STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145208	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion of Bridgeview, The	8100 South Harlem Avenue Bridgeview, IL 60455

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on interview and record review, the facility failed to treat a resident in a dignified manner and ensured that (R1) had on clothing attire when resting in bed. This affects one of three residents (R1) reviewed for improper nursing care. R1 face sheet shows R1 has dementia. R1 MDS shows R1 is dependent on staff assistance for activities of daily living for dressing. R1 observed resting in bed awake and alert, R1 was not interview able. R1 was dressed in a orange gown/dress. 6/17/26 at 11:47am V5 (R1 power of attorney) said on Mother's day when she visited R1, R1 was observed with no clothing on while resting in bed, only the linen was covering R1 body. V5 said she made V2 (DON) aware. V5 sent photos showing R1 without clothing and resting on soiled linen. 6/17/26 at 1:00pm V2 (Director of Nursing) said V5 made her aware that R1 did not have on clothing during her visit with R1 on mother's day, V2 said her expectation is that the residents are cleaned and dressed as they desired. V2 said R1 has never requested to be unclothed under her blanket. The resident rights for people living in the long term care facilities denotes in-part Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.

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