

| | | | |
|---|--|--|--|
| 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 05/15/2025 |
| 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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed assure the resident right to be free of physical abuse in 1 of 3 (R1) residents in a total sample of 8 residents. This failure resulted in R1 having bleeding lips, bump to right temporal area and feelings of fearing for his life.</p> <p>Findings include:</p> <p>The following incident took place on 4/28/25, around dinner time in the facility dining area.</p> <p>R1 is a [AGE] year-old male with diagnoses including Schizophrenia, Seizures, Depression, Scoliosis and Post-Traumatic Stress Disorder.</p> <p>R1 was first admitted to the facility on [DATE]. R1 has a BIMS (Brief Interview of Mental Status) score of 15/15. R1 is care planned for including alteration in mental health function due to Schizophrenia and Depression.</p> <p>On 4/28/25, R1 was involved in a physical and verbal altercation with another resident R2. The altercation resulted in R1 having bleeding on lips and bump to right temporal area.</p> <p>R2 is a [AGE] year-old male resident with diagnoses including Schizoaffective Disorder, Bipolar Type, Diabetes 2, Anxiety and Epilepsy. R2 has a BIMS (Brief Interview of Mental Status) score of 15/15.</p> <p>R2 was first admitted to the facility on [DATE]. R2 is care planned for alteration in mental health function. Per nurse notes on 4/25/25, R2 was hospitalized due to aggressive behavior. On 4/28/25, R2 had a physical altercation with R1.</p> <p>On 5/12/25, at 11:43 AM, R1 stated I was at the table. I walked past R2's table. He got up and knocked me to the floor. R2 started punching me in the face at least 10 to 12 times. I got a bloody lip and a swollen face. My leg and arm hurt. There was kitchen staff standing in the doorway, but they didn't do anything. R4, my roommate, was there and stopped R2 from hitting me. I went to the DON (Director of Nursing) and told her what happened. The nurse took care of my lip. The police came and said they couldn't do anything since this is a mental institution. They took me to the hospital, but I didn't want to wait and came back to the facility. I was very traumatized and feared for my life when the incident happened.</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: 14E169 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/15/2025 |
| 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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Facility document titled IDPH Incident/Accident Report Notification dated 5/2/25, includes statement R2 did have a physical altercation with resident R1. Both residents were separated immediately. R2 was transferred to the hospital due to aggressive behaviors and was admitted to inpatient psychiatric unit. R1 is currently a resident of the facility and feels safe in the building. He does not have any concerns during investigation or at the conclusion. Resident care plan has been updated accordingly. R2 is currently at hospital on inpatient psychiatric unit. Upon readmission resident will be reassessed and care plan will be updated accordingly.</p> <p>R1's progress note dated 4/28/2025, notes this writer was called in the office to assist resident and to take his vital signs Blood Pressure/BP: 141/88 Resting Respirations/RR: 18 Heart Rate/HR:88 temp:97.6 Oxygen Saturation/spo2: 98%. R1 noted bleeding on his lip. R1 stated he got hit in the dining room by another resident. Staff assessed R1. R1 was observed with no bruising. Staff noted bump on his right temporal area and applied ice. R1 was given tylenol 650mg for his pain until police came to interview and escort him in the hospital. R1 refused to call family regarding incident. Medical doctor was notified. R1 was escorted to the hospital by the police department.</p> <p>Progress note dated 4/28/2025, notes R1 came back in the facility. He left the hospital because he is waiting in the waiting room for a long time. He cannot wait for a long time. This nurse notified the physician with new orders for x-rays of his leg and right arm. Vitals are stable and R1 took his meds for the night.</p> <p>As stated above in progress note, R1 left the hospital before being assessed. No hospital record is available.</p> <p>Progress note dated 4/28/2025, notes writer notified physician regarding resident leaving hospital AMA (Against Medical Advice) in the emergency department due to trauma incident. Per the medical doctor, may order x-rays of the spine, right hand, and right leg to rule out fracture. Writer called medical diagnostic for x-ray.</p> <p>Progress note dated 04/30/2025, notes x-ray result came back normal. (no fractures).</p> <p>On 5/12/25, at 1:13 PM, V6 (Dietary Aid) stated on 4/28/25, we heard a commotion in the dining area. I was in the kitchen. When I looked in the dietary area R1 and R2 were not fighting but other staff were in there.</p> <p>On 5/12/25, at 1:20 PM, V7 (Dietary Aid) stated I was washing dishes when I heard a tray hit the floor in the dining area. I did not see what happened. V6 (Dietary Aid) looked and said he didn't see any altercation at the time, but staff were in there talking to R1 and R2.</p> <p>On 5/12/25, V8 (Registered Nurse/RN) stated I saw him (R1) in office. I gave him ice and did vital signs. He sat with me at the nurses' station to keep an eye on him. He complained of injury on head, right leg, right hand, and right hip. I put a splint on the right hand. The physician was notified and ordered R1 to the hospital emergency room. R1 went to hospital but he refused to wait for brain scan and came back to facility. I told the physician, and he just ordered x-rays at the facility. The x-rays turned up negative.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| 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 05/15/2025 |
| 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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>On 5/12/25, at 11:31 AM, V5 (PRSD) stated R1 and R2 were in a physical altercation. R1 went to pick up R2's tray at lunch as he was trying to help the kitchen staff. R2 got up and knocked R1 to the floor. R2 punched him in the face multiple times. R1 reported the incident to staff. R1 sustained a bloody lip. R1 went to the hospital but left the waiting room. R1 came back to facility. R2 was sent out to the hospital for evaluation and has not returned. R2 has never physically assaulted anyone in the facility before. This is the first time he has ever hit anyone.</p> <p>On 5/13/25, at 12:48 PM, V12 (Physician) stated the nurse notified me of the altercation between R1 and R2. R1 was struck in the head and also was put on the floor. R1 complained of pain to head, right arm, right leg, and back. I ordered R1 to the hospital for evaluation. R1 refused and left the hospital after being brought to the hospital. R1 returned to facility. I ordered x-rays at the facility. The x-rays came back negative for any injury. R1 was monitored for any more serious head injury. R1 did get a bloody lip and that was treated at the facility. That is all I could do. When someone gets hit in the head there is potential for serious injury.</p> <p>Facility policy titled Abuse Prevention Program, Policy Statement shows Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat resident symptoms.</p> | | |