

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145748	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Montgomery Place		STREET ADDRESS, CITY, STATE, ZIP CODE 5550 South Shore Drive Chicago, IL 60637	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of records and interviews the facility failed provide ostomy plan of care to 1 out of 4 residents (R1) reviewed for person centered care plan. This failure is not in accordance with professional standards guidelines. And has a potential to affect 1 resident (R1) ostomy quality of care needs. Findings include: R1 is [AGE] years old, initial admission date 05/11/2024. R1 was seen able to express clearly her thoughts during conversation. On 08/05/2025 at 10:55 AM, R1 stated that V3 (Registered Nurse/Agency) came to her room took her ostomy supplies and ran out of her room. At 12:18 PM, V1 (Administrator) clarified that R1 went for an appointment for her ostomy and came back with change or new ostomy size. After ostomy supplies for new size were used. R1 does not want to use her old ostomy supplies although R1 kept on asking for her ostomy to be changed multiple times a day. V1 stated that Medicare Part B will not cover premature order of supplies. Per V1, R1 was informed that she can go to the hospital to put the ostomy size she like but she refused. V1 said, The main problem was that her new size was run out and Medicare Part B will not cover if the supply does not last that long. And she refuses to use the old size. At 01:22 PM with V2 (Director of Nursing), V2 confirmed that R1's urostomy size was changed after appointment. V2 said, It took a lot of people to calm her down. We told her that new ones need to be ordered. V2 reviewed electronic health record of R1 full care plan. After review V2 cannot find care plan related to ostomy care. V2 said, We have missed it. V2 confirmed that R1 kept on asking her ostomy to be change not as scheduled. Per physician order dated 05/14/2025 ostomy (urostomy) needs to be changed on Monday and Friday one time a day. V2 stated that urostomy care plan needs to be in place and care plan needs to be reviewed quarterly. R1's MDS assessment dated [DATE] under Section H documents that R1 has ostomy. Per CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual dated 10/2017: Care plan should be individualized, and resident centered. Planning of care requires implementing appropriate, individualized interventions and modifying them as appropriate.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145748
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