STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145654	A. Building B. Wing	12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Rehab & Nursing Center	735 West Diversey Chicago, IL 60614

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304 Based on interview and record review, the facility failed to follow their policy to ensure a resident is free from abuse. This failure affected 1 (R2) out of 3 residents reviewed for abuse. The findings include: R2's Admission record showed admitted on 10/16/2023 with diagnoses not limited to Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, Cerebral infarction, Chronic respiratory failure, Unspecified convulsions, Psychotic disorder with delusions due to known physiological condition, Alcohol abuse, Bipolar disorder, Major depressive disorder, Anxiety disorder, Essential (primary) hypertension. MDS (minimum data set) dated 9/25/2024 showed R2's cognition was moderately impaired. On 12/17/24 at 12:40 PM Surveyor observed R2 sitting up on the side of the bed, alert, and oriented x 3, verbally responsive. R2 stated he is ambulatory with walker / rollator. R2 was able to remember the incident that happened on 11/30/24 and stated he was coming off the 1st floor elevator when R1 punched him at the back for no reason at all. R2 said, R1 hit me at the back forcefully. R2 said, I feel abused, R1 punched me in the back. R2 stated he did not fight back and kept his cool. R2 asked R1, What are you doing? Why did you hit me? R2 stated staff separated them. R2 said he was hurt a little bit, there was no swelling / redness / bruising. R2 stated there were residents and staff who witnessed the incident but could not remember their names. R2 stated he feels safe in the facility. On 12/17/24 at 2:41 PM V38 (LPN / Licensed Practical Nurse) stated has been working in the facility for a month. V38 stated, she did not witness the incident on 11/30/24 between R1 and R2, there was a Code PURPLE (behavior code in the building) called by the receptionist. V38 went down to 1st floor right away. V38 said, R1 was sitting up on wheelchair very agitated and wanted to go outside the building to smoke and was assisted by staff. V38 said, V49 (Receptionist) informed her that R1 punched / hit R2. V38 said, full body assessment was done for R1 and R2, no redness, no bruising, no swelling noted, denied pain. V38 said R1 was transferred to the hospital for psychiatric evaluation. (continued on next page)

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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/18/24 at 11:19 AM V6 (Social Service Director/ SSD) stated, V6 has been working in the facility since February 2024. V6 said had been informed about the incident on 11/30/24 between R1 and R2. They had a verbal altercation / disagreement. R1 was sent out to hospital with a petition for psychiatric evaluation. V6 said, stated potentially residents could be vulnerable for abuse living in the facility. V6 said, abuse care plans should be developed for all residents. Surveyor reviewed R1's care plan with V6 and abuse care plan was not found. On 12/18/24 at 1:26pm V48 (CNA / Certified Nursing Assistant) said, V48 had worked with R2 and had verbalized that he was hit / punch by R1. On 12/18/24 at 1:46pm V50 (CNA) stated, V50 has been working in the facility for more than a year. V50 said, V50 has been regularly assigned on the 2nd floor. V50, stated had worked with R2 and verbalized that he was hit in the back by R1. V50 said, V50 did not observe R2 with any injury, no redness, no bruising, no swelling, and he did not c/o pain. V50 said the nurse on duty already knew as they called code purple (behavior) to the first floor. V50, stated R13 (female resident on the first floor) witnessed the incident. On 12/18/24 at 2:10 pm observed R13 sitting up on wheelchair, alert, and oriented x 3, verbally responsive. R13 was able to recall the incident on 11/30/24 between R1 and R2. R13 said, it happened by the 1st floor elevator. R1 was very agitated, cursing, wanted to smoke. R13 said, R2 passed by R1 to get into the elevator and R1 hit R2 in the back. R13 said, it was deliberate / purposeful. R13 stated she saw R1 hitting R2. R13 said, To me it was a physical abuse. R13 said R1 was aggressive. R13 further stated that R2 did not fight / hit back R1. MDS dated [DATE] showed R13's cognition was intact. On 12/19/24 at 10:16am V2 (Director of Nursing / DON) stated has been working in the facility for a year. V2 said around lunch time on 11/30/24, she received a call from V38 (LPN) who did not witness and was only informed regarding the incident between R1 and R2. V2 said R1 made contact with R2 or had touched his back area. V2, stated R2 was assessed, no apparent injury and that R1 was placed on 1:1 until paramedics came and transferred him to the hospital as ordered for psychiatric evaluation. V2 said, R2 reported that R1 hit his back. On 12/19/24 at 11:38 am V49 (Activity Aide / Receptionist) stated has been working in the facility for 9 years. V49, stated on 11/30/24, she witnessed the incident between R1 and R2. It was smoke break in the morning, R1 came out of the elevator moody, talking to self, he started yelling about cigarette asking him to calm down and he started to argue with R13. V49 said, R2 came to the door, walking pass by R1 and hit him at the back. V49 said, R1 deliberately / purposely hit R2 at the back. V49 stated R2 did not fight back and said ouch, why did you hit me. V49 said R1 physically abused R2 because he hit him purposely in the back. V19 stated, V21 (Receptionist) coded purple (behavior). On 12/19/24 at 1:45PM V1 (Administrator) stated he is the abuse coordinator, and it is their policy that resident should be free from abuse in the facility. V1 said, R2 alleged that he was hit in back by R1. V1stated abuse should be willful or deliberate act to cause harm. V1 said, hitting is an example of physical abuse. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/19/24 at 2:30pm V21 (Receptionist) stated she knows R1 and R2 and there was an incident between them on 11/30/24 in the morning smoke break. V21 stated, R2 has a green pass and can go anytime for smoking until 8pm. R1 was in the hallway, yelling, by the dining room door and elevator. R1 was yelling about going to smoke. R2 was coming in the building from smoking and gave her the cigarette as he always does and heading to the elevator and heard the commotion. V21 said, she heard someone said that R1 hit R2 in the back but did not see / witness the incident. V21 stated she called the code purple (Behavior) through overhead paging. Staff members came down and 2 residents were separated. V21 stated V49 (Activity Aide) and R13 were there during the incident. Reviewed R2's Nursing Progress Note dated 11/30/2024 read in part: Resident reported alleged inappropriate contact against co peer. Head to toe assessment completed with no skin injures and denies pain. Reviewed R2's Trauma Screening dated 12/2/2024 documented in part: Score: 8 = Significant Trauma-Related Symptomology. Resident alleged that peer made physical contact with him. MDS dated [DATE] showed R1's cognition was moderately impaired. R1's Screening Assessment for Indicators of Aggressive and/or Harmful Behavior dated 12/11/2024 documented in part: Score: 5.0 = Moderate Risk. History of abuse / neglect as a recipient or perpetrator including abusive and / or inappropriate sexual behavior. R1's care plan reviewed on 12/17/24 with no abuse care plan found. Reviewed R1's Progress notes dated 11/30/2024 documented in part: Resident made alleged contact with a co peer. Resident was assessed with no injuries noted and immediately place on 1:1. Psych MD notified with ordered to transfer to nearest hospital for psych eval. Petition to be completed. Resident was transported to Hospital. R1's Progress notes dated 12/1/24 documented in part: Resident has been admitted for aggression. R1's hospital records dated 12/1/24 by V35 (R1's Hospital Psychiatrist) documented in part: Patient is psychotic, agitated in the nursing home, non-redirectable, unable to care for self, danger to self and others. R1's Hospital records dated 12/3/24 by V33 (Hospital Attending Physician) documented in part: resident of Nursing Home admitted via ED (Emergency Department) on petition due to aggressive behavior. Facility's emergency codes (undated) documented in part: Code Purple = Behavior/ Facility's residents' rights policy dated 11/18 documented in part: You must not be abused, neglected, exploited by anyone - financially, physically, verbally, mentally or sexually. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's abuse prevention program policy dated 1/2019 documented in part: it is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation. Abuse: the willful infliction of injury, unreasonable confinement, intimidation, or punishment. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical abuse: hitting, slapping, pinching, kicking, etc. Through the care planning process, the staff will identify any problems, goals, and approaches which would reduce the chances of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis.