets from December 2025 through January 2026, R5 refused all skin assessment.R's Labs reviewed from October 2025 through December 2025; there were no concerns.Policy titled Prevention of Pressure Injuries with review date of 09/01/2024, documents in part, The purpose of this procedure is to provide information regarding identification of pressure injury risk factors and interventions for specific risk factors. Monitoring: Evaluate, report and document potential changes in the skin. Review the interventions and strategies for effectiveness on an ongoing basis.