STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145765	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park View Rehab Center	5888 North Ridge Chicago, IL 60660

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report and investigate a misappropriation of property allegation for one (R2) of four residents reviewed for abuse in a sample of five. Findings include:On 08/24/2025 at 11:14 AM, R2 stated, I am the federal police. R2 stated he is missing a clock radio. R2 stated it was stolen, sold out in the street. R2 stated, I have no idea who stole it. R2 stated the police told R2 that they will recover it, but they didn't. R2 stated he informed the staff. R2 stated the police came here last week. On 08/24/2025 at 12:30 PM, R4 stated the police came to knock on R4's door and they asked R4 if any altercations or situations happened between R2 and R4. R4 stated he denied anything happened. R4 stated this happened last week, during the evening shift. On 08/24/2025 at 12:35 PM, V4 (Licensed Practical Nurse) stated R2 called the police last week because R2 was calling to complain about someone on the third floor. V4 stated the police officers went to the third floor, and they never asked V4 any questions, nor did they request R2's face sheet. V4 stated she went to R2 to ask R2 why R2 called the police, and R2 told V4 someone took something that belonged to R2 but did not voice any names or what item it was. V4 stated R2 did not make any sense, and the police just walked out. V4 stated this should have been documented in R2's electronic medication record for continuity of care. V4 stated V1 (Administrator) was not made aware. V4 stated V1 is the Abuse Coordinator. V4 stated she didn't think it was abuse related because the lack of details to R2's allegation. V4 stated she understands it should have been reported.On 08/24/2025 at 1:48 PM, V1 (Administrator) stated, All allegations of abuse must be reported to myself, who is the Abuse Coordinator immediately and verbally. Once it is reported to me, I have two hours to send the preliminary report to the State Agency, and I immediately get started on the investigation. If a resident alleges that someone took something from them, and called the police, that would be a possible allegation of abuse (misappropriation of property). V1 stated despite of a lack of details of an allegation made, staff must report it to V1. V1 stated it can be either a concern or possible allegation of abuse. V1 stated she was not made aware of any of the allegations, and she is just being made aware of this. V1 stated she was not made aware the police came to facility last week. V1 stated, I take everything seriously, and I don't downplay allegations due to (R2's) conditions. It should have been reported to me.R4's MDS/Minimum Data Set Section C, dated 06/11/2025, documents R4 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating R4 is cognitively intact. R2's MDS/Minimum Data Set Section C, dated 07/24/2025, documents R2 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating R2 is cognitively intact.No documentation regarding R2 calling the police and reporting an allegation of misappropriation of property noted in R2's electronic medical record. Facility document, not dated, documents: abuse prevention program facility procedures. Employees are required to report any incident, allegation or suspicion of potential abuse, neglect or misappropriation of property they observe, hear about, or suspect to the administrator or the person in charge of the facility acting on behalf of the administrator, or an immediate supervisor who must then immediately report it to the administrator.

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