

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 02/24/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45000</p> <p>Based on interview and record review, the facility failed to report allegations of misappropriation of property for one (R1) out of three residents reviewed for misappropriation of resident property in a total sample of three residents.</p> <p>Findings include:</p> <p>On 02/22/2025, at 12:07 PM, V4 (Social Services Director) states she recalls having a conversation with V9 (R1's Family Member) and educating V9 about filling out an inventory list whenever new items or valuables are brought into the facility for R1 in case something comes up missing. V4 states V9 informed her that R1 had a diamond ring and bracelet on when R1 was admitted to the facility. V4 states she informed V9 that these items were not inventoried but V9 was insistent that R1 had these items. V4 states she searched for R1s' inventory list but could not find one and states the facility does not have an inventory list of R1s' diamond ring or bracelet. V4 states an inventory list should be completed by staff upon admission for all residents but she does not have an inventory list for R1. V4 states she does not remember seeing R1 with a ring or bracelet. V4 states she informed V3 (Assistant Administrator) about the allegations and V3 reimbursed V9 for the ring and bracelet items. V4 states this incident occurred approximately in late 2023 or early 2024.</p> <p>On 02/22/2025, at 1:07 PM, V3 (Assistant Administrator) states he is aware of the allegations of R1s' missing ring and bracelet. V3 states this incident happened late in 2023 and was handled by V8 (Former Administrator). V3 states he remembers V8 having a meeting with V9 (R1s' family member) and V8 paid V9 approximately 200 dollars to replace R1s' missing items. V3 states R1s' missing items should have been reported and he will gather as much information that he can find that is related to the allegations. V3 states he is aware that the facility should retain documentation of resident files for a time period even after they are discharged from the facility.</p> <p>Facility reported incident for misappropriation of property for R1 was requested from V3 (Assistant Administrator) on 02/22/2025 at 1:07 PM.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/22/2025, at 2:20 PM, V3 provides surveyor with a form titled Petty Cash Reconciliation Form and states R1s' initials are located at the bottoms of the list and R1 was reimbursed 180 dollars for her missing items. V3 also provides surveyor a document dated 12/17/2023, titled Final investigation- Missing bracelet for R1 and a document titled Fax Initial Reportable Accident/Incident to IDPH (Illinois Department of Public Health) Regional Office. V3 states this was the only documentation that he could find regarding R1s' misappropriation of property allegations. Surveyor makes V3 aware that there is no documentation to show that the initial and final reports were faxed/submitted to the state agency. V3 observes the final report and is made aware that there is no fax confirmation and no date to show proof of when/if the misappropriation of property report was submitted to the state agency. Surveyor inquires to V3 about documentation of proof of an investigation and proof of submitting a report to the state agency for R1s' allegations. V3 states the investigation was handled by V8 (Former Administrator) and V3 is unable to find the folder containing those documents. V3 states he will search again for the documents containing the full investigation and reporting documents.</p> <p>On 02/23/2025, at 12:04 PM V3 (Assistant Administrator) states he could not find any more documents related to the allegations of misappropriation of property for R1. Surveyor requests a contact telephone number for V8 (Former Administrator) and V3 states he does not have a contact number for V8. V3 states while working at the facility, V8 used a company phone for contact purposes and since V8 no longer works for the facility, V8 no longer has the company phone. V3 states he does not have any other way to contact V8. V3 states V8 stopped working at the facility approximately in June 2024.</p> <p>There is no documentation presented during this survey to show that R1s' belongings were inventoried upon admission or while R1 resided in the facility.</p> <p>Facility policy dated 10/2022, titled Abuse Prevention Program documents in part, Facility affirms the right of the residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Misappropriation of resident property means the deliberate misplacement, exploitation or wrongful temporary, or permanent use of a residents' belongings or money without the residents' consent. V. Internal reporting requirements and identification of allegations: Reports will be documented and a record kept of the documentation. Upon learning of the report, the administrator or designee shall initiate an incident investigation. Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.</p> <p>Facility policy dated 11/08/2011, titled Resident Personal Clothing and Belongings Handling documents in part, Procedure: Upon admission- Personal belongings are to be listed on the Belongings List in the residents' chart. New items brought to the facility other than during the admission process, should also be added to this list.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on interview and record review, the facility failed to follow their abuse prevention program and conduct a thorough investigation for one (R1) out of three residents reviewed for misappropriation of property in a total sample of three residents.</p> <p>Findings include:</p> <p>Record review documents that R1 was admitted to the facility on [DATE] and discharged from the facility on 11/23/2024.</p> <p>R1s' Facesheet documents that R1 has diagnoses not limited to: Parkinson's Disease, neurocognitive disorder, essential hypertension, bilateral knee osteoarthritis, venous thrombosis, schizoaffective disorder, bipolar disorder, visual hallucinations, long term use of anticoagulants, and chronic heart failure.</p> <p>R1s' MDS/Minimum Data Set, dated dated [DATE], documents that R1 has a BIMS/Brief Interview for Mental Status of 08/15, indicating that R1 is cognitively impaired.</p> <p>On 02/22/2025, at 12:07 PM, V4 (Social Services Director) states V9 (R1s' Family member) informed her that R1 had a diamond ring and bracelet on when R1 was admitted to the facility. V4 states she informed V9 that these items were not inventoried but V9 was insistent that R1 had these items. V4 states she informed V3 (Assistant Administrator) about the allegations and V3 reimbursed V9 for the ring and bracelet items. V4 states this incident occurred approximately in late 2023 or early 2024.</p> <p>On 02/22/2025, at 1:07 PM, V3 (Assistant Administrator) states he is aware of the allegations of R1s' missing ring and bracelet. V3 states this incident happened late in 2023 and was handled by V8 (Former Administrator). V3 states he remembers V8 having a meeting with V9 (R1s' family member) and V8 paid V9 approximately 200 dollars to replace R1s' missing items. V3 states R1s' missing items should have been reported and he will gather as much information that he can find that is related to the allegations. V3 states he is aware that the facility should retain documentation of resident files for a time period even after they are discharged from the facility.</p> <p>Facility reported incident for misappropriation of property for R1 was requested from V3 (Assistant Administrator) on 02/22/2025, at 1:07 PM.</p> <p>(continued on next page)</p>

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