

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14E392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  West Chicago Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 928 Joliet Road West Chicago, IL 60185	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40054</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure maintenance and housekeeping services were provided to ensure repair of broken furniture and light fixtures, repair of floor tiles in the resident dining area and cleaning of the walls in hallways and resident rooms. This applies to all 90 residents in the facility.</p> <p>Findings include:</p> <p>The facility data sheet dated May 9, 2024, documents 90 residents in the facility.</p> <p>During the Environmental Tour with V6(Housekeeping Manager) on 05/09/2024 at 1:38 PM, the following was observed:</p> <p>1. R2's room walls were noted to be scrapped and dirty, and a red-stained mark was present on the wall. R2's nightstand was broken. R2's face sheet showed R2 was admitted to the facility on [DATE] with diagnoses including depression, heart disease, and epilepsy. Minimum Data Set, dated dated dated [DATE] showed R2 was moderately cognitively intact.</p> <p>At 11:38 PM, R2 was in bed and interviewed. R2 showed his scrapped wall and the red stain and said a resident who was in his room used to spit on the wall, and someone scrapped without painting, but no one cleaned the wall. R2 showed his broken nightstand and said it's been like that since he came in, and all it needs is a small tool and some nails. R2 said if they give me them, he can fix it himself and didn't know why the facility takes too long to fix simple things. R2 further showed the writer the broken floor area and said anyone could fall easily. R2 said he hardly sees the maintenance guy there and doesn't know the process to get things done here.</p> <p>2. R3's overhead light fixture was broken, and the bulb was dirty. R3's face sheet showed R3 was admitted to the facility on [DATE] with diagnoses including schizophrenia, depression, anxiety disorder, obsessive-compulsive disorder, and psychotic and substance abuse disorder. Minimum Data Set, dated dated [DATE] showed R3 was cognitively intact.</p> <p>At 11:45AM, R3 said his light fixture was broken, and he told V5(Maintenance Manager) three weeks ago that it had not been fixed yet. R3 said it's difficult to get the work done timely and it's an ongoing issue.</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:  14E392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  West Chicago Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 928 Joliet Road West Chicago, IL 60185	

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>3. In the main dining room used by all residents, the walkway tiles were broken, and the floor was uneven.</p> <p>During an interview with the V6(Housekeeping Manager) on 05/09/2024 at 1:35 PM, she stated that she rounds the facility daily, inspects the rooms and bathrooms, and reports any concerns to V1(Administer) or any management team member, including V5(Maintenance Manager) to follow-up. V6 said she also addresses the concerns, maintains a log, and checks concerns off as they are completed. V6 said she was unaware of the broken nightstand and light fixture. V6 said maintenance should take care of the painting concerns. V6 said she thinks the broken floor has been there for at least a month and doesn't know why it's not fixed. She said she is keeping yellow signage to prevent anyone from falling.</p> <p>On 05/09/2024 at 1:33 PM, V5((Maintenance Manager) said the facility doesn't have maintenance staff, and he is covering and is done for the day. V5 said he reviews the work orders the facility staff or managers placed and completes it when possible.</p> <p>On 05/10/2024 at 2:00 PM, V1(Administrator) said the facility makes all efforts to keep the facility clean and safe. V1 said the facility maintains a log as they receive concerns from residents and residents are aware that they can't place the order. V1 said the facility is in the process of hiring maintenance staff. V1 said the broken tiles on the floor had been there for a while and acknowledged the tripping hazard.</p> <p>On 05/09/2024 at 12:38 PM, V4(Licensed Practical Nurse) said she is not here every day and is not aware of any concerns. V4 said she believes the flooring issue has been there for a while and that it could be a safety concern.</p> <p>A review of the work order log revealed that the facility has ongoing painting and plumbing issues.</p> <p>A review of the facility policy with a revised date of April 2020, titled maintenance guidelines, in part documents maintaining the building in good repair and free from hazards, maintaining comfortable lighting levels, and assuring that exit lights are in good working order, establishing priorities in providing repair service, providing routinely scheduled maintenance service to all areas, others may become necessary or appropriate.</p>