

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record review, the facility failed to prevent and protect residents from resident-to-resident physical and verbal abuse. This failure affects two (R2, R4) residents out of five residents reviewed for abuse in a total sample of five. As a result of this failure, R1 pushed R2 on 04/6/25. R1 punched and yelled derogatory words to R4 on 04/29/25.</p> <p>Findings include:</p> <p>Facility reported incident/FRI dated 04/06/2025, documents the facility reported an altercation between R1 and R2. FRI documents R1 made alleged contact with R2. Staff intervened and separated R1 and R2.</p> <p>Facility reported incident/FRI dated 04/29/2025, documents the facility reported an altercation between R1 and R4. FRI documents R1 made alleged contact with R4. Staff intervened and separated R1 and R4.</p> <p>1. On 05/07/2025, at 2:15 PM, R2 was laying on his bed, easily aroused, and in no apparent distress. R2 stated he got a minor scrape on his right elbow during the incident that had to do with R1. R2 reports he and R1 argued because R2 told R1 to move because R1 was standing in front of R2, in the hallway, outside of R2's room. R2 stated he was going to walk out of R2's room. R2 stated R1 was not his roommate. R2 stated that is when he told R1 to move. R1 didn't want to move and R1 then turned around and pushed R2. R2's elbow hit something. R2 stated he feels safe right now.</p> <p>R2's current face sheet document R2 is an [AGE] year-old individual admitted to the facility on [DATE], and has diagnoses not limited to parkinsonism, weakness, cognitive communication deficit.</p> <p>R2's MDS/Minimum Data Set, dated dated [DATE], documents R2 has a BIMS/Brief Interview for Mental Status score of 09/15, indicating R2 has moderate cognitive impairment.</p> <p>R2's nurse's note dated 04/06/2025, at 2:54 AM, writer was informed alleged inappropriate contact was made, involving co- peer. Both parties immediately separated and assessed. Resident was assessed by clinical team with skin alteration to left elbow. Resident states he feels safe in the facility and denies pain at this time.</p> <p>(continued on next page)</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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/06/2025, at 1:51 PM, via telephone V11 (Certified Nursing Assistant) stated the incident regarding R1 and R2 occurred on the third floor and V11 was in a different resident's room. V11, I (V11) just got done doing patient care, and I heard a small sound like if someone bumped the wall; like if someone opens the door too hard. I came out of the patient's room and R2 was standing in the doorway hallway. V11 reported he assumed R2 pushed the door and V11 told the nurse regarding the noise V11 heard. V11 reports he saw R1 standing in the hallway. V11 stated when he asked R2 if he was ok, R2 responded 'yes, I am fine', and R2 walked off.</p> <p>2. On 05/07/25, at 11:16 AM, R4 sitting on his bed, wearing his own clothes, in no apparent distress. R4 noted with yellow/bluish discoloration to right eye. R4 stated last week when R1 punched him. R1 was playing the television loud, late at night around 3:00 AM. R4 stated R4 asked R1 to lower the volume and R1 swore at R4, F*** you! R4 stated R1 came out of nowhere and punched him on his right eye. R4 stated before, R1 was quiet. I think R1 was off his medications or something. R4 stated R1 punched R4 just once and denied any other physical altercation. R4 stated R4 denied hitting R1. R4 reported the nurse came in the room and R1 started swinging on her. R4 stated he denied for police to take his report. R4 stated he is fine, and it didn't hurt him. R4 stated, I think they took (R1) away.</p> <p>R4's current face sheet document R4 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to chronic systolic (congestive) heart failure, other abnormalities of gait and mobility, weakness, essential (primary) hypertension.</p> <p>R4's MDS/Minimum Data Set, dated dated [DATE], documents R4 has a BIMS/Brief Interview for Mental Status score of 14/15, indicating R4 has intact cognition.</p> <p>R4's nursing progress note dated 04/29/2025, at 5:30 AM, documents in part, resident (R4) co peer was alleged inappropriate towards him. Code purple initiated with both parties separated. Resident (R4) declined police notification and states he feels safe in the facility. No mental or emotional distress noted.</p> <p>On 05/07/2025, at 9:50 AM, via telephone V12 (Licensed Practical Nurse) stated she was the nurse on duty the night shift the incident between R1 and R4 occurred. V12 reported it was early in the morning. V12 stated, I (V12) was in the nurse's station and the patient (R4) screamed for help. V12 stated R1 and R4 were roommates in a four-bed room. V12 stated when she arrived at the residents' room, V12 saw R1 standing in front of R4's bed. V12 stated she asked what happened and R4 said to her, he hit me, he hit me. V12 stated she tried to redirect R1 to step out of the room and R1 said R1 was not going to move out of the room and threatened to punch R4 again and told R4 you b****. V12 stated she yelled out for help and asked V18 (Certified Nursing Assistant) for help. V12 stated she kept telling R1 to step back and then R1 punched V12 on the shoulder and continued to threaten to punch V12 and R4. V12 stated when she asked R4 what happened. V12 reported R4 informed her R4 asked R1 to lower the loud music on the phone and then R1 got up and punched R4. V12 stated when R1 was in the dining room, V18 called V12 (Licensed Practical Nurse) and told V12 R1 was heading back to the room. V12 stated R1 remained on 1:1 monitoring. V12 stated she notified V2 (Director of Nursing) and V1 (Administrator). V12 stated R1 refused to leave the room despite staff's attempt to redirect R1. R1 refused any medication. V12 stated R4 was in the room and V12 stated R1 threatened to punch R4 once more. V12 reported V12 called 911 and began the petition for R1 to be sent out. When the ambulance arrived, V12 stated she assessed R4 and noted right eye area with redness and a bump. No bleeding noted. V12 stated R4 denied having the police involved and R4 denied any other injuries.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility document dated 03/01/21, titled abuse prevention program documents in part, it is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. Verbal Abuse: Any use of oral, written, or gestured language includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend or disability. Physical Abuse: Hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.</p>		