

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTWOOD MANOR, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2444 WEST TOUHY AVENUE CHICAGO, IL 60645</b>	
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 0657  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow policy on assessing and updating care plan with individualized interventions that addressed the behavior of leaving facility unsupervised. This affects one resident (R1) out of 3 reviewed for care plan. Findings include: Record review of R1's behavior note on 5/19/20 17:13 by V12 (Nurse) documented: resident with extreme agitation, running out the side door and running down the street; ran out of facility several times this evening, (V11- Psychiatrist) informed and given orders to give [MEDICATION NAME] IM every 6 hours PRN for agitation. Record review of R1's behavior note on 6/9/20 23:16 by V13 (Registered Nurse) documented: Resident was agitated, keeps running out of side door of facility . Record review of R1's behavior note on 6/29/20 18:15 by V14 (Registered Nurse) documented: .resident tried to elope from the facility and swung at staff Record review of R1's health status note on 7/10/20 18:28 by V15 (Registered Nurse) documented: resident ran away from facility Record review of R1's care plan date page 14 of 24, initiated on 1/23/20 by V10 (Psychosocial Rehab Service Coordinator - PRSC) documents under Focus (R1) Paces frequently and attempted to leave the facility by running out without staff permission 1/19/20 am able to walk independently and hangs around facility exit door (Dx: [MEDICAL CONDITION] disorder/[MEDICAL CONDITION]/Unspecified [MEDICAL CONDITION]); 5/19/20 - attempted to leave facility without staff permission; Goal - respond to staff directions to re-direct my attention from potentially problematic situation such as elopement when any difficult situations will occur by next review, date initiated 5/22/2020, revision on 5/22/2020; Interventions date initiated 1/23/2020 as follows: Assess the potential elopement/unauthorized departure risk, engage resident in nature walking exercise programs by walking around the neighborhood or in a mall as appropriate; make rounds/room checks per facility protocol to minimize chance of unauthorized leave; provide simple, clear directions to help resident know what is expected; phrase positive not using negative language. On 8/4/20 at 3:00 PM, Interview of V10(PRSC) stated that with elopement on 5/20, care plan goal and interventions for elopement were continued and made no changes. V10 stated on that 7/20 incident, even though documentation was done for more monitoring on notes, interventions on care plan were not updated but should have been done. Facility Policy titled: Elopement, Risk Prevention and Management of Missing Residents document under A: Assessment 1. An elopement risk assessment is completed by the nursing staff on all residents on change of condition; B. Prevention 4. Prevention strategies are listed on each resident's plan of care and reviewed by the interdisciplinary team with a change in condition for effectiveness of prevention strategies C. Intervention 3. When a resident has been found: e. The care plan is updated Facility Policy titled: Comprehensive Resident Centered Care plans document under Time frame and content 3. A comprehensive care plan will be: iii. Periodically reviewed and revised		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.