

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

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 06/12/2025
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)		
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the call lights were accessible as stated in the care plans. This failure affected two (R14 and R88) of two resident reviewed for accommodation of needs in a sample of 64.</p> <p>Findings include:</p> <p>1. On 6/9/25 at 11:38 am, R88 was observed awake in bed trying to feel where his call light was located. R88 stated, Please, can you help find the call light? Do you know I'm blind? I think the staff that came to change me this morning did not put the call light back here. V4 (Assistant Director of Nursing) was notified at the nursing station. V4 came and got the call light from between the siderail and the floor and stated that staff will be reminded to always put resident's call light where he can reach it.</p> <p>R88's records reviewed are as follows:</p> <p>Face sheet shows diagnoses which include but are not limited to Encephalopathy, Weakness, Acquired Absence of Left Leg Below Knee, Osteomyelitis, And Reduced Mobility.</p> <p>Care plan dated 10/5/22 states in part that R88 have self-care deficits. Interventions states to be sure the resident's call light is within reach and encourage the resident to use it for assistance.</p> <p>Basic Interview for Mental Status (BIMS) Score is 9 out of 15 (Moderate Cognitive Impairment).</p> <p>On 06/09/25 at 10:42 AM, R14's was lying on a low air loss mattress. R14 stated, I don't know where my call device is. V7 (Licensed Practice Nurse) came to check for R14's call device. V7 checked the back of R14's headboard and stated, It is literally stuck on the headboard. V7 clipped R14's call device on R14's blanket, within reach of R14. R14 then stated, Now I can reach it.</p> <p>43351</p> <p>2. On 06/09/25 at 10:42 AM, R14's was lying on a low air loss mattress. R14 stated, I don't know where my call device is. V7 (Licensed Practice Nurse) came to check for R14's call device. V7 checked the back of R14's headboard and stated, It is literally stuck on the headboard. V7 clipped R14's call device on R14's blanket, within reach of R14. R14 then stated, Now I can reach it.</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

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 06/12/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/11/2025 at 9:59am, V2 (Director of Nursing) stated the expectation is call light should be within reach of a resident so the resident can ask for assistance. The purpose of keeping the call light within reach is to prevent falls.</p> <p>R14's (Active Order as Of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) primary osteoarthritis, essential hypertension, and history of falling.</p> <p>R14's (05/27/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 99. C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. C1000. Cognitive Skills for daily decision making: 3 severely impaired.</p> <p>R14's (Revision on: 04/04/2025) care plan documented, in part Focus: I'm at Risk for Falls as evidenced by the following risk factors and potential contributing Diagnosis: Decreased Safety Awareness, General Weakness. Intervention(s): Place my call light within reach and encourage me to use it for assistance as needed. Focus: I could benefit from use of 'non-restrictive' side rails. Intervention(s): place my call light within reach and encourage me to use it for assistance.</p> <p>The (undated CNA (Certified Nursing Assistant) job description documented, in part The certified Nursing Assistant provides each assigned resident with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by supervisors. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out established duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures. H. Role Responsibilities - Safety: 4. Keeps the nurse's call system within easy reach of the resident.</p> <p>The (undated) Call Lights documented, in part Purpose: 1. To respond promptly to resident's call for assistance. Procedure: 10. Be sure call lights are placed within resident reach.</p>		

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 06/12/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>51772</p> <p>Based on record review and staff interview, the facility failed to provide clinical rationale or physician documentation justifying the increase in dosage of a psychotropic medication. This affected one of one resident (R102) reviewed for appropriate and necessary use of psychotropic medications in a sample of 64.</p> <p>Findings include:</p> <p>R102's Face Sheet dated 6/11/2025 documents in part a diagnosis of but not limited to Depression, Schizoaffective Disorder/Bipolar Type, Major Depressive Disorder, Alcoholism-Dependence/Withdrawal, and anxiety disorder.</p> <p>R102's Physician Order Sheet dated 6/11/2025 documents an active order dated 5/14/2025 with a start date of 5/15/2025, Venlafaxine HCL ER Oral Tablet Extended Release 24 Hour 150 MG Give 300 mg by mouth one time a day related to major depressive disorder, single episode, severe psychotic features.</p> <p>R102's Minimum Data Set-Section C dated April 15, 2025 documents a BIMS (Brief Interview Mental Status) of 15 which indicates R102 is cognitively intact.</p> <p>R102's Primary Physician: All Progress Note Type with an Effective date of 5/8/2025 authored by V2, (Director of Nursing-(DON) documents Note text: IDT (Interdisciplinary Team) completed GDR (Gradual Dose Reduction) Meeting with MD (Medical Doctor) and recommends for Venlafaxine 225 mg (milligram) to be reduced to 150 MG daily. Per MD resident has a good response to treatment and requires this dose for condition stability. Behavior Monitoring remain implemented. Resident made aware of clinical updates. No GDR indicated at this time.</p> <p>On 6/11/2025 at 1:34 pm, R102's Medication Administration Record for the month of May documents a scheduled order for Venlafaxine HCL ER Oral Tablet Extended Release 24-hour 75 mg (Give 1 tablet by mouth one time a day related to Major Depression Disorder, Single Episode, Severe Psychotic Features Take Along with 150 mg ER to equal 225 mg. Start date 1/9/2025 0900 Discontinue date 5/14/2025.</p> <p>On 6/11/2025 at 1:38 pm, V2, (Director of Nursing-(DON) affirmed R102's Medication Administration Record (MAR) documents a schedule order for the month of May for Venlafaxine HCL Extended Release (ER) Oral tablet Extended Release 24 Hour 150 mg (Venlafaxine HCL) Give 300 mg by mouth one time a day related to Major Depression Disorder, Single Episode, Severe Psychotic Features with a start date of 5/15/2025. V2 could not provide a progress note documenting an IDT Meeting describing the need for behavior interventions for increasing R102's psychotropic medication Venlafaxine HCL.</p> <p>On 6/11/2025 at 1:41 pm, V2, (Director of Nursing-(DON) affirmed that according to R102's June Medication Administration Record (MAR), R102 received Venlafaxine HCL Extended Release 300 mg orally at 9 o'clock am on the following dates: 6/1/2025, 6/2/2025, 6/3/2025, 6/4/2025, 6/5/2025, 6/6/2025, 6/7/2025, 6/8/2025, 6/9/2025, 6/10/2025, and 6/11/2025.</p> <p>(continued on next page)</p>		

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 06/12/2025
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)		
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility's Policy titled Policy and Procedure Psychotropic Drugs Usage undated documents the following: 1. Psychotropic drug use is based upon the comprehensive assessment of the resident. Psychotropic medications are given as necessary to treat a specific condition that is diagnosed and documented. 2. Residents receiving psychotropic medications will have gradual dose reductions and behavioral interventions implemented unless contraindicated. 3. Dosage reduction of psychotropics, anxiolytics, and hypnotics are attempted per CMS guidelines unless clinically contraindicated.		

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 06/12/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure that residents who depend on staff assistance for ADL (Activities of Daily Living) care and hygiene were provided oral care and timely incontinence care. These failures affected four residents (R74, R115, R132, and R140) reviewed for ADL Care assistance, in a total sample of 64 residents.</p> <p>Findings include:</p> <p>1. On 6/9/25 11:25 AM, R140 was observed in bed. R140's teeth were observed to have accumulated creamy brown sediments. The surveyor inquired from R140 about mouth care, but R140 could not respond due to cognitive impairment.</p> <p>2. On 6/9/25 11:29 AM, R74 was observed in bed. R74's teeth had accumulated brown sediments. R74 stated no staff has assisted him with mouth care in a long time. Two hours later (about 2pm) R74's oral care issue was still in the same condition.</p> <p>On 6/9/25 at 2:15pm, V2 (Director of Nursing) was notified. V2 stated she (V2) would ensure that staff do oral care for both residents.</p> <p>R74's records reviewed are as follows:</p> <p>Face sheet shows diagnoses which include but are not limited to Hemiplegia and Hemiparesis, Paralytic Gait, Lack of Coordination, History of Falling, Polyosteoarthritis, Pain in Right Lower Leg, and Generalized Muscle Weakness.</p> <p>Care plan dated 3/21/22 states in part that R74 has self-care deficit related to diagnoses. Interventions states to provide extensive assistance with Oral Care, bathing, dressing and personal hygiene.</p> <p>Basic Interview for Mental Status (BIMS) Score is 14 out of 15(No Cognitive Impairment).</p> <p>R140's records reviewed are as follows:</p> <p>Face sheet shows diagnoses which include but are not limited To Traumatic Brain Injury, Gastrostomy Status, Cerebral Infarction, Weakness, And Reduced Mobility.</p> <p>Care plan dated 4/9/25 states in part that R140 has self-care deficit related to diagnoses. Interventions states to provide assistance with ADL's as required including bathing, dressing and personal hygiene.</p> <p>Basic Interview for Mental Status (BIMS) Score could not be assessed due to Severe Cognitive Impairment.</p> <p>Facility's Policy on ADL Care states in part: Assisting the resident in personal care such as bathing, .oral care, nail care .as indicated and as per care plan.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility's Document titled CNA (Certified Nurse Assistant) Job Description states in part: #C2: Assist residents with daily dental and mouth care like brushing teeth or dentures, oral hygiene and mouth care. #E7 states: Performs after meal care such as brushing teeth, and cleaning resident's hands and face.</p> <p>52232</p> <p>3. On 6/9/2025 at 11:05 AM observed R115 laying in the bed, fully clothed with shoes on and a left arm brace in place. R115 was watching TV. R115 stated that R115 does not get changed often. R115 stated the morning CNA (Certified Nurse Assistant) will come and get R115 up to the chair around 10:30 AM or later. R115 said that is when R115 gets incontinence care and change of undergarments and then R115 stays in the wheelchair for most of the day. R115 stated the next shift aide is the one that gets R115 back in the bed and that is usually when R115 gets another incontinence care. R115 stated R115 stays sitting in the wheelchair in the wet undergarment for a long time and doesn't get back to bed until evening hours. R115 said R115 feels that the incontinence care should be provided more often. R115 stated R115 is paraplegic and cannot move legs or feel sensation of urination, therefore R115 does not feel wetness.</p> <p>R 115s face sheet documents in part diagnosis included but not limited Quadriplegia, Neuromuscular Dysfunction of Bladder, Paraplegia, Ankylosis of Left Hip, History of Urinary Tract Infections.</p> <p>R115's Minimum Data Sheets (MDS), dated [DATE], in section C -Cognitive Patterns, documents Brief Interview for Mental Status (BIMS) Summary Score of 14, which indicates intact cognitive function.</p> <p>R115's MDS, dated [DATE], in section H - Bladder and Bowel, showed R115 always incontinent.</p> <p>R115's Care Plan, revised 11/19/2024 showed in part that R115 is paraplegic and needs assistance with activities of daily living (ADL) and that R115 need's cleaning perineal area when incontinent.</p> <p>4. On 6/9/2025 at 12:05 the surveyor observed in R132's room, an unpleasant, strong, urine and feces odor. Surveyor observed the call light was on and working properly. Surveyor observed R132 laying in the bed unclothed, with no shirt on, covered with white bed sheet. R132 stated that R132 pushed call light about 5 min ago because R132 was incontinent and in need of incontinence care. R132 stated that sometimes the wait for the staff to answer the call light is longer than one hour.</p> <p>On 6/9/2025 at 12:30, V22 (Licensed Practical Nurse/LPN), was observed to answer the call light in R132's room. Stated that V22 was busy in another room.</p> <p>F132's face sheet documents diagnosis that includes but are not limited to Unstable Burst Fracture of T7-T8 Vertebra, Neck Fracture, Neurogenic Bladder, Neuromuscular Dysfunction of Bladder, History of Traumatic Fracture, Carpal Tunnel Syndrome bilateral, Weakness, Anxiety Disorder, History of Urinary Tract Infections, Diaper Dermatitis, Major Depressive Disorder.</p> <p>R132's Minimum Data Sheets (MDS), dated [DATE], in section C -Cognitive Patterns, documents Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicates intact cognitive function.</p> <p>R132's MDS, dated [DATE] in section H - Bladder and Bowel documents that R132 is always incontinent.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R132's Care Plan, revised 7/16/2024 showed in part that R132 is paraplegic and needs assistance with activities of daily living (ADL) and that R132 has self-care deficit and need's assistance with incontinence care.</p> <p>On 6/10/2025 at 14:35 PM V21 Certified Nurse Assistant (CNA) stated that residents that are paraplegic or dependent should be turned or have incontinence care performed every two hours or as needed, but not always it gets done. V21 stated that R132 might be getting up and get the incontinence care by the morning shift aide 10:30 AM, but then the resident might not get another change until next shift comes on. V21 said the next aide starts at 3pm and that shift usually gets residents back in the bed around 6pm. V21 said V21 worked pm shifts as well and that is how V21 is aware of when the dependent residents get returned in bed.</p> <p>On 6/10/2025 at 14:40 PM V2, Director of Nursing (DON) stated residents should be repositioned every 2 hours and the incontinence care should be also done every two hours for all dependent residents.</p> <p>Facility's policy titled Activities of Daily Living (Routine Care), undated, showed in part that residents should be given routine daily care and bedtime care by a nurse aides and nurses to promote hygiene. Activities of Daily Living (ADL) care is provided throughout the day, evening and night and as needed per care plan.</p> <p>Facility's policy titled Incontinence Care, undated, showed that residents receive as much assistance as needed for cleansing the perineum and buttocks after and incontinent episode or with routine daily care. The policy also showed the frequency of peri care should be every two hours, and as needed and as per plan of care.</p> <p>Facility's Director of Nursing Job Description, undated, showed in part that the Director of Nursing (DON) has the authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff. Document also showed in part that DON is responsible for the overall management of resident care 24 hours a day, seven days per week.</p> <p>Facility's Licensed Practical Nurse Job Description, showed in part that the licensed practical nurse (LPN), provides direct nursing care to the residents, and supervises the day-to-day nursing activities performed by nursing assistants.</p> <p>Facility's Certified Nursing Assistant Job Description, undated, showed in part that the nurse assistant performs all assigned tasks in accordance with facility's policies and procedures and as instructed by supervisors. The document also showed that one of the role responsibilities included but not limited to making resident comfortable and assists residents with bathing and daily hygiene, dressing and undressing, keeping residents dry, assisting residents with bowel and bladder functions and keeps incontinent residents clean and dry.</p>		

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 06/12/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the low air loss mattress ordered for a resident at risk for pressure ulcer is functioning while the resident is in bed. This failure has the potential to affect one resident (R71) of three residents, reviewed for pressure ulcer prevention interventions, in a total sample of 64 residents.</p> <p>Findings include:</p> <p>On 6/9/25 at 11:39 am, R71 was observed awake in bed. R71's low air loss mattress (LALM) was not functional, and the mattress was almost flat. V4 (Assistant Director of Nursing) was summoned to the room and stated that the machine was not working because the green light was off, and the power was off. V4 turned on the power for the LALM, and stated that if it's not turned on, it cannot work for the resident and that it's possible that someone mistakenly turned it off. V4 added that she (V4) believes the mattress will inflate according to the settings and will remind staff to always ensure that the power is not turned off for the machine.</p> <p>R71's records reviewed are as follows:</p> <p>Face sheet shows diagnoses which include but are not limited to Protein Calorie Malnutrition, Venous Insufficiency, Dementia, Muscle Wasting and Atrophy, Poly-Osteoarthritis, and Dermatitis.</p> <p>POS (Physician Order Sheets) dated 5/2/25 shows that R71 has physician orders for low air loss mattress.</p> <p>Pressure Ulcer Risk assessment dated [DATE] stated R71 is at risk for pressure ulcer.</p> <p>Care plan dated 3/22/22 states R71 is at increased risk for alteration in skin integrity related to: Impaired Mobility Status, Comorbidities, Incontinence of bladder, Incontinence of bowel. Intervention states to use Pressure reducing/relieving mattress and Wheelchair Cushions.</p> <p>Basic Interview for Mental Status (BIMS) Score is 13 out of 15 (No Cognitive Impairment).</p> <p>Facility's Guidelines for Prevention Treatment of Pressure Injuries states: It is the intent of the facility to recognize the following information and to act on it in such a way as to practice evidence-based recommendations for the prevention treatment of pressure injuries to the residents who reside in this facility.</p> <p>Facility's Guidelines for Low Air Loss Mattress Use states: To provide the features of a support system for the resident that provides a flow of air to assist in managing the heat and humidity of the skin. While pressure ulcer/pressure injury prevention and treatment are paramount goals for all residents, it is imperative that facility comply with what is considered non-deficient practice as stated below: Provide preventive care, consistent with professional standards of practice, to residents who may be at risk for development of pressure injuries. Provide treatment consistent with professional standards of practice to an existing pressure ulcer/pressure injury.</p>		

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 06/12/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52136</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide range of motion exercises and apply restorative devices, potentially contributing to the progression of contractures. This deficient practice affected three (R57, R73, and R74) of three residents reviewed for restorative care in a sample of 64.</p> <p>Findings include:</p> <p>1. On 06/9/25 at 10:08 AM, R73 was observed in bed no hand protector/splint in place.</p> <p>On 6/11/2025 at 9:45 AM, R73 was observed in bed resting with contractures to R73's right and left hand. No hand splits, hand rolls or other restorative braces/services observed in place. V30 (Restorative Nurse, Licensed Practical Nurse) and V31 (Certified Nursing Assistant) entered the room, observed R73 and affirmed that no hand protectors, braces, or other restorative braces/services were in place. V30 stated R73 is on Passive range of motion programs for all extremities and is to receive two sets of 10 reps (repetitions) and wear bilateral splints for hands but can alternate with palm protectors. V30 checked the dresser of R73 and stated that there was no splint or palm protector in available and that she (V30) was informed this week and informed the administrator to order the devices. V30 stated a kerlix or towel could be used in place for temporary use until device arrives at the facility and was not sure why these interventions were not put into place. V31 explained R73 tolerates all rehab but has not had splint available for use in a while.</p> <p>R73's face sheet dated June 11, 2025, documents in part diagnosis information: Contracture of right and left hand, contracture of muscle of left upper arm, quadriplegia, dementia, major depressive disorder, anxiety, unspecified intellectual disabilities.</p> <p>R73's Minimum data set (MDS) dated [DATE], documents in part that R73 has impairment with short term and long-term memory, is rarely/never understood, and has impairment of both upper and lower extremities.</p> <p>R37's care plan (12/27/2022) identifies R73 benefits from a splint/brace due to impaired range of motion/loss of functional movement and has an intervention including but not limited to, staff to apply splint/palm protector for 4-6 hours daily or as tolerated.</p> <p>R73's Physician order summary report dated 6/11/2025, documents in part that R73 may use right palm guard for 4-6 hours, if palm guard unavailable may use rolled hand towel.</p> <p>Purchase form dated 6/9/2025 documents Palm guard x 4 was ordered by V30 (Restorative Nurse, Licensed Practical Nurse) .</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/11/25 at 10:14am V2 (Director of Nursing) stated it is the expectation for the restorative nurse/aide to check the resident's skin and perform range of motion exercises to prevent further breakdown, a rolled hand towel that could be stabilized with a kerlix should be utilized if a splint/ palm protector isn't available. V2 stated V2 was just informed today by V30 that there were no available splints/palm protectors available in the facility, V30 is responsible to track supplies and order all restorative supplies and equipment,</p> <p>Job description titled Restorative nurse undated, documents in part; . the restorative nurse is responsible for the development, implementation, monitoring, and supervision of the restorative nursing program; .Essential job functions: . 9. maintain current listing by resident of all assistive devices and care plan each .18. ensure that restorative equipment and supplies are available as needed .21. Educate and manage the facilities activity of daily living documentation and training program .</p> <p>Job description titled Restorative aide undated, documents in part; .4. Assist residents to apply and remove splints or prostheses .</p> <p>32338</p> <p>2. On 6/9/25 at 11:26 am, R74 complained that staff has not been giving range of motion exercises for the left arm and left leg. R74 explained he has left side weakness from the stroke, and he does not want to get contracted.</p> <p>3. On 6/9/25 11:41am, R57 complained staff has not helped him with range of motion exercises for more than 2 weeks.</p> <p>On 6/9/25 at 12:45 pm, V29 (Restorative Aide) stated that he (V29) is the restorative aide for the second floor and R57 is not on the list of residents he performs range of motion (ROM) exercises for. The surveyor asked V29 for the list of residents on range of motion exercises for the second floor. V29 Presented a list titled Restorative Hot List dated 6/26/24, that did not include R57 but includes R74. V29 added that the list needs to be updated. In the presence of R74 (cognitively intact resident), V29 stated he (V29) has not been able to do ROM (range of motion) exercises for everyone on the list because of time. V29 added, Sometimes, I go on escort with residents. Sometimes, I work on the floor if there is a call off. Today, I have to do escort at 12:15pm.</p> <p>On 6/9/25 at 1:10pm, V30 (Restorative Nurse) stated all residents are supposed to be on restorative range of motion exercises. V30 stated the list presented by V29 was an old list. At this time, V30 presented another list titled Restorative Nursing Programs Master Log that includes almost all residents. This list shows R74 is supposed to have passive range of motion (PROM), active range of motion (ROM), splint or brace, and receive assistance with bathing and dressing. The list also shows R57 is supposed to have passive range of motion and bed mobility exercises.</p> <p>R74's records reviewed are as follows:</p> <p>Face sheet shows diagnoses which include but are not limited to Hemiplegia and Hemiparesis, Paralytic Gait, Lack of Coordination, History of Falling, Polyosteoarthritis, Pain in Right Lower Leg, and Generalized Muscle Weakness.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Care plan dated 9/14/22 states that R74 would benefit from participation in range of motion and that the restorative aide or unit aide will complete range of motion for resident.</p> <p>Brief Interview for Mental Status (BIMS) Score is 14 out of 15 (No Cognitive Impairment).</p> <p>R57's records reviewed are as follows:</p> <p>Face sheet shows diagnosis which include but are not limited to lack of coordination, abnormalities of gait and mobility, weakness, are still arthritis, and reduced mobility.</p> <p>Care Plan dated 8/3/22 States that R57 would benefit from bed mobility restorative nursing program. Intervention states that the restorative aid or certified nursing assistant will provide bed mobility restorative program six to seven days weekly.</p> <p>BIMS Score is 11 out of 15(Mild Cognitive Impairment).</p> <p>Facility's Policy and Procedure on Restorative Nursing Program states in part: The facility must ensure that the resident reaches and maintains his or her highest level of range of motion and to prevent avoidable decline in range of motion.</p> <p>Facility's Document titled CNA (Certified Nurse Assistant) Job Description states in part: #D7: Provides daily range of motion exercises and records data as instructed. #C21: Performs restorative and rehabilitative procedures as instructed.</p>		

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 06/12/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52232</p> <p>Based on observations, interviews and record reviews, facility failed to contain and label oxygen equipment properly; failed to display oxygen in use signage and failed to follow physician order for oxygen use. These failures affected six (R17, R20, R24, R41, R102, R124) of six residents reviewed for respiratory care in the sample of 64 residents.</p> <p>Findings include:</p> <p>1. On 6/9/2025 at 11:25 AM, observed in R124's room, nasal cannula on the top of the oxygen tank, not contained, not labeled nor dated, hanging curled on the top of the canister.</p> <p>R124'S Face sheet documented diagnosis that included but are not limited to Centrilobular Emphysema, Nephropathy, Liver disease, Weakness, Nasal Congestion, Primary Insomnia.</p> <p>R124's Minimum Data Sheets (MDS), dated [DATE], in section C -Cognitive Patterns, documents Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicates intact cognitive function.</p> <p>R124's care plan dated 2/19/2024, showed in part that the nasal cannula and/or mask should be monitored.</p> <p>R124's Order Summary Report, included active orders as of 6/11/2025, but not limited to oxygen nasal cannula at 3-4 liters for shortness of breath every day and night.</p> <p>2. On 6/9/2025 at 11:45 AM, observed R24's room empty with oxygen nasal cannula, wrapped around the bed's rail and touching the floor. Nasal cannula was not labeled or dated.</p> <p>R24's face sheet documents in part diagnosis included but not limited to History of Sepsis, Chronic Kidney Disease, Acute Kidney Failure, Seizures, Obstructive and Reflux Uropathy, Hypertensive Heart Disease, Hypothyroidism, Myoneural Disorder, Personal history of COVID 19, Localized swelling, mass and lump in a trunk, Functional Quadriplegia, TIA.</p> <p>R24's Minimum Data Sheets (MDS), dated [DATE], in section C - Cognitive Patterns, documents Brief Interview for Mental Status (BIMS) Summary Score of 7, which indicates severe impaired cognitive function.</p> <p>R24's care plan, revised on 9/8/2023, showed in part that R24 receives oxygen 2 liters per minute via nasal cannula and showed to administer oxygen as ordered per MD. Care plan also showed in part, to monitor that nasal cannula and/or mask is properly positioned.</p> <p>R24's Order Summary Report from 6/11/2025, showed in part an active order dated 3/30/2025, to change oxygen tubing and bottle weekly on Sunday. Order Summary Report also showed active order dated 4/28/2025, for Oxygen 2-3 liters/minute per Nasal Cannula every day and night.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/9/2025 at 11:27 AM, R24's said that R24 uses nasal cannula at night and that the R24 coiled it on the top of the oxygen tank, so it does not touch the floor because there was no bag to place the tubing into.</p> <p>On 6/11/2025 at 10:17 AM, V2 (Director of Nursing) stated that oxygen tubing should be changed every week and according to MD's (medical doctor) orders, or as needed. V2 stated, that the oxygen tubing should be contained in a plastic bag when not in use, and labeled with a date on the bag so the staff would know when to change the tubing next. V2 also said, that containment of Oxygen tubing in a plastic bag, helps with infection control. The oxygen canisters should also be labeled and dated and replaced every 30 days.</p> <p>Facility's Director of Nursing Job Description, undated, showed in part that the Director of Nursing (DON) has the authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff. Document also showed in part that DON is responsible for the overall management of resident care 24 hours a day, seven days per week.</p> <p>49572</p> <p>3. Review of R17's physician orders documents an active physician order for Oxygen at (2) L/Min (liters per minute) per Nasal Cannula.</p> <p>On 6/9/2025 at 11:05 AM, R17 was observed lying in bed receiving oxygen from an oxygen concentrator via nasal cannula at 2 liters per minute. No sign was observed on R17's door or in the near vicinity of R17's room to alert others of oxygen in use. V6 (Registered Nurse) observed the resident's door and affirmed that there should be an oxygen sign on the door and the sign must have fell off. V6 searched the nearby vicinity of R17's room and affirmed that there was no sign that fell. V6 stated, I will go get a sign and put it on now.</p> <p>4. On 6/09/25 at 11:31am, R20 was observed, in her (R20) room, sitting on the side of bed. Observed R20's nasal cannula tubing hanging over the oxygen concentrator laying on the floor. Also observed was R20's nebulizer mask connected to the nebulizer laying on the floor. R20 said, I (R20) don't know why my (R20) stuff is on the floor. This place is gross. Everything about this place is gross.</p> <p>R20's face sheet documents diagnoses that include but are not limited to chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, and pulmonary embolism. R20's Brief Interview of Mental Status (BIMS) score, dated 5/23/25, documents, in part, a BIMS score of 15 which indicates R20 is cognitively intact.</p> <p>R20's Order Summary Sheet, dated 6/11/25, documents, in part, Oxygen at (2) L/Min per Nasal Cannula as needed for Shortness of Breath maintain O2 sats above (92%).</p> <p>R20's care plan, date initiated 6/02/25, documents, in part, Active Infection (R20) has tested positive for COVID-19. This places resident at high risk for developing Acute Respiratory Distress, Secondary infections such as Pneumonia, and increased risk for Fluid Volume Deficit. The following clinical symptoms have been noted: _Cough, _Fever, _SOB, _Fatigue, _Headache, _Congestion, or _Other . with interventions that document, in part, . oxygen per order .</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/11/25 at 10:17am, V2 (Director of Nursing/DON) said, Oxygen tubing is changed weekly and as needed. The oxygen tubing should be labeled with the date it was changed. Resident's oxygen tubing and masks should be put in a bag when not in use to keep it clean and for infection control.</p> <p>Facility policy titled, Guidelines for Transporting And Storage Of Oxygen, dated 10/12/22, documents, in part, It is the policy of the facility to ensure that oxygen is stored and transported safely .</p> <p>Facility policy titled, Resident Rights, undated, documents, in part, .The facility must care for you in a manner and environment that enhances or promotes your quality of life . You have the right to receive services with reasonable accommodations to individual needs and interests . The facility must provide a safe, clean, comfortable, home-like environment, allowing you the opportunity to use your personal belongings to the extent possible. The facility will provide housekeeping and maintenance services .</p> <p>51772</p> <p>5. On 6/9/2025 at 11:26 am, observed R102 with a nasal cannula applied to his face and connected to R102's oxygen concentrator which was set at 5 Liters Per Minute. R102 stated, My oxygen should be set at 3 Liters Per Minute.</p> <p>On 6/9/2025 at 11:31 am, V13, (Registered Nurse-(RN) stated R102's oxygen concentration is supposed to be set on 2-3 Liters Per Minute as needed. V13 stated oxygen concentration levels set higher than physician's order recommendations can result in hyperoxygenation. V13 stated all staff nurses are assigned to check their resident's oxygen concentration settings daily and/or every shift.</p> <p>On 6/9/2025 at 11:36 am, V13, (Registered Nurse-(RN) affirmed R102's nasal cannula tubing connected to R102's nebulizer machine was not labeled and not bagged.</p> <p>R102's Face Sheet dated 6/11/2025, documents in part a diagnosis of but not limited to Chronic Obstructive Pulmonary disease, Barret's Esophagus without Dysplasia, Shortness of Breath, Chest Pain, and Hypertensive Heart Disease without heart failure.</p> <p>R102's Physician Order Sheet dated 6/11/2025 documents an active order dated 5/20/2025, O2 at 2-3 Liters via nasal cannula as needed for shortness of breath.</p> <p>6. On 6/9/2025 at 12:01 pm, R41's oxygen tank was observed in a holder next to his bed with a nasal cannula undated and unbagged hanging on the oxygen tank's handle. V14, (Certified Nurse Aid) stated the oxygen tank belonged to R41.</p> <p>On 6/9/2025 at 12:07 pm, V13, (Registered Nurse-(RN) assessed R41's nasal cannula tubing attached to R41's oxygen tank and affirmed the tubing was not labeled and not bagged. V13 stated all oxygen tubing, masks, and nasal cannulas should be labeled and bagged. V13 stated undated and unbagged oxygen supplies poses an infection risk to the resident.</p> <p>R41's Face Sheet dated June 11, 2025, documents in part a diagnosis of but not limit Acute Respiratory Failure, Chronic Obstructive Pulmonary Disease, and Essential Hypertension.</p> <p>(continued on next page)</p>		

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 06/12/2025
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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R41's Physician's Order Sheet documents an active order dated 2/19/2024 for Oxygen 2-3 Liters Per Minute Per Nasal Cannula continuously for shortness of breath. R41's Physician's Order Sheet documents an active order dated 3/19/2023 Change Oxygen tubing and bottle weekly on Sunday. Facility's Policy undated and titled Oxygen Administration documents It is the policy of the facility to provide oxygen to maintain levels of saturation the resident as needed and as ordered by the attending physician. Portable oxygen units are used to support resident mobility in the facility and for outside the facility. 1. Check orders for accurate oxygen liter flow. 2. Tubing, Humidifier bottles and filters will be changed, cleaned and maintained no less than weekly and PRN. Each will be labeled with date, time and initiated by staff completing this service to equipment.		

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 06/12/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43351</p> <p>Based on observations, interviews, and record review, the facility failed to ensure controlled medications were stored in a double locked setting, failed to ensure completed controlled medications were returned to the pharmacy, and failed to ensure out going nurse signed the Narcotic/Controlled Substance Shift-to-Shift Count Sheet. These failures affected 3 (R14, R106, and R150) residents reviewed for controlled medications in the total sample of 64 residents.</p> <p>Findings include:</p> <p>On 06/09/2025 at 11:52 am, during the medication storage task with V7 (Licensed Practice Nurse). V7 opened the 3rd floor medication storage room using a key code. There was a small refrigerator inside the 3rd floor medication storage room. V7 opened the small refrigerator by unlatching the door. This surveyor inquired if the refrigerator was locked. V7 stated there is no lock, I just unlatched it. Requested V7 to check if the small refrigerator has controlled substances. V7 showed R14's two boxes of Lorazepam 2mg/ml. V7 stated the refrigerator should be locked because we have controlled medications in the refrigerator. V7 searched for the lock and stated the lock is on the floor.</p> <p>R14's (printed: 06/11/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) primary osteoarthritis, essential hypertension, and history of falling. Lorazepam oral concentrate 2mg/ml give 0.5 by mouth every 2 hours as needed for 14 days. Order Status: completed. End date: 06/04/2025. Lorazepam 2mg/ml give 1ml by mouth every 15minutes as needed for active seizure for 14 days. Order Status: Completed. End date: 06/04/2025. Lorazepam 2mg/ml give 1mg by mouth every 2 hours for 14 days. Order Status: completed. End date: 06/04/2025. Of note, R14's Lorazepam was completed on 06/04/2025.</p> <p>On 06/11/2025 at 11:52 am, V34 (Clinical Nurse Consultant) stated the expectation is if the controlled medication is already completed, it should be completely out of the facility. Meaning, the controlled medications should be returned to the pharmacy and not kept in the cart or storage room.</p> <p>On 06/09/2025 at 12:05 pm, during the medications storage task with V9 (Licensed Practice Nurse) the (June 2025) 2nd Floor Team 2 Narcotic/Controlled Substance Shift-to-Shift Count Sheet had missing entries on Date: 7, 3rd shift, Off going Nurse and on Date: 8, 3rd shift, Off-going Nurse. This observation was pointed out to V9. V9 stated (V11 - LPN) did not sign when she got off on 06/07/25 and 06/08/25. The expectation is to sign the shift to shift count sheet to document the oncoming and outgoing nurses counted the controlled medications during shift change to ensure the count is good. V9 stated they only have two residents in Team 2 that have controlled medications. They are (R106 and R150).</p> <p>On 06/11/2025 at 10:00am, V2 (Director of Nursing) stated, Controlled medications should be double locked to prevent theft. It is also a safety issue if controlled medications are not properly stored. We are using the key now on our refrigerators in our medication storage rooms. No more codes so nurses don't have to memorize the codes.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/11/2025 at 10:10am, V2 stated at the beginning of the shift of the incoming nurse and end of the shift of the outgoing nurse, they must count all controlled medications to ensure all controlled medications in the cart are accounted for. The incoming nurse is taking responsibility of all the controlled meds in the cart. The outgoing nurse and incoming nurse must sign in the shift to shift count sheet to document the controlled medications were counted.</p> <p>R106's (Active Order as of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) neuralgia and neuritis, hemiplegia and hemiparesis, and low back pain. Order Summary: Clonazepam Oral tablet give 0.25mg by mouth three time a day. Order Date: 05/21/2025. Zolpidem 10mg. give 10mg by mouth at bedtime. Order Date: 05/01/2025.</p> <p>R106 (05/01/2025) Controlled Drug Receipt/Record Disposition Form documented, in part Zolpidem Tab 10mg.</p> <p>R106 (06/07/2025) Controlled Drug Receipt/Record Disposition Form documented, in part Clonazepam 0.5mg take 1/2 tab by mouth three times daily.</p> <p>R150's (Active Order as of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) post-traumatic stress disorder, sleep disorder and wedge compression fracture of first lumbar vertebra. Order Summary: Oxycodone 5mg. give 5mg by mouth every 6 hours. Order Date: 06/04/2025.</p> <p>R150's (Controlled Drug Receipt/Record Disposition Form documented, in part Oxycodone 5mg every 6 hours.</p> <p>The (undated) Licensed Practical Nurse Job Description documented, in part Position summary: The Licensed Practical Nurse provides direct nursing care to the residents and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Role Responsibilities - Drug Administration: 6. Ensures that narcotic records are accurate for your shift. 10. Dispose of drugs and narcotics as required, and in accordance with established procedures.</p> <p>The (undated) Registered Nurse Job Description documented, in part Position summary: The Registered Nurse provides direct nursing care to the residents and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Role Responsibilities - Drug Administration: 6. Ensures that narcotic records are accurate for your shift. 10. Dispose of drugs and narcotics as required, and in accordance with established procedures.</p> <p>(continued on next page)</p>		

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 06/12/2025
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>The (May 2024) Medication Storage in the facility documented, in part Policy: Medications and biologicals are stored safely, securely, and properly following the manufacture or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedure: 9. All drugs classified as Schedule II of the Controlled Substance Act will be stored under double locks.</p> <p>The (May 2024) Controlled substances documented, in part Policy: Medications classified by the FDA (Food and Drugs Administration) as controlled substances have high abuse potential and may be subject to special handling, storage, and record keeping. Procedure: 4. While a controlled substance is in use, the nursing staff will maintain the following medication records: b. All schedule II controlled substances (and other schedules, if facility policy so dictates will be counted each shift of whenever there is an exchange of keys between off-going and on-coming licensed nurses. The two nurses will 2. Both nurses will count the number of packages of controlled substances that are being reconciled during the shift/shift count and document on the Shift Controlled Substance Count Sheet. 4. Both nurses will sign the Shift/Shift controlled substances count Sheet acknowledging that the actual count of controlled substances and count sheet matches the quantity documented.</p>		

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 06/12/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to refrigerate unopened insulin pens, label multi-dose medications, discard expired medications, and monitor refrigerator temperatures. These failures affected seven residents (R1, R50, R64, R67, R74, R97, R100) and has the potential to affect all 57 residents on the 3rd floor.</p> <p>Findings include:</p> <p>The (06/09/2025) 3rd floor census was 57 residents.</p> <p>On 06/09/2025 at 11:34 am, during the medication storage and labeling task with V6 (Registered Nurse) of the 3rd floor Team 1 cart with the following observations:</p> <ol style="list-style-type: none"> 1. R67's Latanoprost has no open date. 2. R64's unopened Insulin Glargine in the med cart. R64's unopened Glargine has pharmacy auxiliary label which read Refrigerate. 3. R50's fluticasone nasal spray has no open date. <p>On 06/09/2025 at 11:43 am, V6 stated her (R64) unopened Lantus (Insulin Glargine) should be stored in the refrigerator. Latanoprost and Fluticasone should have open dates, so V6 knows how long these have been opened to prevent giving expired medications to residents.</p> <p>On 06/09/2025 at 11:50 am, during the storage and labeling task with V7 (Licensed Practice Nurse) of the 3rd floor medications storage room observed 'The (June 2025) 3rd floor Daily check Refrigerator Temperature Log has missing entries on Date: 7, Temperature, and Initial.' This observation was pointed out to V7. V7 stated the night shift nurse are supposed to check the refrigerator temperature nightly to ensure the medications in the refrigerator are kept in correct temperature so medications will not go bad. V7 said, We keep our unopened insulin pens in the refrigerator. The refrigerator is used to keep medications that need refrigeration for all the residents on the 3rd floor.</p> <p>On 06/09/2025 at 11:58am, during the medication storage task with V9 (Licensed Practice Nurse) of the 2nd floor Team 2 medication cart with the following observations:</p> <ol style="list-style-type: none"> 4. R1's Artificial Tears with open dated 5/6/25 5. R74's Artificial Tears with open date 4/25/25. <p>On 06/09/2025 at 12:25pm, during the medication storage task with V10 (Licensed Practice Nurse) of the 1st floor medication room. The (June 2025) 1st floor daily check Refrigerator Temperature Log was monitored once daily. Inquiring if there are vaccines in the refrigerator. V10 took out from the refrigerator the following vaccines:</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. R97's Prevnar 20.</p> <p>7. R100's Prevnar 20.</p> <p>On 06/09/2025 at 12:26pm, inquiring how often the facility should check the temperature if vaccines were in the refrigerator, V10 stated, I have to check with my supervisor.</p> <p>On 06/10/2025 at 2:56pm, V34 (Clinical Nurse Consultant) stated the expectation is to the follow the pharmacy auxiliary label on the Lantus which is to refrigerate.</p> <p>On 06/11/2025 at 10:01am, V2 (Director of Nursing) staff are expected to check the refrigerator temperature daily to maintain proper temperature for medications to prevent bacterial built up and to keep potency of medications.</p> <p>On 06/11/2025 at 10:03am, V2 stated eye drops should be labeled with the date it was opened so we can monitor when the medications expires and to prevent giving expired medications.</p> <p>R1's (Active Order as of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) nervousness, ocular manifestation of Vitamin A deficiency, and hyperlipidemia. Order Summary: Artificial Tears Ophthalmic solution. Order Status: Active. Order Date: 03/15/2025.</p> <p>R50's (Active Order as of: 06/10/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) hypoxemia, personal history of covid-19, and Gastroesophageal reflux disease. Order Summary: Fluticasone allergy relief. Order date: 09/05/2023.</p> <p>R64's (Active Order as of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) cerebrovascular disease, primary hypertension, and Type 2 Diabetes Mellitus. Order Summary: insulin glargine inject 10 units subcutaneously at bedtime. Order Date: 05/16/2025.</p> <p>R67's (Active Order as of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) Type 2 Diabetes Mellitus, primary hypertension, and benign prostatic hyperplasia. Order Summary: Latanoprost Ophthalmic solution. Order date: 05/02/2025.</p> <p>R74's (Active Order as of: 06/09/2025) Order Summary Report documented, in part Diagnoses: (include but not limited to) hemiplegia and hemiparesis, cerebral infarction, and blepharoconjunctivitis. Order Summary: Artificial Tears Ophthalmic solution. Order Date: 10/08/2024.</p> <p>R97's (printed on: 06/12/2025) completed Order Summary Report documented that R97's Diagnoses: (include but not limited to) acute respiratory failure, primary hypertension, and personal history of Covid-19. Order summary documented R97 was ordered Pevnar 20 on 04/09/2025 and on 04/13/2025.</p> <p>R100's (printed: 06/12/2025) Completed Order Summary Report documented R100's Diagnoses: (include but not limited to) convulsion, dysphagia, and anemia. Order Summary documented R100 was ordered Pevnar 20 on 04/09/2025 and 04/13/2025.</p> <p>(continued on next page)</p>		

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 06/12/2025
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The (06/11/2025) email correspondence with V34 (Clinical Nurse Consultant) documented, in part, We don't have specific policies as you requested but please see below our expectations. We expect nurses to follow the pharmacy labels on the multi dose vial medications. For insulins, they should be refrigerated upon receipt from the pharmacy. Artificial tears expire 30 days after opening. Also, if there are vaccines in the med-room refrigerators, refrigerator temps should be monitored twice daily. For refrigerators with no vaccines, it will be once daily temp monitoring. Should Artificial Tears and Fluticasone be labeled with Open Date? V34 responded 'They should be dated when opened.</p> <p>The (May 2024) Medication Storage in the facility documented, in part Policy: Medications and biologicals are stored safely, securely, and properly following the manufacture or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedure: 11. Medications requiring refrigeration or temperatures between 36 degrees F and 46 degrees F are kept in the refrigerator. Medications requiring storage in cool place are refrigerated unless otherwise directed on the label. 14. Outdated drugs will be immediately withdrawn from the stock by the facility. 18. Facility staff will assure that the multidose vial is stored following manufacturer's suggested storage conditions.</p>		

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 06/12/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a wet kitchen sanitation cloth is kept in the sanitizing bucket and failed to discard expired milk cartons from the walk-in cooler of the kitchen. These failures have the potential to cause food borne illness in residents with a potential to affect all 150 residents that receive food from the facility's kitchen.</p> <p>Findings include:</p> <p>On [DATE] after the entrance conference, V1 (Administrator) presented the facility census as 150.</p> <p>On [DATE] at 10:15 am during observation of the Walk-in cooler in the kitchen with V33 (Dietary Manager from Corporate Office), the following were observed:</p> <p>Two 8-ounce cartons of Skim Milk with expiration dates [DATE].</p> <p>One 8-ounce carton of Skim Milk with expiration date [DATE].</p> <p>V33 stated the two dietary aides on duty were supposed to look through the walk-in cooler and throw out expired food items.</p> <p>On [DATE] at 10:19 am, a white wet rag was observed on the food preparation counter in the kitchen. V33 stated that one of the kitchen staff used it to wipe the counter and that it was supposed be kept in the sanitizing solution in the red bucket. V33 added, I will in-service all of them to remind them.</p> <p>On [DATE] at 11:00 AM, V33 presented a Facility Document titled In-Service Sheet dated [DATE] states: All towels must be put back into sanitation bucket after use. Another Inservice sheet dated [DATE] states Look at all dates on milk.</p> <p>Facility's policy on sanitation and food safety states: To assure food quality and food safety, food products are rotated. Food products are used by the expiration date. Food products not used by the expiration dates are discarded.</p> <p>Facility's Policy titled sanitizing buckets states: Sanitation solution will be used on items too large to immerse in sink and areas of production. #5 states: When in use, sanitation clothes (wipes) can be left in sanitation bucket. #6 states: When not in use, sanitation buckets and clothes are stored clean and dry.</p>		

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 06/12/2025
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview, and record review, the facility failed to provide thermometers and maintain refrigerator logs for four residents' personal refrigerators. These failures affected four (R112, R120, R132, R550) of four residents reviewed for safe storage of personal food in a sample of 64.</p> <p>Findings include:</p> <p>On [DATE] at 10:54am during observation of R120's personal refrigerator the following was observed:</p> <p>R120's Refrigerator Temperature Log Month/Year ,d+[DATE] had missing initials and temperatures on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].</p> <p>R120's Refrigerator Temperature Log Month/Year ,d+[DATE] with missing initials and temperatures on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].</p> <p>On [DATE] at 10:54 am, R120 said, Yes, this is my (R120) fridge. My friend brings me food in all the time. They (staff) don't check my fridge every day. Only certain staff check it. Unless they're (staff) checking it (personal refrigerator) when I'm (R120) not here but doubt that.</p> <p>R120's face sheet documents diagnosis that include but are not limited to weakness, abnormalities of gait and mobility, repeated falls, and mononeuropathies of bilateral lower limbs. R120's Brief Interview of Mental Status (BIMS) score, dated [DATE], documents, in part, a score of 15 which indicates R120 is cognitively intact.</p> <p>On [DATE] at 11:08am, during observation of R112's personal refrigerator the following was observed:</p> <p>R112's Refrigerator Temperature Log Month/Year : (Blank) had no documentation of temperature checks and employees' initials. There were no other Refrigerator Temperature Log Month/Year observed.</p> <p>Surveyor attempted to interview R112 but was unable to complete interview due to R112's altered mental status.</p> <p>R112's face sheet documents diagnosis that include but are not limited to weakness, abnormalities of gait and mobility, repeated falls, and mononeuropathies of bilateral lower limbs. R112's Brief Interview of Mental Status (BIMS) score, dated [DATE], documents, in part, a score of 99 which indicates R112 was unable to complete the interview.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:50 pm, V2 (Director of Nursing/DON) said, Yes, residents' personal refrigerator's temperature should be checked daily. The purpose of checking the temperatures is to make sure foods are stored correctly and so bacteria doesn't build up. Each resident's personal refrigerator should have a temperature log and a thermometer. The temperature should be checked every shift by housekeeping.</p> <p>On [DATE] at 10:47 am, V16 (Housekeeping Director) said, My staff (housekeeping) and maintenance take care of residents' personal refrigerators, but usually us (housekeeping staff). We (housekeeping staff) check whether or not temp (temperature of refrigerator) is 40 degrees, and if not we (housekeeping staff) adjust it. We (housekeeping staff) tell all the staff and patients to properly label outside food with dates and if (outside food) more than 3 days old we (housekeeping staff) toss (dispose of) the items. Expiration dates are checked so all the items aren't spoiled and kept at healthy temps (temperatures) and not freeze or get too warm to a point that the food is not healthy to eat. If patients (residents) eat foods past expiration they (residents) can get sick like a stomach illness. Temperatures of personal fridges are checked daily. Staff should put temp (temperature reading) and their (staff) initials on the refrigerator log sheet daily. All personal fridges should have thermometers and if not they (staff) should notify me (V16).</p> <p>Facility policy titled, Unit (Resident Room) Refrigerators, undated, documents, in part, It is the policy of the facility to assure that perishable food requiring refrigeration is stored at the proper temperature . All unit refrigerators will be maintained regarding temperature and cleanliness . Each refrigerator will be provided with a thermometer to ensure that the refrigerator is maintained between 35 degrees and 40 degrees Fahrenheit . Refrigerator temps will be checked and documented daily .</p> <p>Facility policy titled, Resident Rights, undated, documents, in part, .The facility must care for you in a manner and environment that enhances or promotes your quality of life . You have the right to receive services with reasonable accommodations to individual needs and interests . The facility must provide a safe, clean, comfortable, home-like environment, allowing you the opportunity to use your personal belongings to the extent possible. The facility will provide housekeeping and maintenance services .</p> <p>52232</p> <p>On [DATE] at 11:46 AM, in R550's room, surveyor observed personal refrigerator had a missing log sheet form. Inside of the fridge the food items observed with no concerns.</p> <p>On [DATE] at 11:47 AM, R550 stated, when R550 got admitted , the staff cleaned the fridge and put R550's food items inside and must have forgotten to put the log sheet on the side of the fridge.</p> <p>R550's face sheet documents in part diagnosis included but not limited to Type 2 Diabetes Mellitus, Pyoderma Gangrenosum, Weakness, Atherosclerosis, Peptic Ulcer, Abdominal pain, Atherosclerotic Heart Disease, Cardiac Pacemaker, Hyperlipidemia, Hypertension.</p> <p>R550's Minimum Data Sheets (MDS), dated [DATE], in section C -Cognitive Patterns, documents Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicates intact cognitive function.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 12:05 PM in R132's personal refrigerator, surveyor observed no thermometer inside and missing refrigerator's daily log sheet. Items inside a fridge observed without concerns.</p> <p>On [DATE] at 12:06 PM R132 stated, that R132 is not sure where the thermometer is, or why the log sheet is missing, the staff should be maintaining it.</p> <p>R124'S Face sheet documented diagnosis that included but are not limited to Centrilobular Emphysema, Nephropathy, Liver disease, Weakness, Nasal Congestion, Primary Insomnia.</p> <p>R124's Minimum Data Sheets (MDS), dated [DATE], in section C -Cognitive Patterns, documents Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicates intact cognitive function.</p> <p>On [DATE] at 13:51 PM V2 (DON) stated that the refrigerators in the resident's rooms should have thermometers and temperature's log sheets. V2 stated that refrigerator's temperatures should be checked and documented on the forms. These log sheets should be checked daily every shift and should be the housekeeping's responsibility. The reason for the checks is to make sure that the food in the refrigerators don't get spoiled, or expired and so residents won't get sick, or the food won't spread infection.</p> <p>Facility's policy titled Unit (Resident Room) refrigerators, undated, showed in part, that each refrigerator should be provided with a thermometer to ensure that the refrigerator is maintained in proper temperatures and that the temperatures should be checked and documented daily.</p>		

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 06/12/2025
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the outside garbage waste dumpsters are closed with the lids to prevent pest infestation and foul odor. This failure affects all 150 residents residing in the facility.</p> <p>Findings include:</p> <p>Facility's Census dated 6/9/2025 documents that 150 residents are residing in the facility.</p> <p>On 6/10/2025 at 1:10 pm with V33 (Dietary Manager from Corporate Office), 2 of the 3 outside dumpsters were observed to be overfilled with garbage and the lids were left partially opened. V33 stated that it's not only dietary staff, but other departments at the facility also dump garbage into the dumpsters and was not sure who left the dumpsters open. V33 added that some of the items in those dumpsters are also recyclables.</p> <p>On 6/11/25 at 9:48am, V2 (Director of Nursing) stated that housekeeping staff dump garbage in the dumpsters and all staff will be in-serviced.</p> <p>On 6/11/25 at 10:47am, V16 (Housekeeping Director) stated all housekeeping staff throw garbage into the outside dumpster, and he (V16) would in-service all of the staff.</p> <p>Facility's Policy titled Garbage Disposal with latest review date of April 2022 documents in part, Dispose of garbage and refuse properly to reduce the risk of foodborne illness. #1: Keep dumpster closed at all times. #2: Keep the dumpster and surrounding area clean and free of debris. If the dumpster becomes full, contact the garbage service for removal.</p>		

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 06/12/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196</p> <p>Based on observation, interview, and record review, the facility failed to follow infection control protocols by not providing trash receptacles in transmission-based precaution rooms and not maintaining contact/droplet isolation for COVID-19 positive residents. These failures affected two (R20 and R126) of two residents reviewed for infection control and has the potential to place all 150 residents at risk for the spread of infection.</p> <p>Findings include:</p> <p>R126's Brief Interview Mental Status (BIMS) dated 03/26/25 shows R126 with a score of 14 which indicates R126 is cognitively intact.</p> <p>R126's face sheet has a diagnosis which includes but not limited to COVID-19.</p> <p>R126's Physician Order Sheet (POS) dated 06/03/25 shows R126 has orders for Contact/Droplet Isolation Precautions COVID positive every shift for infection prevention for 10 days.</p> <p>R126's care plan dated 06/04/25 documents in part: Focus R126 is on isolation related to (R/T) COVID. Interventions: Set up isolation per facility protocol.</p> <p>On 06/09/25 at 10:52 am, R126 was observed in R126's rooms in bed awake, with a adjoining shared bathroom with R63 and R72's room. R126 stated R126 uses R126 bathroom and also the Rehab bathroom in the hallway available for residents and staff use on the second-floor unit. R126 denied R126's room and bathroom is cleaned daily at the facility and explained housekeeping cleanse R126's room and bathroom [ROOM NUMBER]-3 times per week at the facility. R126's room was observed without a trash receptacle to discard Personal Protective Equipment (PPE).</p> <p>On 06/09/25 at 11:15 am, V15 (Certified Nursing Assistant, CNA) stated V15 is assigned to R126. V15 explained R126's room does not have a trash receptacle to discard PPE and there is nowhere for V15 or staff to discard PPE when prior to leaving R126's room. V15 explained V15 has asked for a trash receptacle to discard V15's PPE from management at the facility and V15 was not given an answer.</p> <p>On 06/09/25 at 11:16 am, V13 (Registered Nurse, RN) stated V13 is R126's nurse and has worked at the facility for three weeks. V13 stated V13 has asked where to discard PPE used for R126 and has not received an answer from management. V13 explained V13 takes V13's used PPE from R126's room and throws the used PPE in a trash receptacle in the hallway outside of R126's room after V13 is finished caring for R126. V13 is unsure of what bathroom R126 uses at the facility.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 06/09/25 at 11:28 am, V25 (Housekeeping) stated V25 is responsible for cleaning the residents' rooms and bathrooms on the second floor. V25 stated the residents' rooms and bathrooms should be cleaned once a day and as needed. V25 stated V25 cleans R126's bathroom once a day at the end of V25's shift and the detachment mop head is then sent to laundry for cleaning. V25 stated V25 was not aware of R126 having orders to only use the Rehab bathroom on the second-floor hallway. V25 stated the Rehab bathroom is unlocked, available for anyone to use, and should be cleaned once a day at the facility. When V25 was asked regarding R126's trash receptacle to discard used PPE, V25 stated, There is not one inside his (R126's) room. It is V5 (Infection Preventionist, IP, Licensed Practical Nurse, LPN) responsibility to ensure there are red bins in the isolation rooms to discard used PPE. I (V25) just remove mine and throw it in the trash can down the hall when I leave the room.</p> <p>On 06/09/25 at 11:40 am, V2 (Director of Nursing, DON) and V5 (Infection Preventionist/Licensed Practical Nurse IP, LPN) both stated residents on isolation should have a white trash receptacle to discard PPE inside the residents' room prior to leaving the isolation room. V5 stated if staff do not have trash receptacles to discard PPE, then there is nowhere to discard used PPE. V2 and V5 both stated R126 was instructed and agreed to use the Rehab bathroom on the second-floor unit. V2 and V5 both stated there is no sign posted on R126 room bathroom to redirect R126 to the Rehab hallway bathroom and they were not aware R126 was using the bathroom inside of R126's room is shared with R63 and R72. V2 and V5 both stated there is a potential for R126 to spread infection to R63 and R72 if R126 is sharing a bathroom with R63 and R72 and the bathroom is not properly cleaned. V2 and V5 was unaware of the cleaning schedule for R63, R72 and R126's shared bathroom.</p> <p>V5 (Infection Preventionist/Licensed Practical Nurse), stated the Rehab bathroom on the second-floor unit remains unlocked at all times, and anyone can use the bathroom. V5 stated there is no sign alerting/notifying staff, residents, or visitors to not use the Rehab bathroom on the second-floor hallway. V5 stated if staff, visitors, or other residents use the shared Rehab bathroom with R126 on the second-floor hallway, there is potential to spread infection throughout the entire facility. V2 and V5 was also unaware of the cleaning schedule for the Rehab bathroom on the second-floor hallway.</p> <p>The facility policy dated 05/23/23 and titled Post Public Health Emergency - Standard and Guidelines documents, in part: Policy: The facility will follow CDC (Center for Disease Control) guidelines including prompt detection, triage, and isolation of potentially infectious residents to prevent unnecessary exposure of COVID 19 . Resident placement: Residents with suspected or confirmed SARS-CoV-2 infection will be placed in a single person room if possible. The resident should have a dedicated bathroom if possible.</p> <p>The facility's job description document titled Housekeeper documents, in part: Under the direction of the Director of Housekeeping, the Housekeeper is responsible for cleaning resident rooms and other interior and exterior facility areas and assisting in maintaining a clean and attractive environment for the residents. The person holding this position is delegated responsibility for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures. Essential Job Functions- Job Knowledge /Duties: D. Role Responsibility- Infection Control: 4. Complies with all established infection control and standard precautions practices when performing housekeeping procedures.</p> <p>49572</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/09/25 at 11:31am, a contact/droplet isolation sign was observed on R20's door. No trash receptacle was observed in or near R20's room for disposal of PPE (personal protective equipment). R20 was observed, in her (R20) room, sitting on the side of her (R20) bed. R20 said, Being on isolation sucks. I have COVID (coronavirus). I (R20) didn't need oxygen until now. I (R20) don't know why my (R20) stuff is on the floor. This place is gross. Everything about this place is gross. I'm (R20) just allowed to go smoke, but not with the other residents. I (R20) have to wear a mask when I (R20) leave my room. A mask, not sure if I (R20) need special one but I (R20) have this one. R20 showed surveyor a multi-colored cloth mask.</p> <p>R20's face sheet documents diagnoses that include but are not limited to Human Immunodeficiency Virus (HIV), anxiety disorder, bipolar disorder, chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, and pulmonary embolism. R20's Brief Interview of Mental Status (BIMS) score, dated 5/23/25, documents, in part, a BIMS score of 15 which indicates R20 is cognitively intact.</p> <p>R20's Respiratory Panel, result date 6/02/25, documents, in part, Positive for Human Coronavirus.</p> <p>R20's care plan, date initiated 6/02/25, documents, in part, Active Infection (R20) has tested positive for COVID-19. This places resident at high risk for developing Acute Respiratory Distress, Secondary infections such as Pneumonia, and increased risk for Fluid Volume Deficit. The following clinical symptoms have been noted: _Cough, _Fever, _SOB, _Fatigue, _Headache, _Congestion, or _Other . with interventions that document, in part, Encourage resident to remain room . oxygen per order .</p> <p>On 6/09/25 at 12:06 pm, observed R49 in a wheelchair, wheeling herself (R49) into R20's room.</p> <p>On 6/09/25 at 12:15 pm, observed R20 smoking on the wheelchair ramp of the facility, with other resident and employees walking by R20.</p> <p>On 6/09/25 at 12:10pm, V10 (Licensed Practical Nurse/LPN) said, Let me go get (R49) out of (R20's) room. She 9R49) should not be in there. There should be bigger white trash cans for the PPE equipment. Let me find out where they are.</p> <p>On 6/09/25 at 12:29 pm, with V2 (Director of Nursing/DON), observed R20 come in through the front door of the facility, walk through the hallway, with a multi-colored cloth mask not covering R20's nose. V2 said, (R20) please pull your (R20) mask over your (R20) nose.</p> <p>On 6/10/25 at 10:30 am, R20 was observed at resident council removing her (R20) mask and coughing.</p> <p>On 6/10/25 at 2:33 pm, V5 (Infection Preventionist/IP) said, (R20) is not supposed to be off isolation today. R20 comes out of isolation on the 12th (6/12/25). Residents with COVID can leave their room with a disposable blue mask, they (residents) should not be wearing linen masks. (R20) can leave her (R20) just to go smoke but must be 6 feet minimum from front of building, with no other residents. No, R20 should not be smoking on the wheelchair ramp. R20 should be in her (R20) room with the door closed. There should be white cans to dispose of the gowns and gloves. (R20) has been told all of this. This can affect everyone at the facility. Everyone has the potential to get COVID if (R20) isn't following procedure.</p> <p>(continued on next page)</p>		

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 06/12/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy titled, Infection Control/Isolation Guidelines, revised date February 2023, documents, in part, Objective: To prevent unprotected exposure of residents, visitors and staff to potentially infectious microorganisms or diseases and to decrease the spread of in-house or community acquired infections . Droplet Precautions---intended to reduce the risk of respiratory droplet transmission of infectious agents. This involves contact of the mucous membranes with large-particle droplets generated from the infectious resident. Droplets are generated primarily from coughing, sneezing, talking, or during the performance of certain procedures involving the respiratory tract (e.g., suctioning). Transmission requires close contact because droplets do not remain suspended in the air and generally travel only short distances .F. Droplet Precautions requires the use of surgical/procedural mask when entering the resident's environment/room . Always use the highest level of PPE if the resident is on multiple isolations (Example: Airborne and Droplet, would call for the use of an N95 even though Droplet only requires a surgical mask) . Droplet Precautions . Limit resident transport outside of resident's environment/room only for medically necessary reasons . Ambulating outside of the room: A. Residents on Droplet or Enhanced Isolation Precautions must wear a mask when outside of the room and keep a distance of at least 6 feet from other residents and also from the staff as much as possible. These residents must also be accompanied by appropriate clinical or therapy staff .</p> <p>Facility policy titled, Respiratory Illness, updated date 10/24/24, documents, in part, .Once tested , and SARS-CoV-2 (only) is confirmed: Resident(s) should be placed on Transmission-Based Precautions. Resident(s) should be placed in a single room, if available, or housed with residents with only SARS-CoV-2 infection. If unable to move a resident (available rooms, refusal to move, etc.), he or she could remain in current room with measures in place to reduce transmission to roommates . Duration of Transmission-Based Precautions for Residents with SARS-CoV-2 Infection: Non-Test Based Strategy: Residents with mild to moderate illness: At least 10 days have passed since symptoms first appeared and At least 24 hours have passed since last fever without the use of fever-reducing medications and Symptoms have improved. Asymptomatic residents: At least 10 days have passed since the date of their first positive viral test .</p> <p>Facility policy titled, Resident Rights, undated, documents, in part, .The facility must care for you in a manner and environment that enhances or promotes your quality of life . You have the right to receive services with reasonable accommodations to individual needs and interests . The facility must provide a safe, clean, comfortable, home-like environment, allowing you the opportunity to use your personal belongings to the extent possible. The facility will provide housekeeping and maintenance services .</p>		

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 06/12/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>45196</p> <p>Based on observation, interview, and record review, the facility failed to empty the lint compartment and filter. This failure creates an unsafe environment and a fire hazard which has the potential to affect all 150 residents.</p> <p>Findings include:</p> <p>On 06/09/25 at 1:03 pm, during tour of laundry area with V16 (Housekeeping/Laundry Director), observed the lint trap/screen compartment to the dryer for residents personal use not emptied with a large buildup of lint in the lint trap/screen compartment. V16 stated the lint trap does not have a log sheet and there is no procedure or schedule for the laundry staff to clean the lint trap/screen for the residents personal dryer. V16 stated, I check it when I can. I don't know when I'm not here who checks it. V16 explained if the lint trap/screen has lint build up it could overheat the dryer and/or cause a fire.</p> <p>On 06/09/25 at 1:08 pm, V17 (Housekeeper/Laundry Aide) stated the laundry aides do not check the dryer for residents' personal use. V17 stated the laundry staff only log and check the main dryers in the laundry area after every 2 loads. V17 explained that V17 has never checked the lint trap/screen dryers for residents' personal use when V17 works in laundry.</p> <p>The facility undated document titled Laundry Policies and Procedures for Laundry Personnel documents, in part: Drying: . All dryer lint screens must be cleaned by laundry staff after every 2 loads and documented on the Laundry Daily Lint Screen Cleaning Form.</p> <p>The facility's job description document titled Laundry Aide documents, in part: position summary: the duties of the laundry age shall be insured to ensure facility linen and residence personal clothing are properly collected, sorted, laundered, distributed and or stored according to facility policy. The person holding this position is delegated the responsibility for carrying out the assigned duties and responsibilities in accordance with the current existing federal and state regulations and established company policies and procedures. Essential job functions: C. Role Responsibilities -Safety: use this facility equipment safely.</p> <p>The facility's job description document titled Director of Housekeeping documents, in part: Under the direction of the Administrator, the Director of Housekeeping, is responsible for daily operations of the housekeeping department, including staffing, supply ordering and supervision. The person holding this position is delegated the responsibility for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures. Essential Duties and Responsibilities - Job Knowledge/Duties: B. Role Responsibility- Administrative Duties: Maintains pertinent records, manages budgets and supplies, and functions as a working supervisor in all areas of responsibility as the department's budgeted hours and workload.</p>		