

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145939	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Pavilion of South Shore		STREET ADDRESS, CITY, STATE, ZIP CODE  7750 South Shore Drive Chicago, IL 60649	

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>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure that the call lights of residents are accessible as stated in the care plans. This failure has the potential to affect 2 residents ( R1 and R2).</p> <p>Findings include:</p> <p>On 12/4/24 between 10:10am and 11:05am during observation on the third floor, the following were observed:</p> <p>At 10:18am, R1 was observed in bed with call light not accessible. The surveyor asked R1 if R1 knows how to use the call light to call staff for help, R1 stated that he tries to use the call light. R1 looked up and down the side of the bed and there was no call light within reach. The surveyor asked V5(CNA/Certified Nurse Assistant) V5 to help R1 find the call light. V5 looked behind the bed and stated, It's on the floor.</p> <p>At 10:50am, R2 was observed sitting on the edge of the bed in the room and looking and trying to bend towards the wall where the call light was supposed to be. The surveyor asked R2 for the call light and R2 stated I don't see it. The surveyor notified V6(CNA) that R2 needed help. V6 came into R2's room and got the call light from the floor behind the head of the bed. V6 stated that the call light should be within reach in case the resident needs help.</p> <p>R1's records reviewed are as follows:</p> <p>Fall Risk assessment dated [DATE] states that R1 is at risk for falls.</p> <p>Care plan dated 11/3/23 states that R1 is at risk for falls due to a diagnosis of Vascular Dementia. Intervention says to keep call light within reach and answer in a timely fashion.</p> <p>Basic Interview for Mental Status (BIMS) Score is 7 out of 15(severe Cognitive Impairment).</p> <p>R2's records reviewed are as follows:</p> <p>Fall Risk assessment dated [DATE] states that R2 is at risk for falls.</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:  145939	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Pavilion of South Shore		STREET ADDRESS, CITY, STATE, ZIP CODE  7750 South Shore Drive Chicago, IL 60649	
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>Care plan dated 10/12/2017 states that R2 is at risk for falls related to poor safety awareness and impaired Cognition. Intervention says to keep call light within reach and answer in a timely fashion.</p> <p>BIMS Score is 11 out of 15(Mild Cognitive Impairment).</p> <p>Facility's Call Light Policy dated 08/14/2021 states in #5: When providing care to residents, position the call light conveniently for the resident's use. Tell the resident where the call light is and show him/her how to use the call light and provide reminders to use the call light as needed. #10 states: Be sure call lights are placed within resident reach at all times, never on the floor or bedside stand.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145939	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Pavilion of South Shore		STREET ADDRESS, CITY, STATE, ZIP CODE  7750 South Shore Drive Chicago, IL 60649	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32338</p> <p>Based on observation, interview, and record review, the facility failed to provide the fall prevention interventions as stated in the care plans for residents with diagnoses of Dementia who are also at risk for falls. This failure has the potential to affect two residents (R3 and R4) reviewed for proper footwear as a fall prevention intervention.</p> <p>Findings include:</p> <p>On 12/4/24 between 10:10am and 11:05am during observation on the third floor, the following were observed:</p> <p>At 10:25am, R3 was observed sitting in the wheelchair in the day room with white socks that are smooth on the bottom. The surveyor notified V3 (Assistant Director of Nursing/ADON) who confirmed the resident's name. V3 stated I will find non-skid socks for him. This is not okay for fall prevention.</p> <p>At 10:55am, R4 was observed in the room sitting in the wheelchair with blue socks that are smooth on the bottom. V6(CNA/Certified Nurse Assistant) was notified. V6 stated I will ask the ADON for the non-skid socks. The socks need to grip to prevent falling.</p> <p>On 12/4/24 at 10:30am, V7(Restorative Nurse) stated All residents at risk for falls need to wear nonskid socks. They cannot wear regular socks because regular socks are slippery.</p> <p>R3's records reviewed are as follows:</p> <p>Fall Risk assessment dated [DATE] states that R3 is at risk for falls.</p> <p>Care plan dated 10/20/24 states in part that R3 is at risk for falls due to a diagnosis of Vascular Dementia. Intervention says to ensure that resident wears shoes or gripper socks at all times.</p> <p>Basic Interview for Mental Status (BIMS) Score dated 10/1/24 is 4 out of 15(Severe Cognitive Impairment).</p> <p>R4's records reviewed are as follows:</p> <p>Fall Risk assessment dated [DATE] states that R4 is at risk for falls.</p> <p>Care plan dated 10/1/24 states in part that R4 is at risk for falls due to multiple diagnoses. Intervention says to ensure that resident wears shoes or gripper socks at all times.</p> <p>BIMS Score dated 10/1/24 is 4 out of 11(Mild Cognitive Impairment).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145939	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Pavilion of South Shore		STREET ADDRESS, CITY, STATE, ZIP CODE  7750 South Shore Drive Chicago, IL 60649	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's Fall Management Program with latest review date 05/2020 states in part: #4 - For residents who have been identified at risk for falls upon admission, a care plan shall be developed which includes residents and family input for interventions that have or have not worked in the past. Additional interventions will be developed to promote a safe environment. The resident's individual needs for staff assistance will be assessed. Then the residents will be a placed on a fall prevention program. #6 states in part- As a fall occurs, the nurse on duty will initiate a new intervention to prevent further falls. The plan of care will be updated at this time.</p>		