

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Villa at Windsor Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 East 75th St Chicago, IL 60649	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111</p> <p>Based on interviews and records review, the facility failed to investigate, and report alleged mental abuse for one (R1) of three residents reviewed. This deficient practice has the potential to affect R1 mentally.</p> <p>Findings include:</p> <p>R1's current face sheet documents R1 is a [AGE] year-old individual with medical diagnosis that include but not limited to; pain in left shoulder, chronic obstructive pulmonary disease with (acute) exacerbation, other lack of coordination, hyperlipidemia, unspecified, type 2 diabetes mellitus without complications. R's MDS (Minimum Data Set) section C-Cognitive function dated 2/2/24 documents R1's BIMS(Brief Interview for Mental Status as 15/15, meaning R1 has intact cognitive function, and R1's section D-Behavior, documents R1 has bad feelings about self.</p> <p>On 4/7/2024 at 10:10am, R1 said V8 (Restorative aide/CNA) was mean to her when V8 come to answer R1's call light and R1 asked her for help cleaning the back of her body because she cannot reach it. R1 said V8 told R1 that R1's CNA (Certified Nursing assistant[no name provided]) was in another room taking care of a resident and when R1 asked V8 to help, V8 told her to wait for R1's CNA and further stated to R1 in a mean way do you want me to go pull her out of the other resident's room and bring her to you? You are not the only resident here R1 stated she then cursed at V8. R1 stated she felt demeaned and also felt that staff (V8, V9, V11) were ganging against her, and not listening to what she had to say.</p> <p>On 4/7/2024 at 11:10am, V7(Administrator) said she recalls the incidence between R1 and V8 (Restorative Aide/CNA), and it was R1 who cursed at V8 when V8 went to answer her call light and R1 said she wanted her regular CNA. V7 stated V8 offered to assist R1 but R1 cursed V8 and told V8 to get out of her room. V7 said it was R1 who cursed at staff not staff cursing at R1, and that is why it was not reportable, and was put in the concerns log, and she (V7) did not investigate further or report to IDPH (Illinois Department of Public Health).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Villa at Windsor Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 East 75th St Chicago, IL 60649	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 04/07/2024 at 1:05pm, V7 stated she was informed by V9(Assistant Director of Nursing-ADON) that R1 was upset, and V9 asked V7 to go and speak with R1. V7 stated she went to R1's room and asked her what was going on, and R1 did not want to talk. V7 asked R1 if it was OK for her to call V10(R1's family member) and R1 agreed. V7 said R1 was put on speaker with V7 and V10, and R1 was upset and yelling, and crying saying that V10 does not come visit. V7 stated she felt the call was not helping therefore ended the call because R1 was physically upset. V7 said R1 was verbally abusive to staff because V10 and other family members were not coming to visit R1. V7 said she tried to set up a call with the daughter to set a care plan meeting, but R1's daughter has not responded to calls.</p> <p>Facility policy titled Abuse Prevention Program Facility Procedures, no date, documents:</p> <p>-V111. Internal Investigations</p> <p>1. All incidence will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred was alleged or suspected.</p> <p>7. Final Investigation Report. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incidence. The final investigation report will contain the following:</p> <p>Name, age, diagnosis, and mental status of the resident allegedly abused, neglected, exploited, mistreated, of from whom property was misappropriated.</p> <p>The Original allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries.</p> <p>Facts determined during the process of the investigation, review of medical record and interview of witnesses.</p> <p>Conclusion of the investigation based on known facts</p>		