STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145939	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pavilion of South Shore	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and records reviews, the facility failed to follow a resident's (R1, R5) oxygen administration via a functional oxygen concentrator for two (R1 and R5) out of 3 residents reviewed for oxygen administration. This failure resulted in R1 having trouble breathing on [DATE] causing emotional distress, and R5 having trouble breathing on [DATE] causing hospitalization. Findings Include:MDS (minimum data set) with review date of [DATE], BIMS (brief interview of mental status) score of 8 indicated R1's has a moderate cognitive impairment.MDS (minimum data set) with review date of [DATE], BIMS (brief interview of mental status) score of 13 indicated R5's has cognition is intact. On [DATE] at 10:43 AM, this surveyor observed R1 laying on his bed, he is currently on oxygen via concentrator, the setting is 3 liters. R1 appears calm and collected and free of pain. R1 is alert and oriented to person, place, time and situation. R1 stated in the past the facility left him without receiving oxygen. R1 stated one day the oxygen concentrator was not working, he could not feel any air coming from the nasal cannula which caused him difficulty breathing. R1 stated he remembers the incident occurred on the third shift, when the oxygen concentrator machine was not working for approximately 1/2 hour. R1 stated the nurse taking care of him, attempted to fix the concentrator by changing the water valve that is attached to the machine but that did not work. R1 stated the nurse then proceeded to hook him in the portable tank, which helped for a while until the oxygen ran out completely and he could not breathe. R1 stated he used the call light to ask for assistance, and the nurse ended up fixing the problem with a new oxygen concentrator.On [DATE] at 11:39 AM, V3 (Registered Nurse) stated he has been working in the facility for 5 weeks and will typically float to different units. V3 stated he will ensure that the concentrator tanks are working properly during his rounds. V3 stated if a concentrator tank is not working properly, then he will place the resident on an oxygen tank. V3 stated he has not had any issues with not having oxygen available for the residents. V3 stated the oxygen room is well equipped with full or partially full oxygen tanks. V3 stated if the resident is not receiving appropriate oxygen, then it can put the resident at risk for respiratory distress.On [DATE] at 11:54 AM, R5 is observed lying in bed, high fowlers position, appears calm and collected and under no distress. R5 is currently attached to the oxygen concentrator set at 3 liters. R5 stated in the past he has an incident where he was not receiving oxygen from the oxygen concentrator because the water cylinder was not attached appropriately. R5 stated that all he can remember that day is the nurse attempting to fix the distilled water canister because it was not attached to the oxygen concentrator properly. R5 stated he began to feel anxious because he could not breathe and passed out. R5 stated when he woke up, he was already in the ambulance in route to the hospital. R5 stated he then learned that the nurses had to initiate cardiopulmonary resuscitation (CPR).On [DATE] at 11:02 AM, V11 (License Practical Nurse) stated she has been working in the facility for 5 years. V11 stated to her knowledge she does not recall R1 being left without any oxygen or having any issues with his concentrator since he was admitted in the facility. V11 stated all oxygen tanks are refilled every week, and there has never been a time when there was no oxygen available on the unit. V11 stated R1 is alert and oriented to person, place and time. V11 stated R1 requires 3 liters of continuous oxygen via a concentrator. V11 stated the concentrator requires the (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

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	distilled water to be attached properly, twisting it on the concentrator to function appropriately. V11 stated R1 is the only resident on the unit who requires continuous oxygen.On [DATE] at 10:37 AM, V2 (Director of Nursing) stated she has been working in the facility for three years. V2 stated nurses are expected to make sure that resident settings are according to the provider's order, making sure that the medical equipment is functional, and the resident is receiving oxygen. V2 stated if the medical equipment is not functioning appropriately then the resident would not receive any oxygen, potentially causing the resident to go under respiratory distress and being sent to the hospital.On [DATE] at 11:40 AM, V15 (Maintenance Director) stated he has been working in the facility for 6 years, he is the only maintenance in the building, and he is on call 24-7 days out of the week. V15 stated if any work orders are placed, they will go through the application installed in his mobile device. V15 stated a work order will include the resident room number, bed, date, and a description of the work order. V15 stated he has never had to replace any concentrators in the building, and to his knowledge that is something that the nurse will take care of. V15 stated he was not at work on [DATE] because he has a flat tire and was not able to report to work on that day. V15 stated, however no one notified him of any repairs over the weekend. V15 stated if he would have been aware of a concentrator malfunction, then he would call the oxygen supplier's company, and they would decide if to repair or replace the concentrator. V15 stated the oxygen tanks are replaced once a month or as needed.On [DATE] at 12:38 PM, V10 (License Practical Nurse) stated she has been working in the facility for 16 years. V10 stated she will ensure that the contractors are functional at the beginning of her shift. V10 stated the oxygen tanks should be labeled, ensure the canister that has the distilled water is at fill level, do not go over it or below the indicated line. V10 stated if there are bubbles in the water canister, then that means the machine is working and the resident is receiving oxygen. V10 stated she has never had any issues with the concentrators. V10 stated R1 is alert and oriented to person, place and time, and can let staff know if he is not receiving oxygen. V10 stated that at times she has had to replace R1's nasal canula, however with the concentrator itself, she has it has always been functional. If the water canister is not attached to the concentrator correctly, then the resident will not receive the oxygen that he requires. Everything must be connected properly, to prevent any respiratory distress.On [DATE] at 2:32 PM, V1 (Administrator) stated nurses are expected to document in the electronic medical records if there is ever a time when a resident is under distress, and his oxygen saturation is desaturating.On [DATE] at 1:18 PM V9 (Registered Nurse) stated he has been working in the facility for 3 years and typically will work the second shift. V9 stated he will always ensure to check the concentrator tanks at the beginning of his shift. V9 stated the concentrator should have a water valve attached to the concentrator for the residents to receive his oxygen, and it should also have clear tubing for the nasal cannula. V9 stated if a concentrator is not functioning, then the first thing is to try and solve the issue. V9 stated R5 is alert and oriented to person, place and time. This surveyor questioned V9 on the progress note that he wrote on [DATE], regarding the resident being found in bed unresponsive and gasping for air. V9 stated R5 was sent to the hospital that day, he checked to see if there was any air coming out from the nasal cannula, and there were no issues. V9 stated he was not aware that R5 was not receiving any oxygen and caused him to have trouble breathing. This surveyor questioned V9 regarding his progress note on [DATE] regarding the resident being attached to the oxygen tank instead of the concentrator, since R5 requires continuous oxygen. V9 stated he checked the concentrator system to make sure that the concentrator was working correctly. V9 was reluctant to directly answer the questions that were asked pertaining to the oxygen concentrator, and as to why R5 was gasping for his air during this change of condition.On [DATE] at 1:47 PM, this surveyor attempted to call V13 (Registered Nurse), there was no answer. This surveyor was unable to leave a voicemail; the voicemail was not set up.On [DATE] at 1:49 PM, V11 (License Practical Nurse) stated she works the third shift and occasionally will work on the first shift. V11 stated a concentrator tank must have the distilled water attached to the concentrator. V11 stated the bottle, and nasal cannula should be replaced every 72 hours or as needed. V11 stated R1 is alert and oriented (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	to person place and time. V11 stated at times R1 will complain of shortness of breath, which will require her to change the nasal cannula because it could be clogged with mucous. V11 stated she has never had any issues with R1's concentrator tank and has never received any concerns about it during the nurse-to-nurse report. V11 stated if there is a problem with the concentrator, then she will administer oxygen via a portable oxygen tank. V11 stated the facility has the oxygen room stocked with sufficient oxygen, and she has never actually run out of oxygen. V11 stated if there was ever a time when all tanks were empty, then she utilizes a tank from another floor.On [DATE] at 1:38 PM, V13 (Registered Nurse) stated he has been working in the facility since May of 2026 and is familiar with R1. V13 stated one day during the change of shift V11 reported to him that there might be something wrong with R1's concentrator. V11 stated during that time R1 had pressed on the call light, and one of the aides reported to him that R1 was having difficulty breathing. V13 stated when he arrived to R1's room he assessed R1's respiratory system, and noted that he was having difficulty breathing, and R1's oxygen saturation was at 87% room air and was desaturating. V13 stated he grabbed a clean cup, poured some clean water on the cup, and placed the nasal cannula probe inside the water to test the oxygen, and there were no bubbles, which indicated that there was no oxygen coming through the nasal cannula. V13 stated the canister in which the distilled water was placed and attached to the concentrator was working fine, the issue presented in the nasal cannula probe. V13 stated because R1's oxygen saturation continued to decrease, he temporarily grabbed an oxygen tank and administered the oxygen there. V13 stated he was able to get a brand-new concentrator. V13 stated he is not sure what the issue was with the old concentrator but instead replaced the entire concentrator. V13 stated R1's oxygen saturation reached 95% to 96% via 3 liters oxygen with the new concentrator.On [DATE] at 3:53 PM, V14 (Attending Physician) stated if a resident requires continuous oxygen and the concentrator is malfunctioned, then an oxygen tank may be used temporarily. V14 stated R1requires continuous oxygen and is high risk due to his comorbidities. V14 stated if not receiving oxygen, it can cause R1 to become hypoxic. V14 stated if R1 becomes hypoxic it can affect other organs, primarily the brain. V14 stated the resident can become confused, disoriented, possibly being sent out to the hospital and being intubated. V14 stated he was not aware of R1 not having a functional concentrator, causing R1 to have trouble breathing due to not receiving oxygen. V14 stated it is best practice for nurses to ensure that all medical equipment is functional to prevent resident respiratory distress and possible re hospitalization. V14 stated R5 is also one of the residents that require continuous oxygen. V14 stated R5 is alert and oriented to person, place, time and situation. V14 stated he was not made aware that his medical equipment was not functional on the day of the hospitalization. V14 stated R5 also has many comorbidities that puts him at a high risk of becoming hypoxic if not receiving appropriate oxygen. This surveyor reviewed R1 and R5 progress notes, there is no documentation that the change of condition was monitored for both residents.Policy titled Oxygen Administration with review date 11/2013 documents in part, The purpose of this procedure is to provide guidelines for safe oxygen administration. 1.Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 2. Review the residents' care plan for any special needs of the resident. 3. Assemble the equipment and supplies as needed. Oxygen therapy is administered by an oxygen mask, nasal cannula, and/or nasal catheter. Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through. Observe the resident upon setup and periodically thereafter to be sure oxygen is being tolerated (see Assessment). Oxygen concentrators are received from Advacare. Concentrators are returned to Advacare after use. Advacare performs all maintenance on O2 concentrators.