STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on interview and record review, the facility failed to develop and implement comprehensive, person-centered, and individualized fall care plans for four residents (R2, R8, R230, R253) with a history of falls. These failures have the potential to affect four residents (R2, R8, R230, and R253) reviewed for care plans in the total sample of 59 residents. Findings include: 1.R2's face sheet documents, diagnoses that include but are not limited to fracture of right hand, all on same level from slipping, tripping and stumbling without subsequent striking against object, and dementia.R2's BIMS (Brief Interview for Mental Status) score, dated 10/14/25, is 14, which indicates R2 is cognitively intact.R2's Fall Risk Review, dated 2/19/25, documents a score of 13, which indicates R2 was at high risk for falls, and also documents, Does the resident have a history of falls within the last 3 months? Yes. R2's progress note, dated 10/08/25, documents, Resident (R2) c/o (complain) pain on her right wrist. Writer asked resident (R2) what happened, resident (R2) stated that she (R2) had fallen in her (R2) room. Resident (R2) stated that, she (R2) was reaching for her (R2) coffee cup and lost her (R2) balance and fell. Resident c/o pain in her (R2) right wrist. Resident (R2) was observed from head to toe. VS (vital signs) checked, Resident (R2) was noted to have swelling to her (R2) right wrist and c/o pain. Ordered a STAT Xray to the right wrist. R2's hospital records, dated 10/09/25, documents, Presenting after a fall, found to have right distal radial and ulna fracture. Orthopedics consulted and will reduce, splint.R2's Fall care plan, dated 4/13/2021, documents, Goal: (R2) will have a safe environment maintained thru the next review. 2.R8's face sheet documents diagnoses that include but are not limited to history of falling, epilepsy, acquired absence of right leg below knee, acquired absence of left leg above knee, dementia, and altered mental status. R8's BIMS (Brief Interview for Mental Status) score, dated 12/23/25, is 13, which indicates R8 is cognitively intact. R8's Fall care plan, dated 8/21/2024, documents, Goal: (R8) will have a safe environment maintained through next review. 3.R230's face sheet documents an admission date 3/22/2023.R230's face sheet documents diagnoses that include but are not limited to nondisplaced intertrochanteric fracture of right femur (onset date 11/10/25), dementia, schizoaffective disorder, and low back pain.R230's BIMS (Brief Interview for Mental Status) score, dated 11/11/25, is 10, which indicates R230's cognition is moderately impaired.R230's progress note, dated 10/27/25 at 11:46am, per V21 (Registered Nurse/RN), documents, Resident (R230) alert oriented x2 in the dining area sitting in a chair, repeatedly attempting to throw himself out of the chair, staff monitoring area. Will continue plan of care. R230's progress note, dated 10/27/25 at 12:58pm, per V21 (Registered Nurse/RN), documents, Resident (R230) noted sitting in dining area in chair, resident leaped onto floor, resident doesn't know why he threw himself onto floor, Resident assessed. Resident assisted to chair, with staff, monitoring dining area. No enhanced or one-to-one supervision was implemented prior to the fall.R230's Fall care plan, dated 3/23/2023, documents, Goal: (R230) will have a safe environment maintained through next review.4.R253's face sheet documents, diagnoses that include but are not (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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 01/08/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	limited to generalized arthritis, chronic pain, pain in left knee, syncope and collapse, weakness, and unspecified fall.R253's BIMS (Brief Interview for Mental Status) score, dated 12/05/25, is 15, which indicates R253 is cognitively intact.R253's Fall Risk Review, dated 1/04/26, documents a score of 14, which indicates R253 is at high risk for falls.R253's progress note, dated 8/21/25 at 5:30am, per V16 (Registered Nurse/RN), documents, Resident (R253) observed laying on floor in right lateral position, when asked what happened the resident stated I tried to get in my chair, and I fell.R253's Fall care plan, dated 1/18/2020, documents, Goal: (R253) will have a safe environment maintained thru the next review.On 1/06/26 at 12:28pm, V24 (MDS) Coordinator stated goals for care plans should be measurable and want to be specific to the resident. V24 further explained the fall goal, will have a safe environment maintained thru the next review, was system-generated and stated, It generates the goal, and we (staff) need to customize it, but acknowledged the goal as written was broad and general. V24 stated goals depend on the type of clientele and should be related to the need of the resident and measurable. V24 stated the fall goal was just a broad statement, better to be safe, and stated, I'd have to look at all the interventions, indicating the goal itself did not clearly define resident-specific, measurable outcomes.On 1/06/26 at 12:44pm, V41 (Restorative Nurse Consultant) stated, We (facility staff) care plan everyone to have a safe environment through next review for falls and explained the goal was to keep them safe. V41 said, I think it's a measurable goal, but also acknowledged goals should be measurable and should be person-centered or I-centered. V41 further stated the residents' care plan goals should be tailored to each resident specific and acknowledged the goal, will have a safe environment maintained thru the next review, was probably general, and not person-centered. V41 further stated, I don't find anything wrong with it (goal), but also stated if there is a fall, we (facility staff) should update the goal for them, indicating that the existing goal did not include resident-specific, measurable outcomes related to the individual's fall risk.Review of facility policy titled, Care Plan Policy and Procedure, undated, documents, Each resident will have a comprehensive assessment completed that will assist in the development of an individualized plan of care that will include goals and interventions aimed to improve or maintain the residents highest level of function, prevent decline, decrease risk of complications of medical conditions, medications and diagnosis, decrease risk of injury or to promote comfort ant end of life. Each resident will have a comprehensive assessment completed by the Interdisciplinary team upon admission, quarterly and with significant changes and an individualized care plan will be developed and updated as needed with quarterly assessments, re-admissions, and changes in condition. Residents care plans will be reviewed and updated as needed with re-admissions, quarterly re-assessments, annually, and with any significant changes in condition. Review of facility policy titled, Fall Prevention and Management Program, undated, documents, Strategies/Interventions list may be used to identify appropriate interventions. Approaches/Interventions should focus of risk factors identified. Review of facility policy titled, Incidents/Accidents/Falls, undated, documents, The CNA information sheet will be updated as indicated to reflect the plan of care. Review of pamphlet titled, RESIDENTS' RIGHTS' For People In Long-Term Care facilities, revised date 11/18, documents, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must be safe, clean, comfortable, and homelike.Facility job description titled, MDS (Minimum Data Set) Coordinator, undated, documents, The primary purpose of this position is to coordinate, plan, organize, develop, evaluate and take part in, and to assure the quality of all facility services relating to the HCF A Minimum Data Set Assessment Instrument (MDS) and resident care planning (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(MDC/Care Planning); to safeguard the health, safety and welfare of all residents of the facility; to assure that all MDS/Care Planning is carried out in accordance with the facility's established policies and procedures, applicable federal and state laws and regulations, and the directions of your supervisors, who include the Administrator, Medical Director, and other members of the facility's management to whom such persons report; to do all things required of an MDS/Care Plan Coordinator; to implement the MDS/Care Planning policies established by, and assist in providing MDS. Conducts periodic review to ensure all documentation is informative and descriptive of nursing care and of the resident's response to that care.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure alarms were functioning properly, failed to implement fall prevention interventions, and failed to provide supervision for two of 59 residents (R17, R230) in the sample reviewed for safety.Findings include: 1.R17's diagnoses include autistic disorder, developmental disorder of motor function, and lack of coordination. R17's (11/7/25) functional assessment affirms partial to moderate assistance is required for sit to stand and chair/bed to chair transfers. R17's (4/21/25) care plan states resident had actual falls, interventions: self-releasing seat alarm belt. R17's (11/7/25) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On (1/5/26) at 10:54am, R17 was seated in a wheelchair and an alarm box was observed behind the seat. V13 (Licensed Practical Nurse) asked R17 to stand up from the wheelchair; however, the alarm didn't sound. V13 was asked if R17's chair alarm was working. V13 stated, Nope, it's not working; it looks like it's in his seatbelt. The (undated) CNA (Certified Nursing Assistant) Job Description includes Role Responsibilities – Safety; reports all defective equipment to the charge nurse immediately. The (8/3/17) fall prevention and management program states falls among nursing home residents are usually the consequence of a combination of intrinsic and extrinsic (equipment) risk factors. Risk factors for falls: missing or broken equipment. The fall prevention and management program is designed to address intrinsic, extrinsic and operational risk factors. Identify risk factors. Implement individualized approaches/interventions based upon resident risk. Staff should visually check residents to ensure safety. Interdisciplinary care plan is implemented for residents at risk. 2.R230's face sheet documents an admission date 3/22/2023. R230's face sheet documents diagnoses that include but are not limited to nondisplaced intertrochanteric fracture of right femur (onset date 11/10/25), dementia, schizoaffective disorder, and low back pain. R230's BIMS (Brief Interview for Mental Status) score, dated 11/11/25, is 10, which indicates R230's cognition is moderately impaired. On 1/05/25 at 11:00am, R230 said, I don't know how I fell. Which time? I can't remember. R230's progress note, dated 10/27/25 at 11:46am, per V21 (Registered Nurse/RN), documents, Resident (R230) alert oriented x2 in the dining area sitting in a chair, repeatedly attempting to throw himself out of the chair, staff monitoring area. Will continue plan of care. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R230's progress note, dated 10/27/25 at 12:58pm, per V21 (Registered Nurse/RN), documents, Resident (R230) noted sitting in dining area in chair, resident leaped onto floor, resident doesn't know why he threw himself onto floor, Resident assessed. Resident assisted to chair, with staff, monitoring dining area. No enhanced or one-to-one supervision was implemented. R230's progress note, dated 10/28/25 at 10:30am, documents, Resident was observed sitting with the nurses at the nurses' station on the unit. Resident was being redirected not to leave the station at that time. R230's progress note, dated 10/29/25 at 11:08am, documents, Resident was observed with bruises with slight swelling on his left forearm. Resident stated He didn't know how it happened. R230's progress note, dated 10/29/25 at 11:09am, documents, Pain medication administered. R230's progress note, dated 10/30/25 at 7:00am, documents, (R230) Needs constant redirecting from propelling self to his room. His behavior was restless until he went to bed. R230's progress note, dated 10/30/25 at 10:08am, documents, (R230) up in his wheelchair at the dining room repeatedly trying to get out of wheelchair despite redirection. R230's progress note, dated 11/04/25 at 6:31pm, documents, Resident complained of pain rated 4 on a scale of 1-10 to his right-side pain especially to his right hip. MD (medical doctor) called with stat order of x-ray to right hip to r/o fracture. Pain medication Tylenol 650 mg tab administered. R230's progress note, dated 11/08/25 at 5:18am, documents, in part, The resident (R230) was transferred to (Hospital) for possible right hip fracture, awaiting to do CT (computed tomography) of his right hip and right fingers. R230's progress note, dated 11/08/25 at 12:18pm, documents, This RN (Registered Nurse) called (hospital) to f/u on residents' status, resident will be admitted for visualized L (left) displaced rib fractures and non-displaced fractures of the R hip, ortho surgery is on consult, resident is NPO for possible procedure at the moment. R230's hospital records, dated 11/08/25, document, Presented from NH (nursing home) with right hip pain and left arm pain and swelling. Patient states that 5 days ago he was attempting to move from his wheelchair to another chair and fell on his R (right) side. Immediately felt R hip pain. Also hit his right side of his head and left arm. Patient is reported to have tenderness and ecchymoses after fall along the humerus L (left) arm with ecchymosis near medial elbow. R hip/[NAME] internally rotated with resolving ecchymosis. X-rays revealed age indeterminate mildly displaced periprosthetic fracture of greater trochanteric of the right and left displaced rib fractures likely old and healed, plus soft tissue swelling over left humerus. R230's progress note, dated 11/30/25 at 11:54am, documents, Resident was observed with discoloration to his right eyelid during ADL (Activities of Daily Living) care this morning. Resident stated, I scratched my eyelid and left forearm when itching. R230's Fall Risk Review, dated 9/21/25, documents a score of 15, which indicates R230 is at high risk for falls. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R230's physician order, ordered date 11/10/2025, documents, Oxycodone HCl Oral Solution 5 MG/5ML (Oxycodone HCl): Give 2.5 ml by mouth every 6 hours as needed for pain. R230's physician order, ordered date 11/11/2025, documents, Lidoderm Patch 5 % (Lidocaine): Apply to right hip topically one time a day related to nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture and remove per schedule. R230's care plan, dated 3/23/2023, documents, Falls: (R230) has had actual Falls as evidenced by the following risk factors and potential contributing Diagnosis of Cognitive Impairment, Schizophrenia/Schizoaffective Disorder with mood and/or behavioral issues, with a goal, that documents, (R230) will have a safe environment maintained through next review, and interventions, that document, Place (R230) closest to staff when up and in dining room. R230's care plan, dated 3/23/2023, documents, ADLs (activities of daily living): (R230) has a Self-Care Deficit and I require assistance with ADLs to maintain the highest possible level of functioning AEB (as exhibited by) the following limitations and potential contributing factors: - Schizoaffective disorder, with interventions that document, in part that R230 require extensive assistance and 1 person support for bed mobility, transfer, toileting, eating, bathing and dressing, personal hygiene and oral care, and oral care. R230's care plan, dated 12/27/2023, documents, Mood/behavior distress R230 am challenged by a diagnosis of Dementia, Mental Illness and Psychosis. I experience mood liability, have a poor frustration tolerance and experience restlessness. Symptoms are manifested by agitation/aggression. R230's care plan, dated 11/11/2025, documents, (R230) have a fracture of the: Non displaced fracture of right hip. Problems are manifested by: Impaired mobility., Problems are manifested by: Gain instability., Problems are manifested by: Pain upon movement. On 1/05/26 at 3:14pm, V21 (Registered Nurse/RN) said, I was (R230's) nurse that day (10/27/25). I can't really remember. I don't know what he was going through at the time. He was alert and oriented enough to tell us (staff) that he wants an Ensure or wants to go to bed. Previously, he could walk a little, but he is more wheelchair-bound now. I would say he is impulsive and does keep trying to get up out of the wheelchair. Yeah, he's tried to get up and put himself to the floor before that fall (10/27/25). He was usually up for all meals. At that particular time, we (facility) probably had someone sitting next to him or staying close to him. I didn't see the actual incident, so I don't know what happened afterward. On 1/06/26 at 10:08am, V2 (Director of Nursing/DON) stated, (R230) fell on [DATE] while staff were present when (R230) leaped out of (R230's) wheelchair. The physician ordered (R230) to be sent to the hospital for evaluation. The x-rays were negative and (R230) returned to the facility with no abnormal findings. On 11/04/25, (R230) complained of right hip pain, and a physician order was obtained for a right hip X-ray, which revealed no fracture. On 11/07/25, the resident's left upper arm was noted to be swollen, cause unknown. A Doppler study was ordered and revealed diffuse subcutaneous edema. The physician then ordered (R230) to be sent to the hospital again. While at the hospital, the facility was informed there was a possible right hip fracture, and the resident was transferred to another hospital for further evaluation. An X-ray revealed an age-undetermined fracture. (R230) resided on the sixth floor and there is always an employee to monitor all the residents. V2 indicated approximately one to two hours prior to the incident (fall), R230 was attempting to leap out of R230's wheelchair. V2 stated no reportable incident was completed because the fracture was not considered (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	acute. V2 also stated V2 was unsure whether R230 had the hip fracture prior to admission to the facility, but confirmed the resident had a history of left hip surgery. On 1/06/26 at 10:52am, V22 (Certified Nursing Assistant/CNA) stated V22 was present when R230 leaped out of his wheelchair (10/27/25). V22 reported V22 and V23 (Licensed Practical Nurse/LPN) were monitoring the dining room and were aware R230 was attempting to stand up from R230's wheelchair. V22 stated neither V22 or V23 were positioned close enough to R230 to intervene and prevent the fall. R230 stood up before V22 could reach R230 and subsequently fell. V22 stated V22 was positioned near the dining room doors, while R230 was seated toward the middle of the dining room. V22 was unable to specify the exact distance but indicated V22 was not directly next to the R230 and it was a little distance. V22 stated R230 is very confused and frequently attempts to stand and acknowledged staff should have been positioned closer to R230 due to this behavior. V22 stated had staff been positioned directly next to R230, yeah, the fall could have been prevented. V22 further stated V22 was responsible for monitoring the entire dining room, which limited V22's ability to provide constant supervision to R230. On 1/06/2026 at 11:27am, V23 (Licensed Practical Nurse/LPN) stated on 10/27/25, V23 was in the dining room passing medications when R230 repeatedly attempted to throw himself out of his (R230) wheelchair. V23 stated by the time V23 reached R230, R230 had already fallen to the ground. V23 said V23 was already assigned to pass medications at the time of R230's fall. V23 stated V23 was present in the dining room when the fall occurred but was not assigned as an additional or one-to-one monitor for R230. V23 stated V23 was positioned near the entrance door of the dining room and was unable to state the exact distance between V23 and R230. V23 stated the staff member that is assigned to monitor the dining room is responsible for monitoring the entire dining room, including multiple residents, and acknowledged R230 was receiving only routine supervision at the time of R230's fall. V23 confirmed no additional or enhanced monitoring was in place despite R230's repeated attempts to exit the wheelchair. 1/07/26 at 11:12am, V2 (Director of Nursing/DON) stated when monitoring is increased, staff have to be directly observing the resident. V2 said R230 was brought from his room to the dining area so a staff member can observe R230. V2 affirmed when the facility increases monitoring for a resident, a single staff member is often assigned to observe multiple residents simultaneously, rather than providing one-to-one supervision. V2 confirmed V22 (Certified Nursing Assistant/CNA) was responsible for monitoring several residents in the dining room and was not assigned to observe R230 exclusively. V2 stated when V2 spoke with V21 (Registered Nurse/RN), R230 was in R230's room and was later brought back to the dining room to be monitored. V2 stated placing R230 in the dining room allowed staff to keep eyes on him; however, R230 was not provided direct or constant supervision. V2 further stated staff place R230 near the nurse's station; however, this also did not include one-to-one monitoring. V2 stated R230 had a history of a prior hip replacement; however, no records were available from R230's previous facility to confirm whether R230's right leg or left ribs were fractured prior to admission. V2 further stated when a resident sustains an injury, the incident is reported to V9, the Chief Nursing Officer and facility risk manager, who determines whether the injury requires reporting to IDPH (Illinois Department of Public Health). V2 affirmed V9 was notified of R230's fall and age undetermined fractures. On 1/07/25 at 11:35am, V9 (Chief Nursing Officer) said, No, he was sent out for his arm and that's when I think the hospital found the old fracture. The fracture was age undetermined fracture where hip surgery was. I don't know typically, with the fracture, we'll (facility) report it, but I did not report it because it wasn't a new fracture, and the level of care didn't change. I don't know (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	anything about rib fractures. We never receive anything good for documentation from the hospital. Really, we never get anything from the hospital. I don't know, I'd have to pull his admission records to check and see if he had these rib and hip fractures prior to coming here. I'd have to go through all, I mean all, initial records from the hospital. I mean, I'll go and check his initial records as long as I don't keep getting pulled to do stuff. I don't remember him having a hip surgery with us. On 1/07/26 at 1:56pm, V36 (Medical Doctor) stated when residents sustain injuries, the initial X-rays are often negative. V36 said, This has happened multiple times, where the initial imaging does not reveal a fracture, and no immediate intervention is provided. An age indeterminate fracture means that the fracture could be six months, six years, or six days old, and no one can know the exact timing. So, nobody really knows. It's anybody's guess. V36 stated that because of this uncertainty, it is impossible to know whether a specific fall caused a fracture or whether the injury predated the incident. V36 said, The thing is it could have been there way before. Maybe the fall did cause it or maybe it didn't. We're (physicians) human. I'm not sure if (R230) had rib and hip fractures before coming to the facility. Record review of facility policy titled, Fall Prevention and Management Program, undated, documents, his facility is committed to safety and maximizing each resident's physical, mental, and psychosocial well-being. The purpose of our Fall Prevention and Management Program is to: Provide our residents with an interdisciplinary approach to assess risk of falls. Provide appropriate interventions to prevent falls. Ensure that in the event a fall occurs, the fall will be investigated, appropriate emergency treatment will be provided, and additional interventions will be implemented to prevent another fall from occurring as much as possible. The Fall Prevention and Management Program uses clinically accepted guidelines to guide the prevention and management of falls. The program will: identify risk for fall. Decrease the incidence of falls. Decrease the incidence of fall with injuries. Falls are one of the most common and serious problems ill the older adult. Falls are not a normal consequence of aging; rather they are the result of multiple interacting, predisposing, and precipitating factors that put the resident at risk for falls. The consequences may range from no adverse effect to severe, life threatening problems, or even death. Fall related injuries decrease the resident's quality of life and ability to function. Residents who fall without injury may develop a fear of falling that leads to self-imposed limitation of activity. Falls can lead to fractures, traumatic brain injuries, decreased mobility, fear of falling, and increased isolation. While preventing all incidents including falls is not possible, this facility is committed to act in a practical manner to identify those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible. This is accomplished through the Fall Program. Though an interdisciplinary approach, this facility will provide fall prevention assessment, implement interventions to prevent falls as much as possible, and manage post-fall treatment. This facility will achieve these goals through: An individualized fall risk assessment. Interventions that are implemented based upon the identified risk factors. Immediate response to residents who fall including assessment for any injuries and the emergency management of any injuries. Reassessment of risk after a fall with modification and/or additional interventions as appropriate. Common intrinsic risk factors: Behavioral symptoms and unsafe behaviors. Implement individualized approaches/interventions based upon resident risk. The Fall Prevention Strategies/Interventions list may be used to identify appropriate interventions. Approaches/Interventions should focus of risk factors identified. Record review of facility policy titled, Incidents/Accidents/Falls, undated, documents, If the incident/accident is significant and requires outside emergency intervention/ treatment, the Administrator and DON will be notified immediately that emergency services were called and what the (continued on next page)

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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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	circumstance were that required that intervention. Other required notifications will occur as well. Any incident/accident/fall that meets the reporting criteria of the state/federal regulations will be reported timely and accurately, to include the initial as well as the follow up report. The CNA information sheet will be updated as indicated to reflect the plan of care. Record review of pamphlet titled, RESIDENTS' RIGHTS' For People In Long-Term Care facilities, revised date 11/18, documents, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis. You should receive the services and/or items included in the plan of care.

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 01/08/2026

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to dispense the correct medication and failed to dispense the correct medication dose. There were 2 medication errors out of 25 opportunities, resulting in a 8% medication error rate. 1 resident (R24) in the medication administration sample was affected. Findings include:R245's POS (Physician Order Sheets) include (7/19/25) Folic Acid 400mcg (micrograms) one time a day and (10/9/25) Aspirin 81mg (milligrams) one time day (scheduled for 9am administration). On 1/6/26 at 9:12am, V27 (LPN/Licensed Practical Nurse) dispensed (chewable) Aspirin 81mg and Folic Acid (1,000mcg) in a cup and affirmed she was prepared to administer them to R245. V27 was asked about the Aspirin discrepancy. V27 inspected the container and stated, The chewable tablet? V27 was asked if chewable Aspirin was prescribed for R245. V27 responded, No. V27 was asked about the Folic Acid discrepancy. V27 inspected the container and replied, This is 1,000. The (undated) drug administration policy states medications are administered as prescribed, in accordance with good nursing principles and practices. Medications are administered in accordance with written orders of the attending physician. Medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered precisely as ordered.

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NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to secure handrails within hallways used by residents. This failure has the potential to affect all 32 residents that reside on the 3rd floor.Findings include: Facility census (1/5/2025) documents 32 residents reside on the 3rd floor. On 1/5/2026 at 10:15 am, the handrail next to the bathroom and across from room [ROOM NUMBER] was unsecured, loose and able to be displaced over approximately 3 inches up or down. V38 (Licensed Practical Nurse) observed the loose handrail, affirmed it was loose and stated, It needs to be tightened. I'll let maintenance know. V38 explained the purpose of handrails is for safety and to assist residents with gait abnormalities. On 1/7/2026 at 12:13 pm, V8, Maintenance Director, affirmed the facility expectation is that handrails are secured and promptly fixed if there are any repairs needed. V8 stated handrails are affixed to the walls in common areas for resident safety and to assist anyone that may need it. On 1/8/2026 at 11:00 am, the handrail next to the bathroom and across from room [ROOM NUMBER] was unsecured, loose and able to be displaced over approximately 3 inches up or down. Additionally, the handrail across from room [ROOM NUMBER] was observed unsecured, loose and able to be displaced over approximately 3 inches up or down and the handrail outside room [ROOM NUMBER] was unsecured loose and able to be displaced over approximately 5 inches up or down. A screw was observed protruding approximately 1.5 inches from the bracket. V23 (Licensed Practical Nurse) confirmed the observations and affirmed handrails are for resident safety. V23 stated, I'll let maintenance know. Facility preventative maintenance policy (12/11/2025) documents, Inspect all hand rails throughout the facility for loosened fasteners or connectors, sharp edges, paint or stain touch-ups. Make any needed repairs immediately

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	145850	A. Building B. Wing	01/08/2026

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to have an effective pest control program to prevent and eliminate rodents/mice from the kitchen's dry storage area. This failure has the potential to affect all 266 residents in the facility. Findings include: Facility census (1/5/2025) documents 266 residents reside within the facility. On 1/5/26 at 10:26am during observation of the dry storage area of the kitchen with V7(Dietary Manager), the floor was observed with visible dirt, spilled dried grits, and about 22 pieces of mice droppings were observed on the floor by the wall under the bottom shelve. V7 was asked what kind of rodents' waste/droppings were on the floor; V7 stated, They are mice droppings. V20 (Regional Director of Operations) also observed the dry storage area. V20 stated the facility has problems with mice because the alley is very close to the kitchen (pointing at the left side that leads to the alley). V20 got a broom and dustpan and tried to sweep the droppings and stated the Pest control company comes regularly to the building. On 1/6/2025 at 10:45 am, the resident council unanimously agreed that pest control, including rodents and roaches, is an ongoing concern within the facility. R267 stated R267's room has rats and mice that run through it a few days a week, and R267 last saw rodents in the facility yesterday. On 1/7/26 at 10:20am, V7 was asked why there were so many mice droppings and why the person who took food items to cook breakfast in the morning did not clean the dirty floor including the mice droppings. V7 stated she was off work on Thursday, Friday, and the weekend, and she just returned to work on Monday, and the kitchen floor should be cleaned every day by staff. Facility's undated policy titled Pest Policy states: It is the policy of the facility to ensure that an effective pest control program is in place. An effective pest control program is defined as measures to eradicate and contain common household pests. #2: The maintenance staff and all the staff will be cognizant of the necessity to maintain a clean, safe, and comfortable homelike environment that is free of pests or rodents.