

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E169	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Winston Manor Cnv & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 2155 West Pierce Chicago, IL 60622	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record review the facility failed to follow their elopement policy and procedure consistently with professional standards of practice placing the resident's health and safety at risk for one (R1) resident out of three residents reviewed in a total sample of three.</p> <p>Findings include:</p> <p>On 04/29/2025, at 12:19 PM, V4 (Registered Nurse) states that R1 is alert and oriented but is forgetful. V4 states that R1 is ambulatory with a steady gait and is a smoker. V4 was informed that R1 eloped this past Friday on 4/25/25, during the 10:00 AM smoking break despite someone monitoring the residents. V4 said the police brought R1 back, but he continued to be verbally aggressive and unpredictable. The nurse that evening sent him out per doctor ' s order.</p> <p>On 4/29/2025, at 12:58 PM, V5 (Social Services Director) states that the smoking times are 10:00 AM, 2:00 PM, 4:00 PM, and 6:00 PM. V5 states that the smoking area consists of outside benches. It is not enclosed. It is an open area and at least one staff must be there monitoring the residents. V5 states that the staff member monitoring the residents must have a walkie talkie (hand-held, portable, two-way radio transceiver). V5 states V6 (former activity aide) was terminated after this situation happened .</p> <p>On 4/29/2025, at 2:09 PM, V3 (Director of Nursing) states that V6 (former activity aide) was terminated yesterday because of R1 ' s elopement on 4/25/25. V3 stated R1 ran away during smoking time. Instead of notifying other staff immediately, V6 notified V11 (Receptionist) in passing as she was placing a key back in the front office. V6 mentioned it to V11 around 10:45 AM. V3 states smoking time is from 10:00 AM to 10:30 AM.</p> <p>On 4/29/2025, at 2:27 PM, V11 (Receptionist) stated I was sitting on my computer desk working when V6 (former activity aide) walked in the front office putting the key back. V6 told me for your information, R1 eloped, and you know the crazy part, I couldn't go after him because I was out there with the other residents. After that I immediately went to look for V3 (Director of nursing). V3 told me to page a code 99. V11 stated any moment any resident elopes, the staff are supposed to endorse it to the front office and management immediately and page a code 99. That informs everybody that a resident eloped. Any moment that a resident escaped, we are supposed to endorse it right away, so someone can go after the resident, to see if they can convince the resident to come back, and make sure the resident is OK .</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's current face sheet documents R1 is a [AGE] year-old individual admitted to the facility on [DATE], with diagnoses not limited to: schizophrenia, unspecified, major depressive disorder, single episode, unspecified, nicotine dependence, unspecified, uncomplicated.</p> <p>R1 ' s progress note dated 4/25/25, 11:00 AM, documents in part notified that during smoke break, R1 ran away. Writer notified R1 ' s mom and reported to the police regarding a missing person. Writer checked with nearby hospitals.</p> <p>R1 ' s progress note dated 4/25/25, at 9:16PM, documents in part police brought the resident back to the facility. R1 is physically and verbally aggressive, and non-directable. R1 remains a threat to himself and others. Writer notified medical doctor. An order was given to send the resident to the hospital for psych evaluation.</p> <p>Facility document dated 09/1/2024, titled wandering and elopements documents in part the facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents. If an employee observes a resident leaving the premises, he/she should:</p> <ul style="list-style-type: none"> a. attempt to prevent the resident from leaving in a courteous manner; b. get help from other staff members in the immediate vicinity, if necessary; and c. instruct another staff member to inform the charge nurse or director of nursing services that a resident is attempting to leave or has left the premises. 		