

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2026
NAME OF PROVIDER OR SUPPLIER  Smith Village		STREET ADDRESS, CITY, STATE, ZIP CODE  2320 West 113th Place Chicago, IL 60643	
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 0602  Level of Harm - Actual harm  Residents Affected - Few	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>Based on interview and record review, the facility failed to follow their abuse protocol for one resident (R1) out of four residents reviewed for abuse. This failure resulted in an employee cashing several of R1's personal checks without his knowledge/permission. Findings Include:R1's 7/26/2025, 19:12 admission Details reads: Arrived by other. admission mode: wheelchair. Living situation prior to admission: Other residential facility / assisted living / group home. Mental Status: Alert &amp; Oriented x3, communicated verbally, speech is clear, is able to understand and be understood when speaking.R1's 9/4/2025 18:26 Health Status Note Text reads: Resident actively transitioning. Family visiting through shift. Hospice RN made aware and was coming to facility. Resident resting in bed. Oncoming shift aware to monitor.R1's 9/4/2025 19:20 Health Status Note Text reads: Resident being unresponsive and pulseless. Daughter /POA present. Dr. made aware.During interview on 1/15/26 at 5:00pm V5 (Assistant Executive Director) stated she received a message on her voicemail from the daughter of R1. V5 stated the message was regarding R1's daughter wanting to know if a certain person, V1 (Certified Nurse Aide) worked at the facility. V5 stated she told the Administrator that R1's daughter had questions about an employee (V1). V5 stated she and the Administrator called R1's daughter and that was when she told them she was closing her dads bank estate and found several checks written to V1 and they were cashed in V1's name.Facility's abuse report reads on 10/1/25 the daughter of R1 left voicemail messages that there was suspicious activity on R1's account. On 10/2/25 called R1's daughter, she said that the name on the checks was one of the Certified Nurse Aides (name V1). We called V1 and took his statement over the phone, then suspended him pending a full investigation. After hours that day R1's daughter sent email along with copies of the cancelled checks that in fact have V1's name on them, Chicago Police Department called.On 1/21/26 at 4:50pm V6 (Executive Director/Administrator) stated she got a message to call R1's daughter. V6 stated R1's daughter asked if they had an employee called (V1's name), because she had seen several checks from her dad with V1's name on them. V6 stated she told R1's daughter they would investigate it and to email them proof of the checks she believed that V1 had cashed. V6 stated she called V1 to get his account on what happened. V1 denied knowing anything and denied seeing any checks. V6 stated she then told V1 he was suspended pending the investigation. V6 stated within a few hours R1's daughter sent them bank statements with copies of cashed checks from R1's account written to V1. V6 stated as soon as she received the copied bank statements sent to them, they contacted the police.On 1/15/26 at 4:45pm V4 (Director of Nursing) stated R1 used to reside on the Assisted Living Side then he was moved to their skilled side in August. V4 stated V1 had been regularly assigned to take care of R1 on the day shift. V4 stated after R1 had passed away his daughter contacted the facility and asked if they had an employee with the name of V1. V4 stated as soon the daughter alleged that V1 might have cashed her father's check he was immediately suspended and told he could not come back into the building until the investigation was completed. V4 stated once the daughter presented to them proof of the cashed checks, V1 was terminated. V4 stated he</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145904	Facility ID:  145904  If continuation sheet Page 1 of 2

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F 0602  Level of Harm - Actual harm  Residents Affected - Few	called V1 on the phone and told him they had to terminate him. V4 stated V1 apologized to them but did not say why he was apologizing just kept saying he was sorry. During interview on 1/15/26 at 5:30 pm, V2 (Human Resource Director) stated an employee cannot be terminated without her prior approval. V2 stated her job is to ensure that termination is legal. V2 stated R1's daughter presented copies of checks written to V1 from R1's bank account. V2 stated legally they had enough evidence to fire V1 for theft. V2 stated they are very strict and will terminate an employee for stealing, regardless of the value. During phone interview on 1/15/26 at 5:45pm V1 (Certified Nurse Aide) stated he did take care of R1 while he was at the facility. V1 stated he stopped showing up to work because he thought some bull**** was going on. V1 stated he was never told that he was being terminated for stealing R1's checks or using R1's checks. V1 stated someone with his name cashed those checks, it was not him. R1's Check #7472 reads signed by V1 on 8/12/25 for rent in the amount of \$940.00. R1's Check #7479 reads signed by V1 on 8/19/25 for rent in the amount of \$940.00. R1's Check #7476 reads signed by V1 on 8/28/25 for rent in the amount of \$760.00. R1's Check #7477 reads signed by V1 on 9/1/25 for rent in the amount of \$760.00. R1's Check #7480 reads signed by V1 on 9/2/25 for rent in the amount of \$640.00. R1's Check #7478 reads signed by V1 on 9/3/25 for rent in the amount of \$840.00. R1's Check #7473 reads signed by V1 on 9/5/25 for rent in the amount of \$940.00. R1's Check #7474 reads signed by V1 on 9/6/25 for rent in the amount of \$760.00. R1's Check #7475 reads signed by V1 on 9/7/25 for rent in the amount of \$840.00. V1's Employee Action Form dated 10/6/25 reads it was confirmed that several checks were written to V1 from R1's checking account and were subsequently mobile deposited into a personal account. Based on these findings, the facility has determined that a violation of policy has occurred. V1's Disciplinary Action Documentation dated 10/6/25 reads We are proceeding with immediate termination of employment. Facility's abuse policy reads this facility to provide for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.		