STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E169	A. Building B. Wing	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winston Manor Cnv & Nursing	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep residents' personal and medical records private and confidential. Based on observations, interviews and records review, the facility failed to ensure the confidentiality and security of residents' medical records. This failure has the potential to affect all 143 residents residing in the facility.Findings include:On 04/18/2026 at 12:22PM, V8 (Medical Records/Transportation) stated medical records are stored in the basement. During basement (gym) tour with V8, the door to the gym was not locked. Upon entering the gym, observed boxes upon boxes filled with medical records. The boxes were not sealed and were placed randomly around the gym. Some of the medical records papers observed spilling out of the boxed on to the floor. The medicals showed identifying medical and personal information of residents with different dates of when residents were in the facility. The gym was observed disorganized and filled with boxes and other miscellaneous items.V8 stated he found the gym piled with documents like this when he started working at the facility years ago. V8 stated he oversees thinning resident charts when they become too full. He puts the thinned charts in boxes and stores them in the gym. V8 stated the medical records are not stored properly because they are scattered all over the floor exposing residents' personal information. The door to the basement is not locked. It is possible for any staff to come in there and look at these documents.V8 stated medical records should be kept in a safe place which is not accessible to everyone else. The records should only be accessible to V8 because he oversees them. No one else should be accessing resident records without my knowledge. The danger is that some of the residents' information can be exposed to people who are not authorized to have access to them. HIPAA protects resident personal information and should be strictly followed. We are not following HIPAA rules by exposing resident health information. On 04/18/2026 at 5:00PM, V5 (Maintenance Director) stated the facility refers to the basement where medical records are stored in as the gym because there are basket hoops there. V5 stated the gym is used as storage for anything in the facility that needs to be put away. From old medical records to broken furniture and other miscellaneous items. V5 stated he found the gym like that when he was employed at the facility eight months ago. Housekeeping and maintenance staff have access to the gym room. There are eight housekeepers and two maintenance staff who frequent the gym to store items that are either broken or not needed anymore. V5 stated the door to the gym has a lock but was not locked earlier today. He had propped it open earlier today when he was working there. He did not lock it up when he went for lunch.V5 stated staff can access the gym if the door is left open because the kitchen laundry and staff rocker rooms are near the gym. If the gym is left open any staff member can get in there and access resident medical records which contain residents' personal and medical information. This would not be ok. It's the residents' private information which should not be left exposed. V5 stated there are residents' medical records in the gym in many boxes, most boxes are not sealed. Resident medical records are spilling out of the boxes on the floor. Resident information is visible to anyone who enters the gym. On 04/19/2026 at 1:46PM. V1 (Administrator) stated via phone that he found the gym full of the staff in there including medical records when he started working in the facility. V1 stated he is working to find a junk removal company to remove the junk stored in the gym. V1 stated medical records are not supposed to be accessible to anyone who is not taking care of the resident. Medical records are stored in the gym. Residents do not have access to the gym. There are three (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

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	locked doors to go through before getting to the gym. Only staff can access that part of the building. V5, V8 and I are only ones with access to the gym. V1stated the door leading to the gym where medicals are stored was propped open yesterday because V5 was performing some work in the gym. V1 stated he is not going to say what would happen if staff not taking care of the residents have access to their medical records. HIPAA PRIVACY & SECURITY POLICY, no date document:To ensure the protection, confidentiality, and security of Protected Health Information (PHI) in compliance with federal regulations, including the Health Insurance Portability and Accountability Act.-Unauthorized access, use, or disclosure of PHI is strictly prohibited.Protected Health Information (PHI):-Any information that identifies a resident and relates to their health condition, treatment, or payment.-Only the minimum amount of PHI needed to perform a job may be accessed, used, or disclosed.-Unauthorized acquisition, access, use, or disclosure of PHI that compromises security or privacy.-Access is limited to staff with a legitimate job-related need-Access is monitored and audited. Policy titled Location and Storage of Medical Records, dated 12/2006 documents:-Our facility shall protect and safeguard all medical records.-Medical records are stored in a locked room and protected from fire, water damage, insects, and theft.-Archived medical records (those being retained for a specified period beyond the resident's discharge or death) will be clearly identified as archive records and stored appropriately.-Should this facility temporarily cease operation, all records shall be stored and maintained within the facility.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review the facility failed to a.) ensure medications were locked and secured while unattended, b.) ensure controlled substance medications were double-locked and secured while unattended, and c.) properly waste and discard expired medications and controlled substance medications. These failures have the potential to affect all 143 residents residing in the facility reviewed for medications stored in the facility. Findings include: On 04/18/2026 at 12:43PM, V8 (Medical Records/Transportation) states he observed resident's medication stored inside of the basement in the facility. V8 states the medications are stored in an unlocked room although there is supposed to be a lock on the basement door. V8 states this door is accessible to all of the staff in the facility. V8 states resident's medication should only be accessible to people who are authorized.On 04/18/2026 at 12:52PM, surveyor located at the basement door, which is located down the hall from the kitchen and laundry room. Surveyor located at the basement door with V2 (Director of Nursing/DON) and V8. Surveyor observes V8 open the basement door by turning the handle. Basement door observed unlocked and V8 does not use a key or access pin code to open the basement door. Surveyor, V8, and V2 now located inside of the basement which appears to be an open auditorium/gym area. Surveyor observes multiple boxes with multiple medication bingo cards stored in the basement. V8 and V2 confirm that they both observe the multiple medication bingo cards. On 04/18/2026 at 12:55PM, V2 pick up a medication bingo card off of the floor and places it back in a box. Surveyor observes that the medication bingo card documents a resident's name with medication Aciphex written on the bingo card with a disperse date of 02/20/2010 and an expiration date of 02/18/2011. On 04/18/2026 at 12:58Pm, surveyor observes three Lorazepam medication vials lying on top of a box in the basement. Lorazepam medication vials observed with the following expiration dates, 10/2003,12/2004, and 04/2005. On 04/18/2026 at 12:59PM, V2 states Lorazepam is a controlled substance and should not be stored in the basement unlocked and unattended. V2 states none of the resident's medications should be stored in the basement because they are not properly stored. V2 states she has been the DON at the facility since September 2025, and she has been trying to properly destroy resident's medications that she is aware of. V2 states she has not been inside of the basement in a long time and is not aware that all of the resident's medications being stored in the basement. V2 states this must have been previously practiced by the facility, and she had no prior knowledge that resident's medications were being improperly stored. V2 states she has been recently destroying resident's medication using coffee grounds and was made aware that this method was also incorrect. V2 states she then reached out to the facility's pharmacy on 04/13/2026 to request a drug buster to use to destroy resident's medications in the facility. V2 states all resident's medications should be stored in a locked medication room and controlled substances should be double locked. V2 states since all staff have access to the basement room and the room is not locked, there is a potential for staff members to divert resident's medications in the facility. V2 states resident's medications can potentially be diverted to other residents or staff or even diverted outside of the facility. V2 states this process could potentially harm someone. V2 states she is not aware of any allegations of an agency nurse who has been diverting resident's medications. V2 states she has not had to terminate an agency nurse due to drug diversion.On 04/18/2026 at 3:56PM, V10 (RN) states the process for returning medications in the facility consists of the pharmacy sending bags with a seal to the facility. V10 states the nurses places the medications inside of the bag and press down the seal to ensure that it cannot be opened. V10 states the medications are then sent back to the pharmacy. V10 states controlled substances/narcotics that need to be destroyed are given to V2 (DON) and this process is handled only by V2. V10 states all resident's medications should be locked and narcotics should be double locked. V10 states if resident's medications are left unlocked and (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	unattended in the basement, then anyone can go in there and get the medications and possibly divert them. V10 states there is also potential for residents to gain access to the medications and harm themselves. V10 states staff could even sell the resident's medications for profit.On 04/18/2026 at 4:01PM, V5 (Maintenance Director) states the basement is a gym area that is being used as a storage space. V5 states the basement has been this way since he began working at the facility 8 months ago. V5 states himself, his assistant, his supervisor, and a housekeeper have a key to the basement storage. V5 states the basement door has a lock on it but it is not locked and anyone can go into the basement door. V5 states he accesses the basement approximately twice a month and have noticed that there are resident's medication bingo cards located inside. V5 states he has never touched any of the medications inside the basement. V5 states he has never stolen resident's medications and is not aware of any agency nurse who has been diverting resident's medications in the facility either. V5 states he went inside of the basement today to assess which wheelchairs in the facility are in working condition. V5 states since resident's medications are left inside of the basement unlocked, then there is potential for staff to steal resident's medications. Facility policy dated 09/01/2024 titled Storage of Medications documents in part, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Only persons authorized to prepare and administer medications have access to locked medications. Only the issuing pharmacy is authorized to transfer medications between containers. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Schedule II-V controlled medications are stored in separately locked, permanently affixed compartments. Access to controlled medication is separate from access to non-controlled medications.Facility policy dated 09/01/2024 titled Controlled Substances documents in part, Only authorized licensed nursing and/or pharmacy personnel have access to controlled drugs maintained on premises. Personnel who are authorized to handle controlled substances are approved by the director of nursing services. Controlled substances are stored in the medication room in a locked container, separate from containers for any non-controlled medications. Access to controlled medications remains locked at all times. The nurse on duty maintains the keys to controlled substance containers. Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift. Medications that are opened and subsequently not given (refused or only partly administered) are destroyed. Waste and/or disposal of controlled medication are done in the presence of the nurse and a witness who also signs the disposition sheet. Medications returned to the pharmacy are recorded and signed by the director of nursing (or designee) and the receiving pharmacy. Policies and procedures for monitoring controlled medications to prevent loss, diversion or accidental exposure are periodically reviewed and updated by the director of nursing services and the consultant pharmacist.