	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6010102	B. WING		06/27/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
WINSTO	N MANOR CNV & NU	RSING	ST PIERCE), IL 60622		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPL
S 000	Initial Comments		S 000		
	Annual Licensure a	and Certification			
S9999	Final Observations		S9999		
	Statement of Licen 300.615e) 300.615f) 300.615g)	sure Violations 1 of 3:			
		etermination of Need quest for Resident Criminal prmation			
	Section 2-201.5(a) facility shall, within resident, request a check pursuant to Information Act for admission to the fa check was initiated Hospital Licensing be based on the re and other identifier	to the screening required by of the Act and this Section, a 24 hours after admission of a criminal history background the Uniform Conviction all persons 18 or older seeking icility, unless a background I by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, s as required by the te Police. (Section 2-201.5(b)			
	name on the Illinois website at www.isp Department of Cor page at www.idoc.s	shall check for the individual's s Sex Offender Registration o.state.il.us and the Illinois rections sex registrant search state.il.us to determine if the as a registered sex offender.			
	inconclusive, the fa fingerprint-based c	is of the background check are acility shall initiate a heck, unless the fingerprint the Director of Public Health			
	tment of Public Health / DIRECTOR'S OR PROVII	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE 07/15/

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6010102	B. WING		-		
	PROVIDER OR SUPPLIER		T ADDRESS, CITY, S		00/	06/27/2024	
		2155	WEST PIERCE				
WIN5101	N MANOR CNV & NU	CHIC	AGO, IL 60622				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	age 1	S9999				
	resident is complet resident meets other resident's health or the existence of a s medical, or mental potential risk prese 2-201.5(b) of the Ad a fingerprint-based a waiver from the D receiving inconclus background check. background check days after receiving name-based check These Regulations Based on record re	on by the facility that the ely immobile or that the er criteria related to the lack of potential risk, such severe, debilitating physical, condition that nullifies any nted by the resident. (Secti ct) The facility shall arrange background check or reque Department within 5 days aff ive results of a name-based The fingerprint-based shall be conducted within 29 g the inconclusive results of the inconclusive results of	on for est er J 5 the				
	hours of admission R44, R53, R71) in t residents, and faile the Illinois Sex Offe (R10, R17, R53, R residents in the sar	(CHIRP) reports within 24 for five residents (R10, R1) the total sample of ten d to complete assessment of ender Registry for six reside 55, R59, R67) out of ten mple.	of				
	Findings:						
	4/16/2019 and 8/20 PM, V13 (Psychoso that CHIRP and as	ocuments admission dates ()/2019. On 6/25/2024 at 1:4 ocial Services Director) state sessment of the Illinois Sex egistry had not been	5 ed				
	7/6/2006 and 1/19/2	ocuments admission dates 2021. CHIRP was dated 5/2024 at 1:45 PM, V13	of				

	NT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED	
		IL6010102	B. WING		06/	27/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE			
WINSTO	N MANOR CNV & NU	RSING	/EST PIERCE GO, IL 60622				
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC			TION SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From pa	nge 2	S9999				
		rices Director) stated that Illinois Sex Offender website en completed.					
		ocuments an admission date RP was dated 11/6/2023.					
	7/1/2013 and 4/27/2 6/19/2024. On 6/25 (Psychosocial Serv	ocuments admission dated o 2020. CHIRP was dated 5/2024 at 1:45 PM, V13 rices Director) stated that Illinois Sex Offender website en completed.					
	of 4/5/2024. On 6/2 (Psychosocial Serv	ocuments an admission date 25/2024 at 1:45 PM, V13 vices Director) stated that Illinois Sex Offender website en completed.					
	of 3/25/2024. On 6/ (Psychosocial Serv	ocuments an admission date /25/2024 at 1:45 PM, V13 rices Director) stated that Illinois Sex Offender website en completed.					
	of 10/9/2023. Asse	ocuments an admission date ssment of the Illinois Sex egistry was completed					
		ocuments an admission date P was dated 2/7/2024.					
	Services Director) that on admission of check is completed HIT on the Crimina	22 AM V13 (Psychosocial was interviewed and stated of a resident, a background I for each resident. If there is I History Information Respons fingerprinting is ordered. An					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6010102	B. WING	B. WING		27/2024
IAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
VINSTO	N MANOR CNV & NU	RSING				
(X4) ID	SUMMARY STA		30, IL 60622	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 3	S9999			
	receipt is received.	npletes the fingerprinting and The resident's name is then nois Department of Public				
	Services Director) that she had provid for the ten resident documents were ag	AM, V13 (Psychosocial was interviewed and stated ed the information available s in the sample. The missing gain reviewed and V13 stated ssess the files for the missing				
	Services Director) of missing identified of residents in the sar all that we have, but to see if they have has been challenging	45 PM V13 (Psychosocial was interviewed relative to ffender information for the ter nple. V13 stated "I think that i it I will reach out to corporate any additional documents. It ng with this facility having so ot solely an electronic process	S			
	was interviewed an is done centrally in identified offender i facility. If the reside History Information an outside agency fingerprinting. The Illinois Department stated "I have alrea (Psychosocial Serv	resident is then reported to th of Public Health (IDPH). V1 idy spoken to V13 ices Director). We are putting old V13 that we just need to	e			
	Facility Policy and I document and state	y titled "identified Offender Procedure" had no date on the ed in part: is the policy of this facility to	e			

	epartment of Public					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6010102	B. WING		06/	27/2024
	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S		•	
		2155 W				
WINSTO	N MANOR CNV & NU	RSING	GO, IL 60622			
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLETI DATE
S9999	Continued From pa	ige 4	S9999			
	establish a resident	t sensitive and resident secu	re			
		cordance with the provisions				
		Care Act, this facility shall				
		history background on any				
		imission to the facility in orde	er			
		criminal convictions.				
	Identified Offenders					
	-	sident's name on the Illinois				
	Sex Offender Regis	inal History Background				
		ours of admission, request a				
		m conviction information act				
		tory background check base				
		irth and other identifiers				
	required by the dep	partment or state police for a	ny			
	resident seeking ac	Imission to the facility.				
		(C)				
	Statement of Licens	sure Violations 2 of 3:				
	300.625c)2)					
	300.625g)					
	Section 300.625 Ide	entified Offenders				
	,	s of a resident's criminal				
	, ,	check reveal that the reside	nt			
		nder as defined in Section				
		, the facility shall do the				
	following:	ouro, orrongo for o				
		ours, arrange for a riminal history record inquiry	to			
		e identified offender resident				
		e based on the subject's nam				
		irth, fingerprint images, and	,			
		juired by the Department of				
		nquiry shall be processed				
		the Department of State				
	Police and the Fede	eral Bureau of Investigation t				
		history record information th	at			
	may exist regarding	g the subject. The Federal				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED		
		IL6010102	B. WING		06/	27/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE				
WINSTON MANOR CNV & NURSING 2155 WEST PIERCE CHICAGO, IL 60622								
(X4) ID PREFIX TAG			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CO		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE	
S9999	Continued From pa	ige 5	S9999					
	Department of Stat inquiry under this schistory record inform g) Facilities sch documentation of c 300.615 of this Par These Regulations Based on interview facility failed to arra hours of the positive Response Process (R3, R17, R40, R44 out of a total of ten positive CHIRP. Th Illinois Department Identified Offender	ation shall furnish to the e Police, pursuant to an ubsection (c)(2), any criminal mation contained in its files. hall maintain written compliance with Section t. are not met as evidenced by s and record reviews, the ange fingerprinting within 72 e Criminal History Information (CHIRP) for nine residents 4, R53, R55, R59, R67, R71) residents in the sample with the facility failed to report to th of Public Health (IDPH) (IO) Program nine residents 0, R44, R55, R59, R67, R71)	: 1 a					
	CHIRP.	residents with a positive						
	4/19/2024. CHIRP Fingerprinting was 6/25/2024 at 1:45 F Services Director) s documentation that	cuments an admission date o was received 4/22/2024. ordered 5/17/2024. On PM, V13 (Psychosocial stated that there was no t R3 had been reported to the of Public Health (IDPH) (IO) Program.						
	4/16/2019 and 8/20 facility's Identified C on 6/24/2024. On 6	ocuments admission dates of 0/2019. R10 was listed on the Offender list provided by V13 5/25/2024 at 1:45 PM, V13 ices Director) stated that						

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6010102	B. WING		06/27/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE		
WINSTO	N MANOR CNV & NU	RSING	EST PIERCE 60, IL 60622			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT		TION SHOULD BE COMPL THE APPROPRIATE DAT	
S9999	Continued From pa	ige 6	S9999			
	CHIRP was not completed for R10, fingerprinting had not been ordered for R10, and R10 had not been reported to the Illinois Department of Public Health (IDPH) Identified Offender (IO) Program. R17's face sheet documents admission dates of)			
	7/6/2006 and 1/19/2 6/19/2024. On 6/25 (Psychosocial Serv was no documenta been ordered for R reported to the Illing	2021. CHIRP was dated 2024 at 1:45 PM, V13 ices Director) stated that there tion that fingerprinting had 17 or that R17 has been bis Department of Public tified Offender (IO) Program.				
	of 10/27/2023. CHI 6/25/2024 at 1:45 F Services Director) s documentation that ordered for R40 or	ocuments an admission date RP was dated 10/30/2023. Or PM, V13 (Psychosocial stated that there was no fingerprinting had been that R40 has been reported to ent of Public Health (IDPH) (IO) Program.				
	of 10/16/2023. CHI 6/25/2024 at 1:45 F Director) stated tha that fingerprinting h that R44 had been	ocuments an admission date RP was dated 11/6/2023. On PM, V13 Psychosocial Service t there was no documentation ad been ordered for R44 or reported to the Illinois lic Health (IDPH) Identified ram.				
	7/1/2013 and 4/27/2 6/19/2024. On 6/25 (Psychosocial Serv was no documentation been ordered for R	ocuments admission dated of 2020. CHIRP was dated 2024 at 1:45 PM, V13 ices Director) stated that there tion that fingerprinting had 53. V13 could not provide R53 had been reported to the	e			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		II 6040402	B. WING				
	PROVIDER OR SUPPLIER	IL6010102			06/	27/2024	
		2155 WI	ADDRESS, CITY, ST E ST PIERCE	TATE, ZIP CODE			
WINSTO	N MANOR CNV & NU	RSING	60, IL 60622				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 7	S9999				
	Identified Offender	of Public Health (IDPH) (IO) Program although review ed Offender list identified R53 facility.					
	of 4/5/2024. CHIRF Fingerprinting was 6/25/2024 at 1:45 F Services Director) s documentation that	ocuments an admission date P was dated 4/8/2024. ordered 6/3/2024. On PM, V13 (Psychosocial stated that there was no t R55 has been reported to the of Public Health (IDPH) (IO) Program.	9				
	of 3/25/2024. CHIR Fingerprinting was 6/25/2024 at 1:45 F Services Director) s documentation that	ocuments an admission date RP was dated 3/26/2024. ordered 4/3/2024. On PM, V13 (Psychosocial stated that there was no t R59 had been reported to the of Public Health (IDPH) (IO) Program.	9				
	of 10/9/2023. CHIR On 6/25/2024 at 1:4 Services Director) s documentation that ordered for R67 or	ocuments an admission date RP was completed 6/26/2022. 45 PM, V13 (Psychosocial stated that there was no t fingerprinting had been that R67 had been reported to hent of Public Health (IDPH) (IO) Program.	5				
	of 12/5/2023. CHIR 6/25/2024 at 1:45 F Services Director) s documentation that ordered for R71 or	ocuments an admission date RP was dated 2/7/2024. On PM, V13 (Psychosocial stated that there was no t fingerprinting had been that R71 had been reported to that R71 had been reported to nent of Public Health (IDPH) (IO) Program.	5				

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If continuation sheet 8 of 18

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6010102	B. WING		06/	27/2024
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	TATE, ZIP CODE		
NINSTO	N MANOR CNV & NU	RSING	EST PIERCE 30, IL 60622			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 8	S9999			
	Services Director) that on admission of check is completed HIT on the Crimina Process (CHIRP), to outside vendor con receipt is received.	22 AM V13 (Psychosocial was interviewed and stated of a resident, a background I for each resident. If there is a I History Information Respons fingerprinting is ordered. An npletes the fingerprinting and The resident's name is then nois Department of Public				
	Services Director) that she had provid for the ten resident documents were re	AM, V13 (Psychosocial was interviewed and stated led the information available s in the sample. The missing eviewed and V13 stated that s the files for the missing				
	Services Director) wissing identified of V13 stated "I think will reach out to con additional documer	45 PM V13 (Psychosocial was interviewed relative to offenders residing in the facility that is all that we have, but I rporate to see if they have any ots. It has been challenging ring so much paper and not e process".				
	was interviewed an screening is done of information is email resident has a HIT Information Respon outside agency doe The resident is the Department of Pub have already spoke	:10 AM, V1 (Administrator) of stated that admission centrally and identified offende iled to the facility. If the on the Criminal History nse Process (CHIRP), an es the resident's fingerprinting n reported to the Illinois lic Health (IDPH). V1 stated "le en to V13 (Psychosocial We are putting a plan				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6010102	B. WING		06/	27/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WINSTO	N MANOR CNV & NU	RSING	ST PIERCE D, IL 60622			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
	together. I told V13 forward and get to o	that we just need to move compliance."				
	Facility Policy and F document and state Policy statement: It establish a resident environment. In acc the Nursing Home C check the criminal H resident seeking ac to identify previous Identified Offenders 3. Conduct a Crimi Check: within 24 hc name-based uniforn (UCIA)criminal histo on name, date of bi required by the dep resident seeking ac Reporting Results in Offender 1. Once the facility identified offender, hours for the reside stated and Federal fingerprint check or business days. 3. When the fingerp fingerprint vendor re 4. Go to this link https://idph.illinois.g ilitysubmissions_T/I and enter the facility form, and upload th form and fingerprint	is the policy of this facility to t sensitive and resident secure cordance with the provisions of Care Act, this facility shall history background on any disission to the facility in order criminal convictions. inal History Background burs of admission, request a m conviction information act ory background check based inth and other identifiers wartment or state police for any dission to the facility. If the Resident is an Identified determines the resident is an the facility must request in 72 ent to undergo a live scan Bureau of Investigation (FBI) in the premises within five print vendor comes to take the esident, make sure to get a ecceipt. gov/IOPFacilitySubmission/Fac FacilitySubmissionEntry.aspx y information, complete the to CHIRP, fingerprint consent t vendor receipt. ation page and the email that				

Illinois D	epartment of Public	Health	•			IAPPROVEI
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6010102	B. WING		06/	27/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
WINSTO	N MANOR CNV & NU	RSING	ST PIERCE D, IL 60622			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 10	S9999			
	that you submitted health.	the information to public				
	Statement of Licens 300.1810l) 300.1810m) 300.1810n) 300.3210u) 300.3210v)	(C) sure Violations 3 of 3:				
	Section 300.1810 I Requirements	Resident Record				
	Class Members sha Defendant Agency, Defendant Agency, accurate census of the previous month discharges conduct including any volum discharges schedul hours after the end monthly census mu prescribed by the C	ed to be conducted within 48 of the reporting month. This ist be submitted on the form colbert Lead Defendant Agency (pted) email, no later than the				
	Class Members sha materials and inforr Members voluntaril from the facility at the discharge paperwo rights and services Decree, as prescrib Defendant Agency. shall provide writter	bunty facilities with Colbert all provide educational mation to all Colbert Class y or involuntarily discharging the time of completing the rk, informing them of their under the Colbert Consent bed by the Colbert Lead All Cook County facilities in verification of educational mation given to the Colbert				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		IL6010102	B. WING		06/	27/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VINSTO	N MANOR CNV & NU	RSING	ST PIERCE O, IL 60622			
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	TION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
S9999	Continued From pa	age 11	S9999			
	Class Members, as Defendant Agency.	requested by a Colbert				
	agency providing tr Class Member of s	ounty facilities shall notify any ansition services to a Colbert uch Class Member's discharg rior to the discharge taking	e			
	Section 300.3210	General				
	Members shall prov supports and service integrated settings including communit and maximize their opportunities to dev living skills. For the (u), "community-ba integrated setting a resident's independ	ty facilities with Colbert Class vide residents access to the ces they need in the most appropriate to their needs, ty-based settings, to promote independence, choice, and velop and use independent e purposes of this subsection sed setting" means the most appropriate to promote the dence in daily living and ability sons without disabilities to the ble.				
	Class Members sha materials and inform Colbert Class Mem of admission, inform services under the prescribed by the C Agency. All Cook C verification that the information were gi Members, as reque Agency.	bunty facilities with Colbert all provide educational mation to all newly admitted obers within one to three days ming them of their rights and Colbert Consent Decree, as Colbert Lead Defendant County facilities shall provide educational materials and ven to the Colbert Class ested by a Colbert Defendant are not met as evidenced by:				
	A Deceder interv	iew and record review, the				

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6010102		B. WING		06/	27/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
WINSTO	N MANOR CNV & NU	RSING	ST PIERCE D, IL 60622			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 12	S9999			
	educational materia admitted Class Mer admission informing services under the five residents (R4, I five residents in the B. Based on intervie facility failed to prove educational materia or involuntarily disc time of completing to informing the reside under the Colbert C (R128, 129) out of 2	ew and record review, the vide Class Members with als and information voluntarily harging from the facility at the the discharge paperwork and ent of their rights and services consent Decree for 2 residents 2 residents in the sample.				
	R28 was discharge 2/15/2024. Facility of documentation of re of discharge inform	ted to the facility on 1/25/2024. d from the facility on could not provide esident education at the time ing R128 of his rights and Colbert Consent Decree.				
	R129 was discharg 1/30/2024. Facility of documentation of re of discharge inform	to the facility on 1/24/2024. ed from the facility on could not provide esident education at the time ing R129 of his rights and Colbert Consent Decree				
	Services Director) we that she completes every other month finformed about Coll residents on a cens	40 AM V13 (Psychosocial was interviewed and stated an in-service once a month or for residents to keep residents bert. V13 provided a list of sus activity report. From that ber residents were selected				

AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6010102	B. WING	. WING		06/27/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WINSTO	N MANOR CNV & NU	RSING	ST PIERCE O, IL 60622			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 13	S9999			
S9999	Continued From page 13 On 6/26/2024 at 10:10 AM the electronic medical record of R128 and R129 were reviewed. No documentation of discharge education relative to the Colbert Consent Decree could be identified. On 6/25/2024 at 2 PM, V13 (Psychosocial Services Director) was interviewed, reviewed the electronic health record of R128 and R129 and stated that there was no documentation of education about the Colbert Consent Decree for either R128 or R129. V13 stated "R128 did not receive any education about Colbert consent decree prior to discharge. R128 was working with an outside agency while R128 was here. We don't have any documentation of R128 working with the outside agency. The outside agency picked him up at discharge. We have a picture of the case worker's ID that picked R128 up from the outside agency." Regarding R129, V13 stated "R129 was only here for a few days. I don't have any discharge education documented relative to Colbert (for R129)".					
	interviewed and sta facility for one mon agency is involved,	AM, V1 (Administrator) was ted that V1 has worked at the th. V1 stated "Once outside the facility's role is to the outside agency and give ed".				
	Services Director) v Coordinator" was re titled "Things you n Consent Decree". V team." V13 stated t to residents during	:45 AM, V13 (Psychosocial was asked who "Care eferencing on the document eed to know about the Colbert /13 stated "That is me and my hat that document is provided the monthly or every other hat V13 provides for staff.				
	Document entitled '	"Things you need to know				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	was reviewed and s Bullet #5: Your Care work with you to de	Consent Decree" with no c stated in part: e coordinator is responsib velop a realistic Service F et your needs in the	le to			
	R4 was educated a Decree on 3/1/2024 Director) stated that outside agency. V1 hasn't been referred program. R4 never only refer those wh they really want to referred	to the facility on 12/23/20 bout the Colbert Consent 4. V13 (Psychosocial Serv t R4 has not been referre 3 stated "I don't recall wh d. I did inform R4 about th told me she was intereste o come to me and tell me move out. I didn't push for am because R4 hasn't tol be in the program."	vices d to y R4 ne ed. I that R4			
	(Psychosocial Serv no documentation to Colbert program up to him about the Co this year. R18 came our consent form a informed about the was referred to outs R18 is not currently agency. R18 was re any feedback. The outside agency unle then we do team m has not given me a being accepted or r	to the facility 4/16/2018. Nices Director) stated "The that we taught R18 about on admission. We have to olbert program first in Mar e to an in-service. R18 sig cknowledging that R18 wa program on 3/1/2024. R1 side agency on 1/29/2024 working with the outside eferred, but I haven't rece facility does not meet with ess someone is selected eetings. The outside agen ny information about R18 not accepted to move forw up with the outside agen	ere is the alked ch of gned as 8 4. ived n the and ncy vard.			
	V13 (Psychosocial	to the facility on 12/5/2023 Services Director) stated -service about Colbert				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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29999	Consent Decree on 3/1/2024. V13 stated R71 was already working with an outside agency before he was admitted to the facility. After he attended V13's in-service on Colbert Consent Decree on 3/1/2024, V13 also referred R71 to another outside facility on 6/14/2024. V13 stated "I know that the outside agency is helping R71 find a place, but R71 said that the outside agency couldn't find anything for him, so I told R71 that I would refer him to another outside agency." R128 was admitted to the facility on 1/24/2024. R128 was discharged from the facility on 2/15/2024. V13 (Psychosocial Services Director) stated "R128 was not educated about the Colbert program upon admission. R128 was working with an outside agency while R128 was here. We don't have any documentation of R128 working with outside agency."		cy I r) ert			
	was discharged from V13 stated "JR128	ne facility on 1/24/2024. R129 m the facility on 1/30/2024. was only here for a few days hission education relative to				
	Services Director) we that she completes every other month a informed about Col and have handouts works with an outsi residents who are " stated "When a result.	40 AM V13 (Psychosocial was interviewed and stated an in-service once a month for residents to keep residen bert. V13 stated "I play a vid s." V13 stated that the facility de vendor who assists 'ready to be independent". V sident is admitted, most don't	ts eo / 13			
	are treated, we can a more independen that during care pla	I tell residents that once they revisit the topic of transition at care setting." V13 stated an meetings, residents are "Colbert program". If referre	to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010102		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 06/27/2024	
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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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	to the outside agen with the outside agen of my hands. Our re- with the outside age groups talk about. T residents to doctor's for documentation. resident finding hou- meetings." V13 stat discharge, V13 pro- the resident also re phone number. V13 can work to find sor they are not happy discharge." On 6/26/2024 at 11 interviewed and stat facility for one mont agency is involved, communicate with t them what they need On 6/26/2024 at 11 Services Director) w Coordinator" was re "Things you need to Consent Decree". M team." V13 stated t to residents during month in-services the Document entitled ' About the Colbert C was reviewed and se Bullet #5: Your Care work with you to de	cy, the residents work directly ency. V13 stated "It is then out esidents go to outside groups ency. I don't know what the The outside agency takes the s appointments and asks me The outside agency helps the using and we do the care plan ted that prior to a resident's vides her phone number and ceives the Ombudsman's 3 stated "I tell them that we mething more comfortable if with where they are at after AM, V1 (Administrator) was ted that V1 has worked at the th. V1 stated "Once outside the facility's role is to the outside agency and give ed". :45 AM, V13 (Psychosocial was asked who "Care efferencing the document titled to know about the Colbert /13 stated "that is me and my hat that document is provided the monthly or every other hat V13 provides for residents 'Things you need to know Consent Decree" with no date				

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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