

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

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 32819 Based upon interview and record review the facility failed follow policy procedures, failed to document an incident report, and failed to implement the abuse prevention program for one of four residents (R1) reviewed for abuse. Findings include: On 2/4/25 at 2:25pm, surveyor inquired if V1 (Administrator/Abuse Coordinator) is in the facility. V2 (Director of Nursing/DON) stated She's on vacation since Friday (1/31/25). Surveyor inquired if abuse was recently reported in the facility. V2 responded Not in the past month. On 2/4/25 at 2:56pm, surveyor inquired about R1's reported concerns (V4 Social Service Director) stated Yesterday she (R1) had a complaint against one of the Nurses (V5 Registered Nurse/RN). I (V4) guess she (R1) thought she (V5) was yelling at her (R1). It was put down on a concern form and given to the DON (V2) yesterday. Surveyor inquired if an investigation was implemented V4 responded I know the DON spoke with the staff member (referring to V5) yesterday about the concern as soon as the Nurse (V5) came in. R1's (2/3/25) concern form states Nurse (V5 Registered Nurse) has been yelling at me (R1) every morning during med pass. Staff who followed up on the concern: (V2's name). On 2/4/25 at 3:37pm, surveyor inquired about staff requirements for alleged abuse. V2 (DON) stated If there's an abuse, we (staff) report it immediately to the abuse coordinator, if they're (V1) not here they (staff) would report to me (V2) then we investigate. Surveyor inquired what was implemented when R1's (2/3/25) concern form (including verbal abuse) was received V2 responded I counseled her (V5) about her tone of voice when she (V5) interacting with the residents and affirmed that V5 was not suspended. Surveyor inquired if anything else was implemented. V2 replied Now I will come and discuss it with the team. I took it back to Social Service in the meantime. We also switched the assignment we have another nurse taking care of her (R1). [Documenting an incident report and conducting interviews with R1, staff and/or other residents were excluded]. (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: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The (2/2017) abuse prevention program worksheet states this process is implemented where there is an allegation or reasonable cause to suspect that abuse, neglect, exploitation, or theft may have occurred. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. Regardless of the specific nature of the allegation, the investigation shall consist of: Completion of a written report on the status of the investigation within 24 hours of the occurrence. Interviews with any witness to the incident. An interview with the resident. Interviews with staff members having contact with the resident and accused individual during the period of the alleged incident. Interviews with other employees to determine if they have ever witnessed other incidents of abuse involving the accused individual. A review of circumstances surrounding the incident.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819 Based upon record review and interview the facility failed to follow the abuse prevention program and failed to report allegation verbal abuse and misappropriation of funds to the state surveying agency within regulatory requirements one of four residents (R1) reviewed for abuse. Findings include: 1.) R1's (1/9/25) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 2/4/25 at 3:22pm, surveyor inquired about concerns at the facility, R1 stated they're (staff) using my (R1) cash app on my phone at the vending machine. I'm (R1) not using the vending machine. R1's (1/27/25) concern form states resident believes that someone is logging into her phone and requesting money from her dad via her cash app and that someone has stolen \$20 from this cash app and is using it for door dash. Upon investigation, it appears her account itself has been compromised. Staff member who received the original concern (V4 Social Service Director). Staff who followed-up on the concern: (V4). On 2/10/25 at 12:34pm, surveyor inquired about requirements for theft allegations. V1 (Administrator) stated If its money, I would call the police and say they have a theft (if its outside the vending machine). They (police) can come in and investigate. You should report it to the state surveying agency if they're (resident's) reporting a theft of something within 24 hours of notification. Surveyor inquired if V1 was made aware of R1's (1/27/25) theft allegation. V1 responded Not that one, not 1/27. Surveyor inquired if R1's (1/27/25) theft allegation was reported to the state surveying agency. V1 replied Not to my knowledge. On 2/11/25 at 12:10pm, V6 (Nurse Consultant) stated It was reported today to the State agency regarding the cash app, that someone was using her (R1) cash app (15 days after the allegation was received). 2.) R1's (2/3/25) concern form states Nurse (V5 Registered Nurse/RN) has been yelling at me (R1) every morning during med pass. Staff who followed up on the concern: (V2 Director of Nursing/DON). On 2/4/25 at 3:37pm, surveyor inquired when V2 received R1's (2/3/25) concern form. V2 stated the Social Service (V4) gave it to me mid-day yesterday and affirmed that V5 was counseled Yesterday about 3:30(pm) or so (roughly 24 hours ago). Surveyor inquired about the requirements for alleged abuse. V2 responded If there's an abuse, we report it immediately to the abuse coordinator, if they're not here they would report to me (V2) and affirmed that V1 (Administrator) is on vacation. Surveyor inquired about external reporting. V2 replied Based on the nature of the abuse we would report to the state surveying agency. Surveyor inquired what based on means. V2 replied Any abuse need to be reported to the state surveying agency if financial, physical, mental. Surveyor inquired if R1's (2/3/25) verbal abuse allegation was reported to the state surveying agency. V2 stated Did I report it? um no I've not report it. Surveyor inquired about the regulatory requirement for reporting abuse to the state surveying agency. V2 responded Any abuse need to be reported within the hour. (continued on next page)		

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

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's 2/3/25 (initial) incident report was submitted to the state surveying agency on [DATE] at 4:39 pm (after surveyor inquiry). The (2/2017) Abuse Prevention Program states when an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has been made, the administrator, or designee, shall notify (the state surveying agency's) regional office immediately. Within 5 working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation, will be sent to the state surveying agency.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 32819 Based upon interview and record review the facility failed to follow the abuse prevention program and failed to conduct thorough investigations for one of four residents (R1) reviewed for abuse. Findings include: 1.) R1's (1/9/25) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 2/4/25 at 3:22pm, surveyor asked what transpired on 2/3/25? R1 stated the nurse was extremely mean to me. The one that was here at 5:30. She (V5 Registered Nurse/RN) kept saying wait in your room and was shouting at me. Surveyor inquired if the (2/3/25) incident was reported to facility staff. R1 responded I wrote a note to the Administrator that got sent to the DON (V2 Director of Nursing). R1's (2/3/25) concern form states Nurse (V5) has been yelling at me every morning during med pass. Resolution: per staff Nurse, resident is frequently asked for her medications and nicotine gum. Nurse reminded resident of the medication schedule. Resident needs frequent redirection and reminders of the plan of care. Nurse (V5) declined of yelling at the resident. Nurse was counseled on verbal communication and tone of voice when interacting with residents. Staff who followed up on the concern: (V2 DON). On 2/4/25 at 3:37pm, V2 (DON) stated If there's an abuse, we (staff) report it immediately to the abuse coordinator, if they're (V1 Administrator-Abuse Coordinator) not here they would report to me (V2) then we investigate. The investigation will include talking with the staff and talking with the person involved (interviewing other residents was excluded). Surveyor inquired about the (2/3/25) abuse investigation V2 affirmed that V1 is on vacation and V5 (Registered Nurse) was counseled. R1's (2/3/25) final report states staff and resident (not residents) interviewed therefore; surveyor requested the witness statements. A total of 10 (staff) Witness Statements were documented however the Date & Type of Event are excluded from the statements (Resident interviews were not received). On 2/11/25 at 11:15am, surveyor inquired about R1's (2/3/25) abuse investigation V2 (DON) stated We (staff) interviewed the resident (R1), and we interviewed the staff. We asked them (staff) if they witnessed the Nurse (V5) or anyone yelling or screaming at the resident (R1), and no one witnessed any of this. I (V2) also spoke with miss (R1) and asked her what took place. Surveyor inquired if any other residents were interviewed. V2 responded She (R1) doesn't have a roommate she's by herself in the room. Surveyor inquired where the alleged incident occurred. V2 replied Well, I believe it was early in the morning when she (R1) was asking for the medication. If I remember correctly, she was in her room and she was coming out asking the nurse for her medication. Surveyor inquired if R1 was in the hallway. V2 stated She (R1) did not tell me that. (V5) works overnight so I would have to ask her (V5) where she was when she was talking to miss (R1). Surveyor inquired (again) if any other residents (besides R1) were interviewed. V2 responded I have the statement from the Nurse, I have to get my statements because I don't know if I recall. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/11/25 at 11:23am, surveyor inquired if anyone besides R1 and staff were interviewed during 2/3/25 investigation. V1 (Administrator) stated I (V1) interviewed some of the resident's that were around at that time that were up. Surveyor inquired if written statements were obtained from the residents. V1 responded I don't have written statements. Surveyor inquired why the alleged resident statements were not documented. V2 replied Because I talked to them and didn't write it down. On 2/11/25 at 1:52pm, V3 (Assistant Director of Nursing/ADON) affirmed that she was assigned to R1 on 2/2/25 from 11pm to 7am (therefore in the facility during the alleged event). Surveyor inquired about V3's witness statement (which was not received). V3 stated I am not sure I filled it out. On 2/11/25 at 2:08pm, surveyor inquired about V8's (Receptionist) witness statement which excludes a date & type of event. V8 stated The ADON (V3) asked me to fill this out regarding a resident (R1), she (V3) didn't give me a time, didn't give me an exact incident. Surveyor inquired when the witness statement was documented. V8 responded I can't remember the exact date. Surveyor inquired about V8's designated work hours. V8 replied It's 7 to 3pm therefore was not in the facility during time of the incident. On 2/11/25 at 2:19pm, surveyor inquired about V12's (Registered Nurse) witness statement which excludes a date & type of event. V12 stated I (V12) got it from the ADON she (V3) said to fill out the witness statement and put if I ever witness anybody in the facility being abused, she just said fill out the form. Surveyor inquired if V12 was aware of R1's abuse allegation. V12 responded From what I heard it was a Nurse was being verbally abusive, she (R1) had mentioned Nurse (V5) and affirmed she (V12) was made aware sometime after the statement was documented. Surveyor inquired if V5 speaks to people some kind of way. V12 replied Not patients but staff yes. I would say that she's (V5) from a different culture so the way that she says stuff is being rude. V12 affirmed she works dayshift (7am-3pm) therefore was not in the facility during time of the incident (5:30am). On 2/11/25 at 2:30pm, surveyor inquired about V14's (Registered Nurse) witness statement which excludes a date & type of event. V14 stated The ADON gave it to me. She (V3) gave us (staff) like in-service if anybody being abused and stuff like that, but I (V14) said no I didn't witness abuse towards (R1) or any resident. She just asked, have I ever witnessed abuse of any kind to (R1), and I said no. Surveyor inquired about the alleged incident. V14 responded She (V3) just asked me randomly have you ever, see abuse it's not attached to any date, or a time and I said no. Surveyor inquired when the witness statement was documented. V14 replied Last week Wednesday (2/5/25) or Thursday (2/6/25) therefore 2 or 3 days after the incident. Surveyor inquired if any residents reported that V5 was yelling at others. V14 responded Nobody has complained about her (V5) to me (V14), but I know in general she (V5) is loud. Like she talks loud to me and in general with others. I think maybe her voice is going loud, I don't know why. Surveyor inquired about V14's designated work hours. V14 responded I work 7(am) to 3 (pm) therefore was not in the facility during time of the incident. On 2/11/25 at 2:43pm, surveyor inquired about V7's (Activity Aide) witness statement which excludes a date and type of event. V7 stated The DON (V2 Director of Nursing) asked me if I ever witness any abuse in the facility and I said no. Surveyor inquired if V2 informed V7 why she (V2) was inquiring about abuse. V7 responded No. Surveyor inquired about V5's demeanor when she speaks. V7 replied She (V5) talk to people nice, I guess. All the Africans are loud when they talk to people (affirmed that V5 is African). They (Africans) loud talkers and you know you need to tell them to come down a little bit. Surveyor inquired about V7's designated work hours. V7 stated I start at 7:00 therefore was not in the facility during time of the incident. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2.) R1's (1/27/25) concern form states resident believes that someone is logging into her (R1) phone and requesting money from her dad via her cash app and that someone has stolen \$20 from this cash app and is using it for door dash. Resolution: upon investigation, it appears her account itself has been compromised. Staff member who received the original concern (V4 Social Service Director). Staff who followed-up on the concern: (V4). On 2/4/25 at 2:56pm, surveyor inquired about R1's (1/27/25) theft allegation. V4 stated She (R1) reported that she believed that a resident (not staff) had logged into her phone and tried to use her cash card app, but she always has her (R1) phone with her. I (V4) believe that someone may have compromised the card (electronically), so I urged her to cancel the card which she did. They (residents) would have to have the password to her phone and a password to cash app to get into it and have access. Surveyor inquired about staff requirements for abuse allegations. V4 replied It (concern form) would be given to the abuse coordinator (V1 Administrator). On 2/10/25 at 12:34pm, surveyor inquired if V1 was made aware of R1's (1/27/25) theft allegation. V1 responded Not that one, not 1/27. On 2/11/25 at 12:10pm, V6 (Nurse Consultant) affirmed an investigation was conducted regarding R1's (1/27/25) theft allegation. The incident report, witness statements and/or documentation to that effect were not received during this survey. The (2/2017) Abuse Prevention Program states any incident or allegation involving abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will result in an investigation. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Residents to whom the accused has regularly provided care, and employees with whom the accused has regularly worked, will be interviewed. The person in charge of the investigation will update the Administrator or person designated in the Administrator's absence during the progress of the investigation. The Administrator or a designee will keep the resident or resident representative informed of the progress of the investigation. If the Administrator was absent from the facility during the course of an abuse, neglect, exploitation, mistreatment, or misappropriation of resident property report and/or investigation, the Administrator shall be informed of the report and status of the investigation upon his or her return to the facility.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 32819 Based upon interview and record review the facility failed to follow policy procedures and failed to ensure that two of three residents (R1, R3) reviewed for medication administration remained free from significant medication errors. Findings include: 1.) R1's diagnoses include but not limited to seizures. R1's (1/9/25) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 2/4/25 at 3:22pm, surveyor inquired about concerns with medication administration at the facility. R1 stated The night Nurse doesn't want to give me Fluticasone (referring to Advair inhaler) until 9am and I need it when I wake up around 5 or 5:30. R1's (1/6/25) POS (Physician Order Sheets) include Advair Discus (Fluticasone propion-salmeterol) 1 puff inhalation every 12 hours and Divalproex 250mg (milligrams) delayed release every 12 hours. R1's (February 2025) MAR (Medication Administration Record) affirms Advair (Steroid Bronchodilator) is scheduled for 6am and 6pm administration however Late Administration is documented on 2/1/25, 2/2/25 and 2/3/25. R1's 2/1/25 (6am) Advair entry was documented at 7:41am. R1's 2/1/25 (6pm) Advair entry was documented at 7:09pm. R1's 2/2/25 (6pm) Advair entry was documented at 8:53pm. R1's 2/3/25 (6pm) Advair entry was documented at 8:13pm. R1's (February 2025) MAR also affirms that Divalproex (Anti-epileptic) is scheduled for 9am and 9pm administration however Late Administration is documented on 2/2/25, and 2/3/25. R1's 2/2/25 (9am) Divalproex entry was documented at 1:09pm (4 hours after the scheduled time). R1's 2/3/25 (9am) Divalproex entry was documented at 3:19pm (6.25 hours after the scheduled time). 2.) R3's diagnoses include Parkinson's disease and disorganized schizophrenia. R3's (1/17/25) BIMS determined a score of 15. On 2/5/25 at 1:29pm, surveyor inquired about concerns with medication administration at the facility. R3 stated The medicine doesn't come on time. Some of the time they (staff) are short and get upset and frustrated when we are asking questions about it. When they (staff) come, they say get up, get up. I (R3) try to get up and they say hurry up we are late, let's go. They try to rush me. R3's (1/13/25) POS includes Carbidopa-Levodopa 25-100mg 2 tablets TID (three times daily) diagnosis: Parkinson's disease and Quetiapine 50mg TID diagnosis: disorganized schizophrenia. R3's (February 2025) MAR affirms Carbidopa-Levodopa (Anti-Parkinson) is scheduled for 9am, 12pm and 8pm administration however Late Administration is documented on 2/4/25 and 2/5/25. R3's 2/4/25 Carbidopa-Levodopa (12pm) entry was documented at 1:24pm. R3's 2/5/25 Carbidopa-Levodopa (12pm) entry was documented at 1:40pm. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Westwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2444 West Touhy Avenue Chicago, IL 60645	
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's (February 2025) MAR also affirms Quetiapine (Antipsychotic) is scheduled for 9am, 12pm and 9pm administration however Late Administration is documented on 2/4/25 and 2/5/25. R3's 2/4/25 (12pm) Quetiapine entry was documented at 1:24pm. R3's 2/5/25 (12pm) Quetiapine entry was documented at 1:40pm. On 2/6/25 at 12:18pm, surveyor inquired about the regulatory requirement for medication administration V2 (Director of Nursing) stated An hour before and an hour after. The medication administration policy (updated: March 2022) states medications shall be administered one (1) hour before/after the medication schedule unless specifically ordered otherwise. Medications shall be recorded on the MAR promptly after each administration by the individual who administered the drug.		