

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2024
NAME OF PROVIDER OR SUPPLIER  City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5825 West Cermak Road Cicero, IL 60804	

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 0803</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>32115</p> <p>Based on observation, interview, and record review the facility failed to follow the menu and ensure residents received spiced peaches with the noon meal for all residents who receive meals in the facility.</p> <p>The findings include:</p> <p>On 3/30/24 the facility provided a Diet Type Report that shows 247 residents with diet orders. This dietary list showed 1 resident was NPO-nothing by mouth (R12), and one resident (R11) had an enteral feeding.</p> <p>On 3/30/24 at approximately 1:15PM, lunch was served on the 6th floor of the facility. R2 and R8 were sitting at a table in the dining room. R2 had pureed chicken and noodles, green beans on his plate, and 3 containers of nectar thickened liquids on his tray. R2 did not have any fruit on his plate or tray. R8 was eating chicken and noodles. He did not have any spiced peaches. Observations were conducted of various residents eating throughout the dining room. Their lunch trays consisted of chicken and noodles, green beans, and ice cream. No spiced peaches were observed. The dietary carts had multiple partially eaten plates of food. None of these contained spiced peaches. There were no spiced peaches served on the plates or on the dinner tray. At 1:20 PM, the surveyor team was served a test tray. The test tray consisted of a serving of chicken and noodles, green beans, and an ice cream cup. There were no spiced peaches on the test tray.</p> <p>On 1:39PM, V9 (Dietary Aide) said chicken and noodles, green beans, and ice cream is what the residents were served for the lunch meal. V9 said no he didn't see any peaches get served for lunch. At 1:47PM, V14 said she plated the lunch meal. V14 said the residents received chicken and noodles, green beans, and an ice cream cup. The substitutes offered were a hamburger or grilled cheese. V14 said if the resident had an order from the dietician for something additional like a banana, orange, yogurt, pudding, or soy milk they would have gotten that too. V14 said they did not serve spiced peaches. V5 (Director of Dietary) was present during the interviews with V9 and V14. V5 looked at the lunch menu hanging in the kitchen. V5 said yes they should have had spiced peaches. V5 said the spiced peaches are peaches with cinnamon on them. V5 said the test tray given to the survey team would be the same as what the residents received (no peaches were on the test tray).</p> <p>On 3/30/24 at 2:10PM V3 (Assistant Director of Nursing) was told the residents did not get spiced peaches for lunch and said they (kitchen) should follow the menu for all items.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0803</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>On 4/1/24 at 11:48PM, V16 (Registered Dietician) said the facility is expected to follow the daily menu in order to ensure the residents receive the proper nutrition. There are guidelines in place to meet the nutritional needs of the residents and the menus follow that. If peaches were on the menu, then yes, they have to follow the menu and give them. If they do not have a supply, or an unavoidable circumstance comes up, they should substitute with another fruit.</p> <p>The facility menu provided by V6 (Dietary Supervisor) shows Saturday (day 14) chicken and noodles, green beans, spiced peaches with ice cream, beverage- 1 cup. There were no alternate items identified for puree or mechanical soft diets.</p> <p>The facility policy developed 4/21 titled Cycle Menu states the facility will follow a weekly cycle menu planned at least one week in advance. Menus are planned using established national guidelines to assure menu meets nutritional needs. A cycle menu will be planned by a Registered Dietician with input from the facility's residents, dietary manager, and administrator .</p> <p>The facility policy developed 4/21 titled Menu Changes states The facility will serve menu items as planned whenever possible. Due to unavoidable circumstances, temporary changes may be made to the menu . Changes to the menu will be posted prior to meal service .</p>		