(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
7.1.12 1 27.11	o. oo	.52.11.10.11.10.11.10.11.21.11	A. BUILDING:			
		IL6000335	B. WING		04/3	, 0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WESTMO	ONT MANOR HLTH &	RHB	OGDEN AVI NT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2473050/IL172110	ation:				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210b) 300.3210t)					
	Section 300.610 R	esident Care Policies				
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.					
	Section 300.1210 Online Nursing and Person	General Requirements for nal Care				
	care and services to practicable physical well-being of the re- each resident's com- plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest land, and psychological sident, in accordance with apprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

05/10/24 **Electronically Signed**

TITLE

STATE FORM 6899 If continuation sheet 1 of 10 1HV111

Illinois Department of Public Health

			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			С		:	
		IL6000335	B. WING		1	0/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WESTMO	ONT MANOR HLTH &	RHB	OGDEN AVI			
	OLIMANA DV. OTA		NT, IL 60559			0.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	care needs of the re	esident.				
	Section 300.3210	General				
	not subjected to ph	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or property.				
	These requirement	s are not met as evidenced by:				
	review the facility fa was free of physica (R2) for 2 of 3 residuals ample of 3. This fa R1's room and hittin TV. R1 sustained mabrasions to the lef	ion, interview, and record alled to ensure a resident (R1) all abuse from another resident dents reviewed for abuse in the allure resulted in R2 enteringing R1 over the volume of a nultiple facial injuries; thand and ear; and required tment in the emergency room.				
	The findings include	e:				
	to the right to watch covered with bruise of healing. R1 had a (blood filled lump) r had a dressing to the face was swollen, a distorted. R1 stated next door because That's all I want to spresent." R1 used I remote control and use his left arm dur make eye contact of	4 PM, R1's frail body was tilted in the TV. R1's entire face was as of various colors and stages a golf ball sized hematoma near his left cheek and eye. R1 ne left side of his nose. R1's and his facial features were d, "I was attacked by the guy he said my TV was too loud. say without my lawyer his right arm to hold the adjust his blankets. R1 didn't ring the interview. R1 did not during this interview and om the TV to the floor. R1 time.				

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AND DI AN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6000335	B. WING			C 30/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	·	
WESTM	ONT MANOR HLTH &	RHB	OGDEN AVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	diagnoses to includ with left side weakn malnutrition, nontra hemorrhage (brain hypertension, major anorexia, contracturinsomnia, and gout R1's Physician Ordeshowed a new ordeback to R1's left eyetime every shift for bruising/swelling to the Provider for any complication. Monit R1's nose, abrasion This document should be the control of the provider for any complication.	umatic subarachnoid bleed), hyperlipidemia, r depressive disorder, anemia, re to unspecified joint,				
	had moderate cogn demonstrate physic others; did not reject one side of his uppoimpairments on bot extremities; and water assistance for toilet chair to bed transfer the company of the c	h sides of his lower is dependent on staff hygiene, shower/bathing, and rs. ated 4/19/24 showed R1 was e to needing assistance with				

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IIIIIIOIS L	epartment of Public	Health				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		IL6000335	B. WING		04/3	; 0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WESTM	ONT MANOR HLTH &	512 EAS1	OGDEN AV	ENUE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	eye/forehead and n	eck"				
		ated 11/17/22 showed R1 had ve in bed related to left niparesis.				
	approximately 9:19 Practical Nurse) he V18 went to R1's ro with a golf ball sized wound to left cheek open wound to his I amount of hemorrh When asked what h	es showed on 4/18/24 at PM, V18 (LPN - Licensed ard resident yelling "Nurse." from and found him lying in bed delesion to his left cheek, open and a small, dime-sized eft ear. There was a moderate aging (bleeding) from all sites. happened, R1 stated, "the guy om next door came in here				
	R1 was a victim of a R1 was lying in bed distal to his left eye to his left cheek. Th	eport dated 4/18/24 showed an assault. This report showed with a 4 inch hematoma just and another 2 inch hematoma his report showed R1 stated, ked me because my TV d."				
	dated 4/18/24 show with a past medical (hypertension), HLI (stroke) with residuation bound, who present department for eval Patient reports that neighbor who structuremote multiple tim (his) face Physical over left cheek" T	cy Department) Attending Note yed, "R1 is a 69 year old male history of HTN D (hyperlipidemia), CVA al left hemiplegia who is bed ts to the emergency luation after alleged assault. he was attacked by his k him in the face with the TV es. Has a large hematoma to al Exam: Large hematoma his document showed a serequired for a 2 cm x 1 cm				

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laceration on the left cheek. This required 4

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AND DUAN OF CORRECTION IDENTIFICATION NUMBER.			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		IL6000335	B. WING		04/3	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WESTMO	ONT MANOR HLTH &	RHB	OGDEN AVI NT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
		the laceration. This document agnosis was Traumatic injury sault.				
	showed bruising an forehead, and neck left cheek/lateral no abrasion 0.5 x 0.5 c and bruise to left rir was completed by NR1's Provider Note Practitioner) showe emergency room of after a physical ass was assaulted by a wounds to his left chis left eye; and stelleft side of R1's nos	ssion Evaluation dated 4/19/24 d swelling to R1's left eye, c; a 3 x 1.5 cm laceration to his see with 5 steri-strips; a left earom; and an abrasion, swelling, and finger. This assessment w13 (Wound Care Nurse). by V20 (NP - Nurse d R1 was recently sent to the an 4/18/24 for facial contusions ault. This note showed R1 nother resident and sustained heek, left ear; bruising around wri-strips were applied to the se. This note showed R1 had any around his left eye.				
	timeline that showe self-propelled his w 8:56 PM, R2 self-pr R1's room and the "nurse" and went in police arrive at the paramedics arrived was taken to the ho ambulance and at a from the building by	investigation contained a d on 4/18/24 at 8:55 PM, R2 heelchair into R1's room. At ropelled his wheelchair out of CNA (V6) heard R1 cry for the to the room. At 9:25 PM, the building and at 9:40 PM the . This timeline showed that R1 ospital at 9:45 PM by 10:06 PM, R2 was removed of the police, in handcuffs.				
	diagnoses to includ (chronic obstructive	nted 4/23/24 showed he had e, but not limited to: COPD e pulmonary disease), major r, hypertension, diabetes, and				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						
		IL6000335	B. WING		04/3	0/2024
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
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(V4) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES	NT, IL 6055	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
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	R2's facility assess was cognitively into others; and was incompositions shower/bathing, persitting, standing, and R2's Care Plan date demonstrated behavineffective coping incident with a fello interventions include Explain to me the "obligations to treat at all times. Ask me to be treated. If I be abusive attempt to that "this is not the "we do not touch of not successful in standard was included."	ment dated 4/9/24 showed he act; had no behaviors against dependent for toilet hygiene, rsonal hygiene, bed mobility,				
	physically assaulted injuries to the other Supervisor) intervie admitted to the act R1's TV. R2 verbal and this resulted in to report the incided was later taken to to the was not at the fa 4/18/24, but he did from the paramedic resident had been a V3 said the victim (emergency room a	d another resident, causing resident. V14 (Nursing wed R2 after the incident. R2 because the volume of the ized that he did "swing" at R1, R1's injuries. V14 called 911 at to the local police and R2 he police station. 4 AM, V3 (local fire Chief) said acility on the evening of receive a call that evening as on scene. V3 said one assaulted by another resident. R1) had been taken to the nd the perpetrator (R2) was y. V3 said he remembers this				

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IIIIIIOIS L	epartment of Public	neaim				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					c	:
		IL6000335	B. WING			0/2024
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
WESTMO	ONT MANOR HLTH &	RHB	OGDEN AV			
		WESTMO	NT, IL 6055	9		
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17.0		,	.,	DEFICIENCY)		
S9999	Continued From no	ac 6	S9999			
39999	Continued From pa	ge 6	39999			
	because it was an o	odd circumstance. V3 said R2				
		r, so the fire department had to				
	assist R2 in getting	to the police station.				
	0 4/00/04 + 4 40	DM VO (DON District				
		PM, V2 (DON - Director of				
		vas not in the building when ned. V2 said V14 (Nursing				
		ner and reported that R2 went				
		nd hit R1 because of the				
		R2 is very alert and oriented.				
		or himself and is able to move				
		ir without assistance. V2 said				
	the local police tool	R2 to the police station and				
	•	said R1 is alert and oriented				
		at times. V2 said R1 is able to				
		own and prefers to be left				
		eported that R2 hit him in the				
		e. V2 said on 4/18/24, R2				
		ursing Supervisor) that he had				
		nad extensive bruising to his				
		said R1 is refusing to talk to V15 (Social Services Director)				
		Licensed Clinical Social				
		is incident would be classified				
	,	and the facility had determined				
	that the incident did	,				
		PM, V13 (Wound Care Nurse)				
		esent when R2 hit R1, but she				
	· -	kin assessment on R1 after he				
		ospital. V13 said R1 had				
		eration on the left side of his				
		ruising and swelling to his left				
		a scratch on his left ear and d R1 told her "he got beat with				
		said she had seen R1 before				
		didn't have any bruises to his				
		lis face was pretty bruised. He				
		tic injuries and I'm guessing				
		ensive wound. His injuries				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6000335	B. WING		04/3	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEOTH	ONT MANOR LILTU O	512 FAST	OGDEN AVI			
WESTING	ONT MANOR HLTH &	WESTMO	NT, IL 6055	9		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	were pretty extensiv	ve."				
	said she was notified been hit. V14 said so immediately saw the asked [R1] what hasked [R1] what hasked [R1] what he was talking about could be [R2]. I were admitted to hitting [R1] to turn down his said [R1] swung at had a bruise on his from the crease of to his left ear and risk [R2] came in his root down the TV and [R1] hitting him (R1). [R1] injuries and [R2] was arrested by the policitism with the said [R2] was arrested by the policitism	PM, V14 (Nursing Supervisor) ed by V6 (CNA) that R1 had she went to R1's room and e facial injuries. V14 stated, "I ppened, and he replied, "The air hit me." I wasn't sure who ut then, [V18 - LPN] said it nt to R2's room and he R1]. He told me that he asked is TV and [R1] said "NO!' [R2] him and he swung back. [R1] left check and blood coming his nose. He also had injuries ng finger. [R1] told me that tom and demanded he turn R1] said No and [R2] started 1] went to the hospital for his as placed in handcuffs and ce. The whole situation was adn't known [R2] to be				
	charting at the nurs screaming. V6 said saw him in bed and said she reported it Supervisor) right avold man in the whee only person she say roommate and he wishe didn't see R2 in self-propel his whee	PM, V6 (CNA) said she was es' station when she heard she went to R1's room and I his face was bleeding. V6 to the V14 (Nursing vay. V6 said R1 told her, "the elchair hit me." V6 said the w in the room was R1's vas sleeping in bed. V6 said in R1's room, but R2 could elchair independently.				
	didn't witness the in nurse for [R1 and R	4 AM, V18 (LPN) said she ncident. V18 stated, "I was the R2] that night. I'm not sure ust heard [R1] yelling for help.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BOILDING.			
		IL6000335	B. WING			30/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WESTM	ONT MANOR HLTH &	RHB	OGDEN AV			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	nge 8	S9999			
	The CNA (V6) and there first. When I was be mouth. He said, "the in and hit me." I consider a seessment and not provided first aide to Supervisor] came to [R2] about the incide Supervisor] did that On 4/30/24 at 11:00 not present when Fithe next day. V20 so V20 said when she noticed that R1 had swelling to his face to the left side of his and neck; and abrafinger. V20 said all the physical altercare.	I went to his room, but [V6] got went in [R1's] room he was on leeding on his face, cheek and le guy in the wheelchair came impleted a head to toe obtified the Administrator. I to [R1] and [V14 - Nursing o help me. I did not interview them. [V14 - Nursing				
	showed, "This facil residents to be free exploitation, misaped deprivation of good mistreatment. This abuse In order to attempted to establic resident secure empolicy is to assure to is within its control abuse Definitions infliction of injury of than by accidental medical attention (Thysical abuse inclined).	ed Abuse Prevention Policy ity affirms the right of our from abuse, neglect, propriation of property, is and services by staff or facility therefore prohibits do so, the facility has lish a resident sensitive and vironment. The purpose of this that the facility is doing all that to prevent occurrences of itPhysical Abuse is the in a resident that occurs other means and that requires 77 III. Adm. Code 300.330). Indees hitting, slapping, and controlling behavior				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		IL6000335	B. WING			0/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	STATE, ZIP CODE	•	
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WESTING	ONT MANOR HLTH &	WESTMO	ONT, IL 6055	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 9	S9999			
	through corporal pu	ınishment"				
	5 1 1					
		(B)				

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