

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 06/27/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46342</p> <p>Based on observation, interview, and record review the facility failed to provide a safe environment by not providing covers or guards for florescent tube lights located in over the head wall lights behind resident's bed. These failures affected seven residents (R8, R22, R36, R39, R46, R55, R70) when reviewed for environment in the sample of 21 residents.</p> <p>Findings include:</p> <p>R36 has diagnoses of but not limited to Chronic Obstructive Pulmonary Disease, Schizophrenia, Seizures, Hyperlipidemia, Hypertension, Diverticulitis, Obesity, Gastro-Esophageal Reflux Disease. R36's BIMS dated 04/30/24 documents score of 15/15 indicating intact cognition.</p> <p>On 06/24/24 at 10:42 AM, observed R36's over the head wall light with exposed florescent tube light. The florescent light tube had no cover or guard over it. R36 stated R36 uses the over the wall light behind R36's bed at night when R36 reads because the main light in the ceiling is too bright and R36 does not want to keep R36's roommates up. R36 stated that light behind R36's bed has never had a plastic cover or guard covering the light bulb. Observed R36 pull string to turn on the over the head wall light. The light did not turn on. R36 said, I have to touch the light bulb to get it to turn on. See? Then, observed R36 touch the florescent light tube causing the light to turn on.</p> <p>R22 has diagnoses of but not limited to Type 2 Diabetes Mellitus, Long Term Use of Insulin, Asthma, Hyperlipidemia, Schizophrenia, Hypertension, Hyperlipidemia, Osteoarthritis, Unspecified Dementia. R22's BIMS dated 05/13/24 documents score of 10/15 moderately impaired cognition.</p> <p>On 06/24/24 at 10:58 AM, observed R22's over the head wall light with exposed florescent tube light. The florescent tube light was not covered with a guard or cover. The florescent light tube was covered in a layer of dust.</p> <p>R70 has diagnoses of but not limited to Hypertensive Heart Disease without Heart Failure, Hyperlipidemia, Non-ST Elevation Myocardial Infarction, Obesity, Anemia. R70 BIMS dated 05/02/24 documents score of 15/15 indicating intact cognition.</p> <p>On 06/24/24 at 11:08 AM, observed R70's over the head wall light with exposed florescent tube light. The florescent light tube did not have a cover or guard covering it.</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R55 has diagnoses of but not limited to Chronic Obstructive Pulmonary Disease, Violent Behavior, Alcohol Abuse with Intoxication, Asthma, Chronic Embolism and Thrombosis of Unspecified Vein. R55 BIMS dated 04/12/24 documents score of 13/15 indicating intact cognition.</p> <p>On 06/24/24 at 11:10 AM, observed R55's over the head wall light with exposed florescent tube light with no cover or guard.</p> <p>R39 has diagnoses of but not limited to Schizophrenia, Type 2 Diabetes Mellitus without Complications, Hypertension, Bipolar Disorder Current Episode Mixed Severe with Psychotic Features, Delusional Disorders, Generalized Anxiety Disorder, Alzheimer's Disease, Unspecified Psychosis, Age Related Nuclear Cataract Bilateral. R39's BIMS dated 04/17/24 documents score of 14/15 indicating intact cognition.</p> <p>On 06/24/24 at 11:14 AM, observed R39's over the head wall light with exposed florescent tube light. The florescent light tube was not covered. R39 stated, I use that light at night when its dark in my room so I can see where I'm going if I get up to go to the bathroom.</p> <p>R46 has diagnoses of but not limited to Asthma, Seizures, Schizoaffective Disorders, Major Depressive Disorder, Hypertension, Gastro-Esophageal Reflux Disease. R46's BIMS dated 04/19/24 documents score of 05/15 indicating severely impaired cognition.</p> <p>On 06/24/24 at 11:27 AM, observed R46's over the head wall light with exposed florescent tube light with no cover or guard. R46 said, I use my light at night when its dark in the room so I can color and write stuff without bothering my roommates. R46 stated there should be a cover on the light so it doesn't break all over the floor or near my (R46) head.</p> <p>R8 has diagnoses of but not limited to Type 2 Diabetes Mellitus without Complications, Long Term Use of Insulin, Atrial Fibrillation, Schizophrenia, Hypertension, Seizures, Hyperlipidemia, Extrapyramidal and Movement Disorders. R8's Brief Mental Status Interview (BIMS) dated 05/09/24 documents score of 13/15 indicating intact cognition.</p> <p>On 06/24/24 at 11:38 AM, observed R8's over the head wall light with exposed florescent tube light with no guard/shield or cover. R8 stated R8 uses that light at night so R8 can see in R8's room. R8 stated there is no cover over it and there should be one in case it breaks because that light is made of glass.</p> <p>On 06/24/24 at 2:56 PM, V5 (Maintenance Director) stated V5 is responsible for making sure things are in working order in the resident rooms including the lights. V5 stated the residents use the over the head wall light at night when reading or walking around the room so they do not wake up their roommate. V5 stated there should be plastic covers covering the florescent light tubes or shields/guards covering the individual florescent light tubes because the light tubes could fall, break, and hit someone in the head. V5 also stated residents could burn their hands if they were to touch the florescent tube lights when they were hot from being turned on. Surveyor toured R36 and R8's room with V5 who observed exposed florescent light tubes and V5 stated those lights should have covers or shields/guards over them for potential safety concerns and to keep the residents safe.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility provided document titled, Maintenance Requests and Repairs dated 04/10/17 which documents in part, the maintenance department is responsible for maintaining the buildings, grounds, and equipment in a safe and operational manner at all times. Maintaining the building in good repair and free from hazards. Any maintenance concern identified that affects resident safety will be communicated to the maintenance department immediately.</p> <p>Facility provided document titled Policy on Resident Rights, Respect and Dignity dated January 2016 which documents in part, a facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46342</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow facility's policy for nail care by not providing toenail care by Podiatrist when needed. This failure applies to one (R39) of 3 residents reviewed for Activities of Daily Living (ADL) care in a sample of 21.</p> <p>The findings include:</p> <p>On 06/24/24 at 11:14 AM, observed R39 lying in bed in room. R39 did not have socks or shoes on. R39's toenails were very long, curling over the tops of R39's toes and R39 large toenail was very thick and scaly looking.</p> <p>On 06/24/24 at 11:16 AM, R39 stated, I'd like my toenails cut. Look how long they are! R39 stated the Podiatrist came to cut R39's toenails only once since R39 has been here. R39 said, I've never refused to have my toenails cut. Why would I do that? They need to be cut. I want them cut.</p> <p>On 06/24/24 at 12:02 PM, V4 (Registered Nurse) stated the Certified Nursing Assistants (CNAS) only cut the resident's fingernails, not the toenails. V4 stated the Podiatrist comes to facility and fills out a paper treatment/assessment form which then gets uploaded into the resident's electronic health record (EHR). V4 reviewed R39's EHR and stated R39 was last seen by the Podiatrist on 01/10/24. V4 stated she does not see any other Podiatry forms in R39's EHR. V4 stated if R39 refused to be seen by the Podiatrist the refusal would be documented by the nurse in the progress notes section.</p> <p>On 06/24/24 at 12:59 PM, V4 observed with surveyor R39's toenails. V4 stated they are very long and need to be cut. I'll call the doctor now. R39 stated they have cut my toenails only once since I've been here, and I've never refused for my toenails to be cut.</p> <p>On 06/25/24 at 10:13 AM, V2 (Director of Nursing) stated staff are only allowed to cut fingernails, not toenails. V2 stated the Podiatrist comes to the facility monthly and alternates floors. V2 stated the last time the Podiatrist was at the facility was on 05/15/24 and the Podiatrist saw everyone on the 4th floor. V2 stated prior to that date the Podiatrist was at the facility on 04/25/24 and saw everyone on the 2nd floor at that time. V2 stated the Podiatrist leaves a copy of a paper treatment/assessment form in my mailbox which then gets uploaded into the resident's EHR (electronic health record). V2 stated all the Podiatry treatment/assessment forms from 05/15/24 and 04/25/24 have been uploaded already. V2 stated if a resident refuses to be seen by the Podiatrist the Podiatrist would document the refusal on the Podiatry treatment/assessment form and nursing would also reflect the refusal in the nursing progress notes. V2 stated R39 was admitted to the facility on [DATE] and seen by the Podiatrist on 01/10/24. V4 stated R39 was last seen by the Podiatrist on 01/10/24. V2 stated R39 is alert and orientated. V2 stated, I believe him (R39) that he (R39) was only seen once if that is what he (R39) said. He (R39) should have been seen before this. V2 stated it is important for resident's toenails to be cut and not grow too long because this can cause ingrown toenails which can cause pain and potentially effect the resident's mobility and other ADLs. V2 stated resident nails should be cut every 2 months and more often as needed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 06/26/24 at 08:40 AM, V1 (Administrator) stated the Podiatrist cut R39's toenails today and provided surveyor with paper document titled, Podiatry Note dated 06/26/24. V1 also provided paper document titled, Podiatry Note dated 05/15/24 and stated R39 refused to see the Podiatrist on that day.</p> <p>On 06/26/24 at 10:53 AM, surveyor was provided with another paper document titled, Podiatry Note dated 03/13/24 which indicated R39 refused to see the Podiatrist on that day.</p> <p>On 06/26/24 at 11:40 AM, review of R39's EHR progress notes did not indicate R39 refused Podiatry treatments on 03/13/24, 04/25/24 or 05/15/24.</p> <p>R39 has diagnoses of but not limited to Schizophrenia, Type 2 Diabetes Mellitus without Complications, Hypertension, Bipolar Disorder Current Episode Mixed Severe with Psychotic Features, Delusional Disorders, Generalized Anxiety Disorder, Alzheimer's Disease, Unspecified Psychosis, Age Related Nuclear Cataract Bilateral.</p> <p>R39's BIMS dated 04/17/24 documents score of 14/15 indicating intact cognition.</p> <p>Facility provided policy titled, Nail Care dated 05/02/10 which documents in part, to ensure that resident receive care of their fingernails to ensure appropriate hygiene and prevent injury from scratches and resident toenails/diabetic resident's toenails will only be cut by the podiatrist.</p> <p>Facility provided policy titled, Activities of Daily Living (ADLS) undated which documents in part, to preserve ADL function, promote independence and increase self-esteem and dignity.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>44103</p> <p>Based on interview and record review, the facility failed to communicate to the primary physician and follow Neurology recommendation for 1 (R7) resident out of the final sample of 21.</p> <p>Findings Include:</p> <p>R7's electronic health records show R7 has diagnoses not limited to Schizoaffective Disorders, Schizophrenia, and Drug Induced Subacute Dyskinesia. R7's physician orders show R7 is receiving antipsychotic medication Clozapine. R7's Neurology Clinic's AFTER VISIT SUMMARY dated 4/9/24 shows R7 was examined by V24 (Medical Doctor) for Tardive Dyskinesia and recommended speech therapy for R7. R7's physician orders from April 2024 does not show a referral for Speech Therapy was ordered. R7's progress notes dated 4/9/24 at 1:06 PM reads, resident came back without follow up apt. No documentation that shows V24's recommendation was communicated and followed-up with V25 (Primary Physician).</p> <p>On 6/24/24 at 12:30 PM, V2 (Director of Nursing) stated that after the resident comes back from a specialist doctor's appointment, the expectation is for the nurse to read the after visit summary to the resident's primary physician and carry out the order. V2 stated that whenever there's a recommendation from the specialist, it needs to be communicated with the resident's primary physician so they are on the same page. V2 further stated that nurses are supposed to document in the resident's chart once they relay the recommendations to the primary physician. V2 stated that if it's not documented, it means it's not done. V2 stated that R7 takes psychotropic medications and has tardive dyskinesia and extrapyramidal symptoms (EPS). V2 stated that R7 is being seen by a Neurology specialist related to these symptoms. V2 stated that R7 has not been seen by the Speech Therapy. V2 stated that the Speech Therapy recommendation from the 4/9/24 appointment was missed and R7 was not referred to a Speech Therapy.</p> <p>The facility's policy titled; Physician's Orders dated 1/1/20 reads in part:</p> <p>All resident medications, and treatments must be ordered by a licensed physician or Nurse Practitioner.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46342</p> <p>Based on observation, interview, and record review the facility failed to follow facility policy regarding wearing personal protective equipment (PPE) during manual handling of linen during sorting/rinsing and storing clean linen in a protected area. This failure has the potential to affect all 77 residents residing in the facility based on daily census dated 06/24/24.</p> <p>Findings include:</p> <p>On 06/25/24 at 11:35 AM, met with V18 (Housekeeping/Laundry) in the laundry room located on the 1st floor. V18 stated V18 has been working at the facility for [AGE] years, and usually works the day shift by himself. Observed large industrial fan blowing air at full blast aimed toward the dirty/clean work areas. There was no physical barrier separating the dirty/clean work areas. A box of gloves and masks observed by the door. No gowns or disposable gowns observed in the laundry area. A load of laundry was washing in the industrial clothing washer. Observed cleaned linen items folded and stored under a long metal table which were not covered with any type of protective covering. Surveyor could see folded/uncovered linen items blowing from the air flow coming from the large industrial fan. V18 stated V18 puts on gloves before V18 handles the dirty laundry to sort. V18 stated, I don't wear a gown, only gloves. Surveyor asked if there were any disposable gowns available for V18 to put on. V18 looked around the laundry room and stated, no, there are not any gowns in here. V18 stated after handling the soiled laundry V18 washes V18's hands, puts on a new set of gloves and then takes the cleaned items out of the washer and puts them into the dryer. V18 stated V18 does not wear a gown, only gloves when handling the cleaned items. V18 stated after the cleaned laundry comes out of the dryer, V18 brings them to the long metal table and folds the items and stores the cleaned/folded items underneath the metal table on the shelf or on a cart. V18 stated the bed pads, gowns, fitted sheets and towels get stored underneath the folding table and the flat sheets, coverlets and blankets get stored over there on the cart. V18 stated the items under the folding table are not covered with anything. V19 asked surveyor, should they be covered? Surveyor observed folded uncovered gowns being moved from the air circulating from the large industrial fan nearby.</p> <p>On 06/25/24 at 11:50 AM, V19 (Housekeeping Director) stated V19 has been working at the facility for six years. V19 stated the laundry staff should wear gown and gloves when handling soiled laundry because the items are dirty. V19 stated sometimes the soiled items are covered in pee and poop and wearing a gown will prevent the pee and poop from getting on the employees clothing. V19 stated it is an infection control concern because cross contamination can occur when the staff goes from handling soiled laundry to clean laundry and that is why the staff needs to wear a gown and gloves. Surveyor asked V19 where the gowns are for the staff to use. Observed V19 look around and stated there are no gowns in here right now. V19 stated, I forgot to put them in here. That is on me. V19 stated it is important to separate the dirty and clean laundry and stated this is the clean side of the laundry room, and this is the dirty side pointing to a very faded line on the floor of the laundry room to indicate the separation line. There is no physical barrier separating the dirty/clean work areas and the industrial fan was angled toward the dirty side and partially toward the clean side of the painted line. V19 acknowledge that the fan is blowing toward the dirty and clean area. V19 stated the cleaned/folded items should be covered with something to prevent cross contamination with the fan blowing toward the dirty side of the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility provide policy titled, Laundry Services dated 4/2021 which documents in part,</p> <ol style="list-style-type: none"> 1.) Soiled linen has shown to be a source of large number of microorganisms. The risk of actual disease transmission is negligible if handled, transported, and laundered in a manner that minimizes exposure or contamination and avoids transfer of microorganisms. 2.) Techniques to minimize potential nosocomial and occupational risks associated with soiled linen handling include Wear personal protective equipment to include gown, gloves, and mask during manual rinsing and sorting. 3.) Efforts to reduce risk of transmission or exposure of infection to laundry staff primarily focus on protective barriers. 4.) Store clean linen in a protected area until distribution for resident care.

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Implement a program that monitors antibiotic use.</p> <p>50057</p> <p>Based on observation, interview and record review, the facility failed to follow its antibiotic stewardship program as evidenced by one resident (R71) out of a total of twenty-one residents in the survey sample who was found to be on antibiotic therapy with no indication and no prescriber documentation to support the use of antibiotics and no vital sign monitoring after antibiotics were ordered by the pulmonologist.</p> <p>Findings:</p> <p>On 6/24/2024 at 2 PM, R71 was observed to be lying in bed. Breathing unlabored. R71 stated that he has no complaints. No enhanced barrier precautions or isolation in place.</p> <p>On 06/24/24 at 12:01 PM the medical record of R71 was reviewed and found to have a paper order handwritten by V15 (Pulmonologist) for Bactrim DS one tablet twice daily ordered on 6/21/2024 for a duration of thirty days. The electronic health record showed no temperatures documented on R71 on or after 6/21/2024 when Bactrim DS was prescribed.</p> <p>On 6/25/2024 at 10 AM, V14 (RN) was asked why R71 was taking Bactrim DS. V14 stated that she did not know why R71 was taking the antibiotic. V14 made a phone call and then stated that the Director of Nursing said that R71 was on antibiotics because R71 has lung nodules. When asked if there was clinical documentation or clinical rationale for the antibiotics, V14 reviewed the paper medical record and electronic medical record and stated I don't see anything. We will need to get back to you.</p> <p>On 06/25/24 10:56 AM V16 (Nurse Practitioner) was interviewed and stated, I am not sure why R71 is on the Bactrim. V16 stated that R71 saw pulmonary medicine on 6/21/2024 and the pulmonologist's notes should be in the electronic medical record. V16 accessed the electronic health record of R71 and stated, There are no notes from the pulmonologist as to why R71 is on the Bactrim.</p> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>06/25/24 12:10 PM V2 (Director of Nursing) was interviewed and stated that R71 was on Bactrim DS. V2 stated We got the orders, but no progress notes from the specialist on 6/21/2024. V2 stated From what I could remember, he went to the hospital 5/23/2024 for shortness of breath. X-rays and a Computerized Tomography (CT) Scan showed lung nodules and lung disease. V2 stated Pulmonary was consulted and ordered the Bactrim. I believe that it was ordered prophylactically, but I am not sure. V2 stated that when a resident is started on an antibiotic, an Infection Verification Form is completed. V2 reviewed the Infection Verification Form which documented an infection site of pneumonia. The top of the form stated, No infection (does not meet criteria). The form included criteria for pneumonia: Must have chest x-ray demonstrating pneumonia, probably pneumonia or infiltrate. The form also stated, Must have at least two of the following: Cough, pleuritic chest pain, increased sputum production, rales, rhonchi, wheezes on chest exam, fever equal to or greater than one hundred degrees Fahrenheit, and one or more of new shortness of breath, increase respiratory rate equal to or greater than twenty-five breaths per minute, worsening of mental or functional status. When the criteria for pneumonia was reviewed with V2, V2 stated that R71 did not have a chest x-ray which demonstrated pneumonia. When V2 was asked if the resident's temperature and respiratory rate were being assessed, V2 stated that the nurses should be checking R71's temperatures if R71 is on antibiotics. V2 accessed R71's electronic health record and stated that the last temperature on R71 was taken 6/10/2023. V2 stated They should be checking R71's temperatures. It would be documented in the EMR if the nurses were assessing R71's temperature. V2 stated They should also be checking R71's respiratory rate. The last respiratory rate was documented on 6/10/2023 as 16 breaths per minute. V2 stated that when the nurses document resident denies any adverse events . that means that they are assessing for fever, cough and chest pain.</p> <p>On 6/25/2025 at 12:20 PM, V14 (RN) was interviewed with V2 (Director of Nursing) present. V14 stated that resident denies any adverse events . means that the resident is not having any negative effects from the antibiotics. V14 stated sometimes we have to check for cough or shortness of breaths, but we will usually hear if a resident is coughing, and the resident will tell us if the resident is short of breath.</p> <p>On 6/26/2024 at 8:42 AM V21 (RN) was interviewed and stated that R71 is Taking antibiotics for a lung infection. R71 occasionally has breathing problems. R7 gets short of breath with walking.</p> <p>On 6/26/2024 at 8:45 AM V2 (Director of Nursing) was asked if the reason that R71 is on antibiotics is known. V2 stated Not yet. We are calling his doctor again today.</p> <p>On 6/26/204 at 11:15 AM, V2 (Director of Nursing) provided copy of R71's documentation from V15 (Pulmonologist). The document stated in part that the sedimentation rate was high suspect active rheumatoid lung, will continue bronchodilators and add prednisone since patient is complaining of worsening shortness of breath. Also rule out methotrexate toxicity. Lung nodules seen, will do PET (positron emission tomography) scan. The plan stated in part Continue Symbicort/albuterol, PET scan, add Prednisone 40 mg/Bactrim, repeat sedimentation rate and ANA . V2 reviewed the progress notes from V15 and stated I am not sure why the antibiotic was ordered. I will try to find out.</p> <p>On 6/26/2024 at 12:34 PM, R71 was interviewed and stated that the doctor did not tell R71 why he was being placed on antibiotics. R71 stated He just did a scan of my lungs and then ordered the antibiotics.</p> <p>Document titled Antibiotic Stewardship Program with no date on the document stated in part:</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 06/27/2024
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.

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Core Elements of Antibiotic Stewardship in Nursing Homes:</p> <p>4. Require prescribers to document a dose, duration, and indication for all antibiotic prescription.</p> <p>6. Use standard assessment and communication tool for residents suspected of having infection.</p> <p>9. Monitor clinical assessment documentations such as signs and symptoms, vital signs, physical exams, and findings.</p> <p>10. Monitor the dose, duration, and indication use. Dosage should be specified including route, duration (start date, end date, and planned days of therapy), indication which includes the rationale for use, treatment site such as urinary tract and respiratory track for every use of antibiotics.</p> <p>Document entitled Antibiotics Stewardship Program with a revised date of 10/19/2019 stated in part:</p> <p>IV. Antibiotic Stewardship Program Activities</p> <p>D. Licensed Nurses will utilize antibiotic time out (ATO) to prompt reassessment and review the need and choice of antibiotics based on upon diagnostic information and consider a stop order if diagnostic results do not support the use of antibiotics. Recommendations will be communicated to the attending physician.</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 06/27/2024
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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>47304</p> <p>Based on observation, interview and record review, the facility failed to provide the required 80 square feet per bed for 5 resident rooms out of 68 resident rooms in the facility.</p> <p>The findings include:</p> <p>On 6/24/24 at 9:53 AM V1 (Administrator) stated there are 5 rooms with less than the required square footage.</p> <p>On 6/25/24 at 10AM Surveyor rounded 5 rooms with V5 (Maintenance Director). V5 stated he started working in the facility on January 2, 2024. Observed 4 rooms were not occupied. R22, R23 and R46 occupied 1 room and stated no concerns with room square footage or size of room. They said they can move around the room with no concerns.</p> <p>Facility provided document titled List of rooms under room waiver documented in part: 4 resident rooms with square footage of 15 x 17 and 1 room with square footage 13 x 18.</p> <p>Facility document presented by V1, titled Illinois Department of Public Health Waiver Status Report and dated 06/20/96, documents in part, the facility has 5 rooms that do not have a minimum of 10 feet between walls or a wall and any built-in furniture, and the facility will ensure this situation does not affect resident health, safety, or welfare.</p> <p>Facility provided document titled Illinois Department of Public Health dated 9/13/2021 documented in part: Approved request for a waiver.</p>