

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to return resident trust fund balances for 6 residents (R5-R10) reviewed for trust fund balances after being discharged /expired within 30 days reviewed for resident's rights in a sample of 10. On [DATE] at 12:21 PM, V7 (Business office manager/BOM) stated V7 is the person who closes residents RFMS account when a resident discharges from the facility or expires. V7 residents RFMS (Resident Fund Management Service) account should have been closed when the resident is discharged or expires and notifies cooperate Account Receivable (AR) so the residents, if expired residents appointed person or the state could have received a check of the residents closed balance from the residents RFMS account within 30 days. V7 stated she did not do so for the sampled residents R5, R6, R7, R8, R9, and R10 and has been more than 30 days for each sampled resident. On [DATE] at 2:48PM, V9 stated when a residents RFMS account is closed, V9 distributes the trust fund checks when V9 knows the address of the person the check is going out to, this information is given to V9 by V7. V9 states V9 has not distributed checks for R5, R6, R7, R8, R9, and R10 because V9 was just notified [DATE] by V7. Record Review for R5, reviewed document titled: Resident Statement Landscape [NAME] Skilled Nursing for resident R5 documents admission date [DATE], R5 expired [DATE]. R5s [DATE] balance \$3,432.40. Record Review of R6s document titled RFMS (Resident Fund Management Service) Trial Balance list, balance as of [DATE], R6 current balance \$1274.48. Resident Statement Landscape [NAME] Skilled Nursing RFMS (Resident Fund Management Service) admission date [DATE] Status Reason: R6 Expired [DATE]. R6s [DATE] balance closing interest balance \$1,274.66. Record Review of R7s document titled RFMS (Resident Fund Management Service) Trial Balance list, balance as of [DATE] R7 current balance \$969.19, R7 expired [DATE]. Resident Statement Landscape [NAME] Skilled Nursing RFMS (Resident Fund Management Service) admission date [DATE], Expired [DATE]. R7s [DATE] balance closing interest balance \$969.33. Record review of R8s document titled document RFMS (Resident Fund Management Service) Trial Balance list, balance as of [DATE] R8s current balance \$7,723.55. Resident Statement Landscape [NAME] Skilled Nursing RFMS (Resident Fund Management Service) admission date [DATE] discharge date [DATE]. R8s [DATE] closing interest balance \$7,724.64. Record Review of R9s document titled RFMS (Resident Fund Management Service) Trial Balance list, balance as of [DATE] R9s current balance \$1538.46, expired [DATE]. Resident Statement Landscape [NAME] Skilled Nursing RFMS (Resident Fund Management Service) admission date [DATE], expired [DATE]. R9s [DATE] closing interest balance \$1,538.68. Record Review of R10s document titled RFMS (Resident Fund Management Service) Trial Balance list, balance as of [DATE], R10s current balance \$1,904.06. Resident Statement Landscape [NAME] Skilled Nursing RFMS (Resident Fund Management Service) admission date [DATE], expired [DATE]. R9s [DATE] closing interest balance \$1,904.33. Facilities Trust Fund Policy Revised [DATE]. Purpose The facility will comply with the (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	federal regulations in regards to resident's trust fund.Procedure: 5) Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days of the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review, the facility failed to obtain orders from the physician to have resident medication at the bedside. The facility also failed to complete self-administration of medication assessments. This applies to 1 (R3) of 3 residents (R2 and R4) reviewed for medications in a sample of 3. On 7/21/2026 at 11:12AM, During observation and resident interview with R3 for resident rights, surveyor observed in R3s room, a medication cup with multiple pills inside. On 7/21/2026 at 11:16AM, V5 entered R3s room while surveyor was in room with R3. V5 stated she was R3s nurse and left the medication cup in R3s room but is not supposed to leave the medication in R3s room. V5 stated V5 should have waited and watched R3 swallow R3s medication but did not stay in the room and assumed R3 would take R3s medicine. During observation V5 and nurse surveyor counted 11 pills in the medication cup on R3s bedside table. On 7/21/2026 at 11:19 AM, V5 showed surveyor R3s electronic medication Administration record color green on the computer. V5 stated green means R3s medications were signed off as given. V5 stated she did not watch R3 take her pills and still documented on the electronic MAR as given but should not have marked it off until she observed R3 swallow R3s pills. On 7/21/2026 at 11:29 AM V2 stated nurses should not leave medications in residents' room, and it is expected for nurses to stay with the resident until the resident swallows their medication. V2 stated R3 did not have self-administer orders or assessments in place for self-administer medications. Reviewed facilities Nurse Medication Pass Competency dated 7/8/2026 reads observes each resident after administering meds to ensure medications are fully swallowed/consumed. Facilities Medication Pass Policy and Procedure revised 7/7/2026. Policy statement: It is the policy of the facility to adhere to all Federal and State regulations with medication pass procedures. Procedures: 7. PO meds: E. After medications is administered to each resident, sign MAR that it was given.		