

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 01/09/2026
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide an accurate quarterly statements to the residents who have Individual Resident Fund accounts for four (R1, R2, R3 and R6) of six residents (R1-R6) reviewed for resident funds and has the potential to affect all 111 residents residing in the facility. Findings include: 1. According to the Electronic Health Record (EHR) R1 had diagnoses including Parkinson's disease with dyskinesia, unspecified dementia, hypertensive heart disease without heart failure, anemia, dysphagia, Cognitive communication deficit, bilateral primary osteoarthritis of hip, scoliosis, insomnia, benign prostatic hyperplasia with lower urinary tract symptoms, major depressive disorder, and blepharospasm. R1 was admitted to the facility on [DATE]. The Minimum Data Set (MDS) dated [DATE] shows R1's cognition was intact with a fourteen out of fifteen points requires on the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment). On 1/9/2026 at 10:45 a.m., R1 was observed in the dining room eating lunch. R1 stated he didn't get his trust fund money for the last two weeks, stated he wanted to get the entire \$200 in the Resident Trust Sheet but the facility did not give it to him because he was told he can only get \$30. R1 also stated he has not received a quarterly statement of his trust fund account during his entire stay here. V1 (Administrator) presented the facility Trust Fund Sheet which documents that R1 received trust fund money on the following dates and amount received:4/24/25 \$30.00; 5/1/25 \$15.00; 5/15/25 \$15.00; 7/31/25 \$30.00; 9/11/25 \$25.00; 10/30/25 \$30.00; 11/6/25 \$30.00; 11/20/25 \$15.00; 11/25/25 \$15.00; 12/20/25 \$30.00.2. On 1/9/2026 at 1:10 p.m., R2 stated that he has been getting his \$30 from the trust fund every Thursday but he has never received a quarterly statement of the trust fund account. R2 also stated he asked for an audit of his account but was not provided with a statement of accounts and would like to receive it regularly.The Minimum Data Set (MDS) dated [DATE] shows R2's cognition was intact with a fifteen out of fifteen points requires on the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment).3. On 1/9/2026 at 2:20 p.m., R3 also stated that R3 has never received a quarterly statement of R3's trust fund account.The Minimum Data Set (MDS) dated [DATE] shows R3's cognition was moderately impaired with a twelve out of fifteen points requires on the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment).4. On 1/9/2026 at 2:00 pm, R6 stated that he has been getting his \$30 trust fund money regularly but he has not received a quarterly statement. The Minimum Data Set (MDS) dated [DATE] shows R6's cognition was intact with a fourteen out of fifteen points requires on the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment).On 1/09/2026 at 2:00PM, V3 (Business Office Manager) affirm that a quarterly statement is not provided to the residents but every time they get their trust fund money every week, they can see their balance. V3 also affirm that the balance on the Trust Fund Sheet is not accurate because it does not consider any deposits or credits that go into the account. V3 stated that the balances</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: 146149	Facility ID: 146149 If continuation sheet Page 1 of 2

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	on the sheet does not reflect the statement on the RFMS. V3 stated V3 has not provided the quarterly statements since 2023 but starting this month, V3 will make sure that all the deposits are added to the Resident Trust Fund Sheet to make it accurate and that V3 will send out the quarterly statements to the residents. On 1/09/2026 at 2:20 V3 provided the quarterly statements that she will provide to R1-R6. Facility policy titled Resident Personal Trust Fund Policy and Procedure dated 4/15/2024 states that the quarterly statement of all transactions for the individual resident's account including withdrawals, direct charges, deposits, and interest will be prepared and provided to the resident or legal representative. The Center for Medicare and Medicaid Services Form 671 titled Long term Care Facility Application for Medicare and Medicaid, dated 01/09/2026 and signed by V1 (Administrator) documents 111 residents currently reside in the facility.		