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	03/04/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to ensure a resident's refusal of medications was care planned. This failure affected one (R2) resident reviewed for care plan in the total sample of 10 residents. Findings include:R2's admission Record documented that R2's diagnoses include but are not limited to bipolar disorder, restlessness and agitation, and anxiety disorder.R2's (02/10/2026) Minimum Data Set documented, Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15., indicating R2's mental status as cognitively intact. On 03/02/2026 at 11:50am, R2 stated V3-Licensed Practice Nurse kept giving her the antipsychotic medication even though she informed her she was allergic to it. V3 told her she was going to document she was refusing the medication.On 03/03/2026 at 3:43pm, V3 statedR2 did not only refuse her antipsychotic medication, R2 also refused her anti-depressant almost every time she worked on her (R2) floor. V3 stated she was sure she informed the Social Service Department so she could counsel her.On 03/03/2026 at 3:28pm, V20 (Assistant Social Services Director) stated she was in charge of completing R2's behavior, history of substance, suicidal ideation, community access, and refusal of medication care plan.On 03/03/2026 at 3:30pm, V20 checked R2's care plan using her personal phone and stated R2 did not have a care plan for refusal of medications. V20 stated, If she has 3 or more refusal of medications, she should be care planned, so we can put intervention on the refusal. V20 was shown R2's February MAR (Medication Administration Record) and ?code 2 - drug refused' was documented on R2's anti-depressant medication. V20 stated she did not review the MAR (Medication Administration Record), she ran the 24-hour report and reviewed it for any behavior. R2's (02/2026) MAR (Medication Administration Record) had a code ?2 -Drug refused' on medications C******b 200mg on 2/10, 2/14, 2/15, 2/16, and 2/25; and C*****m on 2/12, 2/13, 2/18, 2/19, 2/20, and 2/25.R2's (02/16/2026) Behavior charting documented, Resident continues to curse at nurse and refused ice and morning medication from nurse.R2's (02/25/2026) Nurses notes documented, Resident refused medication. Educated about medication refusal and resident stated I don't care to take medication from you or anyone.R2's (provided on: 03/02/2026) entire care plan was reviewed. R2 was not care planned for refusal of medications.R2's (03/03/2026) care plan documented, Focus: Refusal: exhibit the symptoms of resisting care which is related to: These behavioral symptoms are manifested by: Refusing/resisting medications. Goal: comply with treatment plan through the next review. Intervention: Conduct an evaluation of the behavioral symptom(s) to determine what strengths or needs are communicated via the behavior (e.g., resisting care often communicates the emotion of fear & need for control). Of note, this care plan was added during the survey. The (undated) Guidelines for Resident Refusal of Treatment/Services/Medications documented, Facts: Refusal of one service does not absolve a facility from providing other care. Facility staff are expected to try to determine the cause of the refusal and address the concern if possible. Attempting to determine why the resident is refusing care should include whether a resident who is unable to verbalize their needs is refusing care for another reason (such as pain, fear of a staff member or other person, etc.). If a treatment or service is declined, the service that otherwise would be provided must be documented in the resident's medical record and must be in the resident's comprehensive care plan.The (07/2022) (continued on next page)

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

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy and Procedure of Comprehensive Care Plans documented, Policy: Comprehensive Care Plans are to be done with every New admission, Annual, Significant change in status and every Quarterly. Comprehensive Care Plan will be developed for each resident that includes; problem/need of the resident, measurable objectives and interventions to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the Comprehensive Assessment. The facility interdisciplinary team, in conjunction with the resident, resident's family, surrogate, or representative, as appropriate, will develop quantifiable objectives for the highest level of functioning the resident may be expected to attain, based on the Comprehensive assessments and the CAAs. Procedure: 5. The Comprehensive Care Plans will be reviewed and updated every quarter (90 days) at minimum. The facility may need to review the care plans more frequently based on changes in the resident's condition and/or newly developed health/psychosocial well-being issues. 6. The facility MDS/Care Plan Coordinators and ancillary MDS staff will attend the department head meeting with in-depth review of the 24-hour report and will establish a new plan of care and/or make revisions to existing care plans to address any acute condition changes or exacerbation of chronic issues that may need revisions to the problem, goals and/or interventions.