STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E392	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Chicago Terrace	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)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35267 Based on interview and record review, the facility failed to relinquish representative payee status back to a resident who requested to begin managing her own funds. This applies to 1 of 3 residents (R1) reviewed for resident rights in a sample of 3. The findings include: Face sheet, dated 8/19/24, shows R1 was admitted to the facility on [DATE] and R1's diagnoses included schizoaffective disorder bipolar type and unspecified psychosis. MDS (Minimum Data Set), dated 7/19/24, shows R1 was assessed as cognitively intact. On 8/19/24 at 12:48 PM, R1 stated she was waiting for the facility to provide a letter to Social Security stating that R1 was able to manage her own finances. R1 stated when she was admitted to the facility, she signed a document to allow her Social Security payments to be paid to the facility directly. R1 stated she wished to begin looking for an apartment and wished to have her payments come to her so that she could seek an apartment and be discharged from the facility. R1 stated the Social Security office told her they required a letter from the facility stating she could manage her funds before she could start receiving her funds again. R1 stated she requested that the facility give her a letter stating she could manage her own finances to provide to Social Security, but the facility had failed to give her the letter. On 8/19/24 at 11:55 AM, V3 (Psych Social / Social Services) stated on admission R1 made the decision to allow the facility to become representative payee and directly receive her Social Security funds. V3 stated on 7/18/24 with V3 present, R1 asked V4 (Psychiatrist) to sign a letter stating R1 was able to manage her own finances so she could personally receive her Social Security checks instead of the checks being sent to the facility. V3 stated V4 told V3 and R1 if V3 wrote a letter stating R1 was able to manage her finances and receive her Social Security checks directly, V4 stated he would sign the letter. V3 stated she wanted to make sure R1 had a plan in place to discharge from the facility before she wrote the letter and provided it to R1 and not prior. V3 stated she had not written the letter. On 8/19/24 at 1:35 PM, V1 (Administrator) stated V3 (Psych Social) informed her on 8/19/24 R1 wanted to again begin receiving her Social Security payments directly. V1 stated on admission R1 was capable of signing a document giving the facility the right to be R1's representative payee and directly receive R1's Social Security checks. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/20/24 at 10:10 AM, V5 (Medical Records / Scheduling) stated she had no concerns regarding R1's cognition when she signed her Approved Representative Form authorizing the facility to receive her Social Security payments directly. On 8/20/24 at 12:10 PM, V1 stated R1 was seen by V4 (Psychiatrist) who determined R1 was able to manage her own finances and R1 was provided paperwork stating she could receive her own Social Security funds. Progress note, dated 8/20/24, shows V4 assessed R1 competent to manage her own finances. State of Illinois Approved Representative Form, signed by R1 on 4/12/24, shows R1 authorized the facility to act on her behalf to apply/receive benefits and request/receive health information. The form shows, Right to Cancel: You may stop this person or organization from acting as your Approved Representative at any time. If you decide you no longer want this person or organization to act on your behalf, complete Section A . and complete, sign, and date Section D This change will take effect after we receive the signed request from you. Facility document Resident Rights, effective 4/20/20, shows Federal and state laws guarantee certain basic rights to all residents of this facility. The rights include the resident's right to: .manage his or her personal funds, or have the facility manage his or her funds (if he or she wishes) Facility document Discharge Instructions, effective 3/2021, shows Throughout the stay, the Social Service Representative will continue to obtain information, obtain resident preferences and communicate with the Interdisciplinary Team on the discharge plan and timeline.