

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 10/03/2025
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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
---	-------	-----------

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 10/03/2025
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to ensure that residents are free from abuse for one of three residents (R1) reviewed for abuse in the sample of five. Findings include: R1's face sheet documents R1 was admitted to the facility on 11.3.2023, with diagnoses including but not limited to: Other intestinal obstruction, schizoaffective disorder, bipolar type; Chronic obstructive pulmonary disease, Cognitive communication deficit. R1's MDS (Minimum Data Set of 9.2.2025) documents a BIMS (Brief Interview for Mental Status) of 14 denoting R1 is cognitively intact. R2's face sheet documents R2 was admitted to the facility on 1.5.2025 with diagnoses including but not limited to: Chronic obstructive pulmonary disease, Hypertensive heart disease without heart failure, Chronic respiratory failure, other schizophrenia. R2's MDS (Minimum Data Set of 9.28.2025) document R2's Cognitive Skills for Daily Decision Making as Independent-decisions consistent/reasonable. 10.2.2025 12:00 PM, surveyor attempted to ask R1 about the incident. R1, who uses a dry erase board for communication, refused to answer questions; became agitated (throwing arms up in the air) and left the room. 10.2.2025 at 12:10 PM V2 (Director of Nursing/DON) said R1 declined to speak with police or file a report. She initially said nothing happened then told V1 (Administrator) that it did happen; that they (R1 and R2) were on the patio, and it happened on the patio, R2 slapped her (R1) in the face. 10.2.2025 at 1:15 PM, R3 said, we were sitting there with our cigarettes on the patio. R2 was on the patio picking up butts. She went over to R1 and asked for a light. R1 backed away from R2, then R2 slapped R1 in the face with an open hand. We heard it too. 10.2.2025 at 3:11 PM, V9 (Licensed Practical Nurse) said, I was alerted by a resident that R2 had slapped another resident (R1). I asked R1 simple yes/no questions. She indicated that no one hit her. R2 denied hitting R1. I'm thinking it did happen. R1 refused to give a statement to the police or press charges. R2 continued to deny striking (R1). R2 was not in the facility during the investigation. Facility's initial incident report of 9.27.2025 documents in part, R1 and R2 were involved in an altercation on the patio. R2 was removed from the room and placed on 1:1 monitoring. Investigation ongoing. R1's witness statement documents, She (R2) asked for a light and my cigarette cigar was short. I said no. She (R2) grab (grabbed) the cigarette she hit. R2's witness statement documents, (R1) is not terribly slapped by me? No. I don't do it? R3's witness statement documents, (R2) came out to have a cigarette and she cannot find the lighter. She walked up (R1) and asked for a light. (R1) said no and (R2) slapped (R1) on her face and grabbed the cigarette out of her (R1) mouth. (R2) walked to the corner and smoked (R1) cigarette. V9's witness statement documents, (R2) and (R1) had (a) physical altercation in (on) patio over a cigarette. (R1) stated that (R2) hit her (R1) left cheek. No injuries noted. Police (non-emergency) came to talk to both resident(s). (R1) declined to give a statement and refused to place charge. All the above statements were dated/timed 9.27.2025 at 6:30 PM. R1's progress note of 9.27.2025 at 12:01 AM (Recorded as Late Entry on 9.28.2025 12:09 AM) documents in part, Resident had physical altercation with another female resident on the patio, over a cigarette, when writer asked (R1) what happened, she stated she was hit by (R2) on the left cheek. R2's progress note of 9.27.2025 at 7:00 PM (Recorded as Late Entry on 9.28.2025 12:09 AM) documents in part, Resident had physical altercation with another female resident on the patio, over a cigarette. Abuse Prevention Policy (2.7.2017) documents in part: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p>		