

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 06/12/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on interview and record review, the facility failed to protect a resident's privacy.</p> <p>This applies to 1 of 4 residents (R4) reviewed for privacy in a sample of 4.</p> <p>The findings include:</p> <p>On June 10, 2025 at 10:04 AM, R4 said her privacy rights were broken by her social worker. R4 said V3 (PRSC/ Psychiatric Rehabilitation Services Coordinator) released information that should only be discussed between case managers. R4 said V3 released her information to R1. R4 said V3 told R1 about her housing situation and the program she was a part of. R4 said this occurred about a week ago and she reported it to the administrator. R4 said R1's information was not spread, but hers was.</p> <p>On June 10, 2025 at 12:42 PM, V3 said R1 had come to him asking for a direct discharge, and he explained to her it was not always possible for residents to be discharged in the timeframe R1 expected. V3 said he told R1 even if she did everything right and got all the paperwork together, like R4, they still may not be able to get the housing accomplished.</p> <p>On June 10, 2025 at 2:54 PM, V2 (DON/Director of Nursing) said R4's rights were violated by one of her staff. V2 said she was told the staff member (V3) was talking to R1 and explained about discharge planning and housing, and even if everything was done correctly by R1, it could still take a long time to find housing. V2 said V3 then used R4 as an example and explained R4 had filled all her social security information and was still unable to find housing right away. V2 said V3 should not have included a specific resident's name, but used a generalized example.</p> <p>On June 10, 2025 at 2:34 PM, V4 (PRSD/Director) said she knew there was a resident's name brought up by staff when speaking to another resident. V4 said to her understanding, the staff told her no private information was disclosed. V4 said she would not recommend using another resident's name specifically as an example.</p> <p>On June 10, 2025 at 2:21 PM, V1 (Administrator) said R1 told R4 the staff had shared medical information about her to R1. V1 said she spoke with R4 and explained to her that V3 had been speaking with R1 about housing and explained there were steps prior to being discharged into housing, and V3 gave the example of R4, and how she had been working on those steps.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 10, 2025 at 1:04 PM, V5 (PRSC) said he would not bring another resident's name into a conversation he was having with a resident mainly because the other residents do not want to be talked about. V5 said in certain situations, it could be a violation of their privacy. V5 said if he needed to give an example, he would use general terms like those people in the group instead of specific names.</p> <p>On June 10, 2025 at 2 PM, V6 (RN/Registered Nurse) said she would not give specific names, information, to a resident regarding another resident when trying to explain an example.</p> <p>R4's face sheet showed she was admitted to the facility with diagnose including schizophrenia. R4's MDS (Minimum Data Set) dated April 29, 2025 showed she was cognitively intact.</p> <p>R4's progress notes were reviewed and showed on June 3, 2025 at 4:06 PM, It was reported that residents [R4] name was mentioned by staff during a conversation with another resident, regarding discharge planning. [R4] stated she does not want her name mentioned again in conversation to another resident.</p> <p>The facility's Resident Rights policy dated March 2021 showed the resident has the right to privacy.</p> <p>The facility's Privacy Policy dated April 2020 showed That the facility is required by law to maintain the privacy of PHI (Protected Health Information) and to provide residents with notice of its legal duties and privacy policies.</p>		