	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION		E SURVEY PLETED
		IL6000335	B. WING		10	40/0004
	ROVIDER OR SUPPLIER		DDRESS, CITY, ST		12/	12/2024
	NT MANOR HLTH &	512 EAS	T OGDEN AVE			
		WESTMO	ONT, IL 60559			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.610a) 300.1210b) 300.3240a)					
	Section 300.610 R	esident Care Policies				
	procedures govern facility. The writter be formulated by a Committee consist administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Perso	General Requirements for nal Care				
	care and services to practicable physica well-being of the re each resident's cor plan. Adequate and care and personal	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.				
BORATORY	nent of Public Health DIRECTOR'S OR PROVII ally Signed	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE 12/30/2

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/12/2024		
		IL6000335	B. WING				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ry, state, zip code			
NESTMO	ONT MANOR HLTH &	RHB	T OGDEN AVE ONT, IL 60559	NUE			
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 1	S9999				
	Section 300.3240	Abuse and Neglect					
	employee or agent	licensee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)					
	These requirement	s are not met as evidenced by	:				
	review, the facility f free from verbal an to 1 of 3 residents (allegations in the sa resulted in R73 fee	ion, interview, and record ailed to ensure a resident was d physical abuse. This applies (R73) reviewed for abuse ample of 18. This failure ling traumatized, unsafe, being developing insomnia.					
	The findings includ	e:					
	male admitted to th with diagnoses that Severe sepsis, Pre	nowed him to be a 58 year old le facility on October 1, 2024, t include Necrotizing Fasciitis, eumonia, Acute respiratory lse, and Long Term use of					
		ta Set (MDS) dated October 7 to be cognitively intact.	,				
	2024, showed the f a miscommunication V12 (CNA/Certified which R73 began un V12. Upon noticing	portable dated November 21, ollowing: While in the hallway on occurred between R73 and Nursing Assistant), after using his cell phone to video of this, V12 moved the phone ed to R73 becoming upset.					
	2024, showed the f	eportable dated November 29, ollowing: On November 29, mpleted a thorough					

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If continuation sheet 2 of 11

	Health				
ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	IL6000335	B. WING		12/12/20	
ME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST		•	
	512 EAST				
ESTMONT MANOR HLTH &	RHB	NT, IL 60559	-		
	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE	COMPLET DATE
S9999 Continued From pa	ge 2	S9999			
 V12. The investigat became upset during the hallway, where yout of view after not R73 reported feeling, but did not express physical harm. V12 moved to avoid being perceived as intrusite emphasized that the situation. Wither interviews revealed behavior. V12 was outcome of the invector concluded that V12 toward R73, did not The interaction app misunderstanding results. On December 9, 20 was verbally abused V12 (Certified Nurse stated that he put h answered the light, urinal emptied. R73 going to tell his CN/R73 stated that after himself to the nurse (Registered Nurse), CNA was. R73 state was V12 (CNA) and across from the nur went and asked V12 	n incident involving R73 and tion was initiated after R73 og an interaction with V12 in V12 moved R73's cell phone ticing R73 was recording her. g upset about the interaction feeling of fear or alleged e stated that the phone was on recorded, which was ve or unwanted, and ere was no intent to escalate ess interview and resident no concerns about V12's suspended pending the estigation. The review 's actions, while upsetting constitute abusive behavior. ears to have resulted from a ather than intentional harm. gation report showed no '14's interview. V14 was the a station during the altercation. 024, at 1:57 PM, R73 stated he d and physically assaulted by ing Assistant/CNA). R73 is call light on and V33 (CNA) and he told her he needed his 3 stated that V33 said she was A (V12) to empty the urinal. er a few minutes he wheeled e's station and he saw V14 , and he asked V14 who his eed that V14 stated his CNA d she was in the internet/ room se's station. R73 stated he 2 to empty his urinal and she o it himself and started cursing				

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	NT OF DEFICIENCIES	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6000335	B. WING		12/	12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
NESTM	ONT MANOR HLTH &	RHB	OGDEN AVE	-		
(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) COMPLET DATE
S9999	Continued From pa	ige 3	S9999			
	and they told him to started recording. It the nurse's station stated he asked V1 empty his urinal and cursing at him and as she was passing hand and arm, and his hand. R73 sho at 2:00 PM on Deco On December 10, 2 when he asked V12 started yelling and shocked that she w at the nurse's static could please empty eyed, and said he is now he has trust is was there and did r anything. R73 state started thinking abd and he came back It was around shift the nurse's station him was still at the V14. R73 stated th other. R73 stated th other N73 stated the V12 V16 asked if he wa police and he said y the nurse's station, R73 stated then V1 V16 came to his routed of the other	 could hear what was going on o record it. R73 stated he R73 stated V14 was sitting at during the altercation. R73 2 again if she was going to d she started screaming and then walked towards him and g him, she (V12) hit his right his phone went flying out of wed the video to the surveyor ember 9, 2024. 2024, at 10:43 AM, R73 stated 2 to empty his urinal and she cursing at him, he was vas acting like that. R73 said on he just asked her, if she v his urinal. R73 became teary seeing a therapist because, sues. R73 stated that V14 hot say anything or do ed he was thinking of how to d he went into his room and out what had just happened out to speak to the supervisor. change and V16 (RN) was at and the "girl that assaulted" nurse's station with V33, and hey were all talking to each he then asked to speak to the 5 said if you decide to report o document what he (R73) did. 't do anything. R73 stated then s sure he wanted to call the yes. They were all talking at so he went back to his room. 5 (Nursing Supervisor) and om. V16 asked what ted he told them what 				

STATE FORM

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If continuation sheet 4 of 11

	epartment of Public		1		1	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or contraction	A. BUILDIN			COMPLETED	
		IL6000335	B. WING		12/	12/2024
	PROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, ST			
	Noviden on our elen					
NESTMO	ONT MANOR HLTH &	RHB	ONT, IL 60559			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 4	S9999			
	happened and V15	stated the administrator would				
		w and they left. R73 stated				
		if he was okay or anything.				
		thinking that "the person that				
		Il here and I'm defenseless."				
		ike there was an intent to keep				
		it to the police. R73 stated, he				
		he nurse's station and asked				
		ice and V16 told him that it				
	would be better if h	e called from his phone. R73				
		k to his room and called the				
		the police came and				
		d the first thing the officer said				
		ld the police that R73 singled				
		tarted crying with lots of tears				
		e at this point and surveyor				
	0	e. R73 stated that V12 told				
		ornered her in his wheelchair				
		m because that was the only				
		away from him. R73 stated he				
		the video and the officer went Id V15 what V12 said and				
	0	wed. R73 said the officer then				
		nted to file Battery charges				
		73 stated that the officer told				
		ght to file charges. R73 stated				
		led it, no one would have				
		stated no one asked him if he				
		t, they didn't examine him or				
		ed his right hand was stinging				
		ked the phone out of his right				
		hat he thought it was a little				
		lested an x-ray. R73 stated				
		ne social worker, the				
		a couple other people came				
	and asked if he was	s okay. R73 stated he showed				
		s okay. R73 stated he showed ator/Administrator) the video				
	V1 (Abuse Coordin	ator/Administrator) the video				
	V1 (Abuse Coordin of the altercation ar					

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6000335	B. WING		12/	12/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
		512 EAS	T OGDEN AVE	NUE		
WESTING	ONT MANOR HLTH &	WESTMC	ONT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	altercation he called took his insurance. night and is watchir no one helped him, story about him. R they could have had is suffering from sle happened, he is sa R73 was still visibly so abrupt and shoc On December 10, 2	2024, at 1:34 PM surveyor	2			
	another surveyor. I R73 stated he felt of altercation with V12 even run away if I n he doesn't feel safe rolling down his fac started calling num that accepted his in again and said had involve the facility to would have contact	ideo footage again with R73 stated he fears retribution lefenseless when the 2 happened because "I couldn" needed to." R73 stated again and started to cry with tears e. R73 again stated he bers that the hospital gave him surance. R73 started crying he known he needed to be help him with the transfer, he red them sooner. As R73 a said no one ever asked how hight.	t			
	December 10, 2024 footage of the alter showed the followin would empty his uri starts yelling at R73 she is going to leav out of the facility." while leaning in tow not meant to do wh then stated "so go	024, at 1:57 PM and on 4, at 1:34 PM, the video cation was reviewed and ng: R73 asked V12 if she nal. V12 gets very upset and 3 and stated he "pissed her off, re the urinal and walk the hell V12 continues screaming vards the resident that she is at he can do for himself. V12 do it yourself, whatever the nappen. I'm not going to do it,				

TATEMENT OF DEFICI ND PLAN OF CORREC		ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			B. WING		40	40/0004
AME OF PROVIDER OF		IL6000335	DDRESS, CITY, ST		12/	12/2024
			T OGDEN AVE			
ESTMONT MANO	R HLTH & RHB	WESTMO	ONT, IL 60559			
PREFIX (EACH		T OF DEFICIENCIES BE PRECEDED BY FULL ITIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
S9999 Continue	d From page 6		S9999			
 whatever walks pass station. Teither sid to R73 ar resident a hand con then becc scream in afterward "you are in me." On Decent the facility because stated he of the inc station with he did no The Policion 11:50 PM interviewe an alterca services, asked if s say that N in his who tried to ge of his har shows R7 doing her when R75 recording to him an 	the F*** happen at the resident and be nurse's stati- e of V12. V12 c and she walks about and the video co- ning towards R73 ones obscure and the background s R73 can be here my witness she j mber 10, 2024, a y does not have the video recycle did not view his dent that took p here there is a vi- t request a polic e report dated N , showed that the ed V12, and she ation with R73 re- cornering her in he was on breal (12 stated R73 the elchair and rece at away from R7 id in the process (3 stated he was job and V12 states a sked her to a her (V12). R73 d smacked that	as let it happen" as she nd enters the nurse's on has two exits on hooses the one closest out 8-10 feet towards the ntinues to show V12's 3's phone, the screen nd V12 continues to d. Immediately eard saying to someone, ust put her hands on at 12:05 PM, V1 stated a video of the incident es every week. V1 facility's video footage lace at the nurse's ideo camera. V1 stated e report of the incident. lovember 20, 2024, at e responding officer stated that she got into garding him demanding a room, and rudely k. The report goes on to hen started following he ording her. V12 said she 3 and hit his phone out s. The report also s upset that V12 was not arted yelling and cursing, ssist him, so he started o claimed V12 walked up phone out of his hand.				
		where she could have				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6000335	B. WING		12/	12/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WESTMC	ONT MANOR HLTH &	RHB	T OGDEN AVE ONT, IL 60559	-		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
S9999	Continued From pa	ge 7	S9999			
	avoided R73 altoge	ther.				
	arrested on scene of	so showed that V12 was on November 21, 2024, at issued a citation to appear in				
	Officer) stated he in perpetrator (V12). side and stated that altercation the day stated that he rang came and said she his urinal. V13 stat R73 went looking for the room across fro stated that R73 said on her break, then and said his call ligh started screaming at then R73 said he sh officer stated that the following her aroum stated that the CNA according to the vio approached R73 ar his hand. V13 state knock the phone fro did not have a profe he found her aggre V12 was cited for b definition of Battery slight with another so originally said R73 of trying to get pass h	2024, at 4:02 PM, V13 (Police nterviewed the alleged CNA The staff was on the CNA's t R73 and V12 had a verbal before. V13 stated that R73 his call light, and another CNA would get his CNA to dump ed that after no one showed, or his CNA and found her in om the nurse's station. V13 d he asked the CNA if she was the CNA and got aggressive ht was not illuminated and she and cursing at him. V13 stated tarted recording her. The ne V12 stated R73 was d in the wheelchair. V13 A was about 12 feet away leo and she initiated and nd smacked the phone out of ed V12 hit R73 hard enough to om his hand. V13 stated V12 essional demeanor. V13 stated attery. V13 stated that the r is making contact however subject. V13 stated that V12 cornered her and as she was im is when she knocked the nd. V13 stated that was not				

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	epartment of Public	Health	1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6000335	B. WING		12/	12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
NECTNO		512 EAS	T OGDEN AVE	NUE		
WESTINC	ONT MANOR HLTH &	WESTMC	ONT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLET DATE
S9999	Continued From pa	ge 8	S9999			
	showed the followin be up and down, as staff due to episode guarded on exam a attacked by a staff safe." He thinks he Denies prior Psychi insomnia and agree On December 10, 2 went to assess R73 was surprised that assaulted. V9 state "Wouldn't you be ag you." V9 stated R7 deeply at night beca be attacked by staff not being able to show	dated December 2, 2024, ng: Patient's mood appears to sked to assess resident by es of agitation. Resident and stated he was "physically member and doesn't feel too will benefit from talk therapy. jatric history and reports es to start melatonin. 2024, at 3:48 PM, V9 stated he 3 for difficultly sleeping and R73 talked about being d that the resident said to him. gitated if this happened to 3 told him he wasn't sleeping ause he was afraid that he will f. V9 stated he can understand eep if he had that concern. V9 ended V9 be seen by erapy.				
	2024, stated that sh the way from his ro urinal he could have shift should have en that R73 immediate started recording he thing to him and pu her face and walked V16's nursing note 11:55 PM showed to the hall, resident wa	dated November 2, 2024, at he following: while walking up as observed wheeling around				
	pointed at the nurse smack my phone o duty said, " I did no	screaming at the CNA, He e on duty and said, "Didn't she ut my hand?" the nurse on t see." The resident looked at he smacked the phone out of				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING			
		IL6000335			12/	12/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
WESTMO	ONT MANOR HLTH &	RHB	NT, IL 60559			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 9	S9999			
	the CNA to leave th recorded me!" and so that supervisor of all resident's needs alternate CNA on d and supervisor that and called 911. Th R73, writer, and all On December 11, 2 she remembers the on 11/20/2024. V14 nursing station. V14 station, she heard I them going back ar V12 to lower her vo sleeping. V14 state then found V12 and Cybercafé (across stated she heard th to calm down. V14 immediately after it	is assault." The writer asked be area and she stated, "He resident to return to his room could be notified. Immediately were reassigned to the uty, Resident informed writer the wanted to press charges e police arrived and spoke to other staff. 2024 at 11:59 AM, V14 stated e altercation with R73 and V12 4 stated it happened at the 4 stated she was at the nurse's oud screaming and got up saw nd forth. V14 stated she told sice because people were d R73 was looking around and d started talking at the from the nurse's station). V14 em screaming and told them stated that R73 said happened that V12 knocked shand. V14 said she did not	,			
	that at no point duri and V12 did she try situation. V14 state together. V14 state screaming at the R told V14 that she w tell her what to do. documented it but w protocols because s Progress note date that R73 complaine	2024, at 12:47 PM, V14 stated ing the altercation with R73 to remove R73 from the ed they were not close ed she did tell V12 to stop 73, but V12 was so angry and as not her boss and couldn't V14 stated she should have wasn't aware of the facility's she is agency staff. d November 11, 2024, showed ed of pain to his right hand at a evel. Pain medication was				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6000335	B. WING		12/*	12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
VESTMO	ONT MANOR HLTH &	RHB	OGDEN AVE	NUE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
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S9999	Continued From pa	ge 10	S9999			
	given and an x-ray ordered.	of his right hand and wrist was				
	2024, showed V12 rule 6 of the SEIU a appendix. The viola employee knocked resident, an action conduct. In addition phone screen was knocked out to the Employee Internation "Willful destruction belonging to facility considered a breac rules, leading to the	e Form dated November 27, was terminated for violating agreement as outlined in the ation occurred when the the phone out of the hand of a that constitutes inappropriate a, resident stated that his cracked due to it being floor which violates Service onal Union (SEIU) rule #6- or damage of property or persons." This behavior is h of workplace standards and e employee's termination.				
	following: This faci residents to be free exploitation, misapp deprivation of good mistreatment. Phys slapping, pinching, behavior through co abuse is the oral, w that willfully include terms to residents of hearing distance, re	Prevention Policy showed the lity affirms the right of our from abuse, neglect, propriation of property, s, and services, by staff or sical abuse includes hitting, kicking, and controlling proporal punishment. Verbal ritten, or gestured language s disparaging and derogatory or families, or within their egardless of an individuals' rehend, or disability.				
		(B)				

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