

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Southview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. Michigan Ave. Chicago, IL 60616	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>32819</p> <p>Based upon interview and record review the facility failed to timely notify the physician of change in condition for one of three residents (R3) reviewed for bed bug bites.</p> <p>Findings include:</p> <p>On 3/13/24, IDPH (Illinois Department of Public Health) received allegations that the facility has a bed bug infestation and R3 has bug bites all over the body.</p> <p>On 4/2/24 (roughly 3 weeks after the allegation was received by IDPH) at 1:22pm, R3 stated I had bed bugs all over my legs and feet they been biting me on my arms too. I pulled some scabs off. Open bleeding and scabbed areas were observed on R3's forearms. Small circular red raised areas were also noted on R3's hands, legs, and feet. Small circular scarred areas were noted on R3's abdomen. Surveyor inquired if the physician prescribed treatment for R3's bug bites. R3 responded No.</p> <p>On 4/2/24 at 1:35pm, surveyor inquired about the appearance of R3's skin, V5 (Licensed Practical Nurse) inspected R3's lower extremities and stated, Look like he might have had some bites there. R3 responded They itch but I don't have itching cream. V5 inspected R3's abdomen and stated, Maybe a couple there, some old ones. V5 inspected R3's upper extremities and stated Looks like you been scratching them. Look like open spots but he might a scratched em. I need to call the doctor.</p> <p>R3's (4/2/24) progress notes state 1:54pm, Medical Doctor was called (after surveyor inquiry).</p> <p>On 4/10/24 at 1:39pm, surveyor inquired about staff requirements for resident change in condition, V13 (Medical Director) stated They're supposed to call the doctor.</p> <p>The (3/2021) change in condition policy states notification of the physician, should occur when there is a change in the resident's condition. Change in condition is defined as: an incident that involves the resident which results in injury and requires physician intervention. A need to alter treatment. Procedure: call physician at the time the change occurs.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to ensure that staff notify housekeeping of bed bug eggs/excrement in residents' room for one of three residents (R3) reviewed for environment and failed to ensure that adequate housekeeping staff are available to thoroughly clean resident rooms. These failures have the potential to affect 152 residents.</p> <p>Findings include:</p> <p>On (11/2/23) the facility was cited by IDPH (Illinois Department of Public Health) for failing to provide a safe, clean, comfortable, homelike environment.</p> <p>The (4/2/24) facility census includes 152 residents.</p> <p>R3 resides on the 5th floor.</p> <p>R3's (3/11/24) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact).</p> <p>On 4/2/24 at 1:22pm, R3 moved his bed (which was touching the wall), pointed at the wall and stated, That's where them bed bugs been using the bathroom. Several large circular areas with speckled brown and black matter were observed on the wall (adjacent R3's bed). Surveyor inquired if bed bugs were present R3 responded I had bed bugs all over my legs and feet.</p> <p>On 4/2/24 at 1:35pm, surveyor inquired about the appearance of R3's skin V5 (Licensed Practical Nurse) inspected R3's lower extremities and stated, Look like he might have had some bites there. Surveyor inquired about the substance on R3's wall (adjacent the bed), V5 responded I'm not an expert on this but I see dark spots with speckle, I don't know what this is.</p> <p>On 4/2/24 at 11:43pm, surveyor inquired which 5th floor rooms were treated for bed bugs V6 (Certified Nursing Assistant) stated I wouldn't be able to pinpoint which room. When we (staff) see it, we just write it down. Surveyor inquired about the substance on R3's wall (adjacent the bed) V6 responded I don't know how they call it but it's the bed bugs eggs, I think. This is something that's been here for long before he (R3) was moved here. [The facility census affirms that R3 was transferred to current room on 3/25/24 - 8 days prior]. Surveyor inquired if the bed bug eggs on R3's wall was reported to anyone V6 stated I don't usually work on this side and affirmed that she (V6) did not report (observed) bed bug concerns.</p> <p>On 4/2/24 at 1:48pm, surveyor inquired what was on the wall (adjacent R3's bed) V2 (Director of Nursing) entered R3's room (wearing gloves) and stated, Is it bed bug? that look like bug litters. Surveyor inquired why the wall in R3's room was not cleaned V2 responded We do, it's just that were short staff on the housekeeping department.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/2/24 at 1:54pm, surveyor inquired about housekeeping requirements at the facility V7 (Housekeeping) stated I do both floors (5th & 6th) if the other gentleman (Housekeeper) is off. It's usually 4 of us (Housekeepers) but we have some guys (Housekeepers) off today. Sometimes we (facility) are short of staff and based on that, we (Housekeepers) cover the other floors to keep it clean. Surveyor inquired about V7's current assignment (2 floors) V7 responded It's too much. Surveyor inquired if V7 was made aware of the bed bug eggs and/or excrement on R3's bedroom wall V7 replied That I don't remember but usually we will go and clean it up if we come across that. Surveyor inquired if the furniture is moved when cleaning resident rooms V7 stated We move beds, sweep and mop the floor and move the bed back [cleaning walls was excluded].</p> <p>The (undated) housekeeping policy states environmental surfaces will be cleaned and disinfected according to current CDC (Centers for Disease Control) recommendations for disinfection of healthcare facilities. Non-critical surfaces will be disinfected. Non-critical environmental surfaces include bed rails, some food utensils, furniture, and floors [walls are excluded].</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>32819</p> <p>Based upon interview and record review the facility failed to follow policy procedures, failed to release trust funds timely and failed to remit the entire trust fund balance on the close account check to one of four residents (R2) reviewed for trust funds.</p> <p>Findings include:</p> <p>On 3/11/24, IDPH (Illinois Department of Public Health) received allegations that R2 was not provided resident funds upon discharge. R2 is told that there are no staff available to sign paperwork when R2 requests return of money.</p> <p>On 4/3/24 at approximately 3:40pm, surveyor requested to speak with the BOM (Business Office Manager) V3 (Assistant Administrator) affirmed that the facility does not currently have one.</p> <p>The facility census affirms R2 was discharged (Thursday) 2/29/24.</p> <p>R2's facility trust fund account includes (3/15/24) Close Account Check 895 (R2's name) Debit: \$1,061.00. However, a total balance of \$0.36 remains in the account.</p> <p>On 4/9/24 at 11:20am, surveyor requested evidence that R2 received the (3/15/24) trust fund check V2 (Director of Nursing) affirmed that she could not find evidence that the check was received at this time. V2 presented a of a log which states 895, R2's name, for: closed trust total: 1061 however the trust fund account affirms a balance of \$1,061.36 was in the account therefore \$0.36 was not accounted for.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/24 at 12:48pm, surveyor inquired about the requirements for remitting trust funds upon discharge V9 (Corporate Business Office Manager) stated Knowing in advance that they're (residents) leaving, we (facility staff) write the check before they leave and give it to them (residents). They (residents) usually get it that day unless it's on a day the Administrator is out of the building. The Administrator and Regional Director of Operations (V12) are the only ones that are able to sign the checks. Surveyor inquired if residents must sign something when they receive funds V9 responded Only if they are requesting a large amount or they are leaving they'll sign something for us to write them a check and then they'll sign for authorization to write the check. Surveyor inquired if a request for release of guest's trust fund form is supposed to be filled out V9 replied In that building (referring to facility) probably yes. Surveyor inquired about R2's trust funds V9 stated He (R2) left on the 29th (February 2024) and we (facility staff) wrote him a check out of his trust which was a thousand sixty-one dollars. I have the canceled check. Surveyor inquired when R2 received the \$1,061.00 check V9 responded That I'm not sure of. Surveyor inquired if the facility has evidence that R2 received the (3/15/24) trust fund check V9 replied I know it was cashed on 3/27 for 1,061.00, I cannot tell you the day he received it. Surveyor inquired about concerns with R2's trust fund account which states 3/15/24 close account check in the amount of only \$1,061 however a balance remains V9 stated 3/15/24 tells me that they wrote out a check for 1.061.00 so that's probably when he got it (27 days after discharge). Surveyor inquired if there was a problem with the accounting V9 responded Problem? I see 36 cents that they should have wrote on the check. Surveyor inquired why the total amount was not provided to R2 on 3/15/24 as warranted V9 replied Why was the 36 cents not added in? I have no idea, they just looked at it wrong and wrote the check wrong.</p> <p>On 4/9/24 at 2:00pm, V3 presented a copy of check 895 (endorsed by R2) which affirms \$1,061.00 was received however a balance remains in R2's closed trust account.</p> <p>The (8/1/15) Refunding Trust Fund Account policy states it is the policy of the facility to release resident trust fund balances upon discharge to the resident via check. If there is no money owed and the resident was discharged the Business Office write a check and give it to the resident the day of discharge. If resident discharges on a weekend when Business Office is closed a check will be sent to the forwarding address.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to follow physician orders, failed to provide timely podiatry services, failed to document services rendered in the progress notes, failed to obtain physician consult orders prior to receiving podiatry services, failed to implement a concern/resolution form, failed to timely schedule a care plan meeting as requested, and failed to document specific health/well-being concerns for one of three residents (R1) reviewed for physician services. These failures have the potential to affect 152 residents.</p> <p>Findings include:</p> <p>The (4/2/24) facility census includes 152 residents.</p> <p>On 3/11/24, IDPH (Illinois Department of Public Health) received allegations that R1 is not provided timely podiatrist appointments.</p> <p>R1's (1/23/24) podiatry consult includes Assessment: contusion of right great toe, pain in right/left foot/toes, nail dystrophy, type II diabetes mellitus with other circulatory problems. Plan: Nails debrided to decrease pain. Incision & Drainage of hematoma: Right 1st toe. Podiatric professional is needed to avoid possible infection. Patient to be seen again: 7 days.</p> <p>R1's (1/30/24) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact).</p> <p>On 4/2/24 at 1:15pm, R1's toenails were short and appeared recently debrided. Surveyor inquired who trimmed R1's toenails R1 stated The foot doctor, I saw him about 3 days ago.</p> <p>R1's (4/2/24) progress notes state received order from doctor for resident to see the Podiatrist (several days after R1 received services).</p> <p>On 4/3/24 at 1:50pm, surveyor inquired if R1 was seen by the Podiatrist after (1/23/24) visit as ordered, V2 (DON/Director of Nursing) presented the (3/28/24) podiatry consult log which includes R1's name and affirmed R1 received services that day (2 months after the required timeframe). Surveyor inquired why R1's progress notes exclude the (3/28/24) podiatry consult and/or services provided, V2 shrugged her shoulders and affirmed it should have been documented. Surveyor inquired why podiatry consult orders were obtained on 4/2/24 (5 days after podiatry services were provided) V2 stated I told the nurse to put that there after he was seen.</p> <p>—</p> <p>On 3/11/24, IDPH also received allegations that the DON and unknown Social Worker are unavailable and not following up with V4 (Family) on R1's care plan and status.</p> <p>R1's face sheet affirms that V4 is the POA (Power of Attorney).</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/3/24 at 12:55pm, surveyor inquired if the facility received concerns regarding R1 V2 (DON) stated I (V2) know that we (facility) did get a letter from the city of Chicago about his (R1) well-being regarding his medical history and to talk about him (R1). Surveyor inquired what the facility implemented to resolve R1's reported well-being concerns, V2 responded I (V2) know I reached out to (V4) the same week and she (V4) was concerned with diabetes so I told her (V4) she could come in for the care plan meeting and she agreed. His (R1) case worker fixed a date for the care plan meeting. [Surveyor requested a copy of the letter regarding R1's reported well-being concerns and R1's grievance form to ascertain whether reported concerns were addressed however neither were received during this survey].</p> <p>R1's (3/26/24) progress notes state (V4) was called to follow-up on health concerns. Writer gave a summary of current health status and suggested a care plan meeting. Mother prefers the care plan meeting, and a date will be provided to her per resident's Social Worker (7 days prior to investigation) however nothing is documented regarding specific health concerns, resolutions to reported concerns, and/or care plan meeting arrangements.</p> <p>On 4/3/24 at 1:03pm, surveyor inquired about the letter (received by the facility) regarding concerns with R1's well-being, V3 (Assistant Administrator) stated It was a call that I (V3) received (not a letter) from the city of Chicago inspectors and they (inspectors) was calling because (V4) called them and he (inspector) wanted to follow-up because she (V4) was requesting medical records. He (inspector) was following up to see if she (V4) received the medical records. Surveyor inquired about facility requirements for reported concerns V3 responded To document the concern log, and in PCC (electronic medical record) maybe the progress notes.</p> <p>On 4/9/24 at 12:05pm, R1's progress notes were again reviewed however care plan meeting arrangements were excluded.</p> <p>The (3/2021) I Care grievance concern policy states the I Care form will be used as a communication tool to other staff members and should be utilized as follows: staff member receiving a verbal concern should complete the I Care form or assist the resident/patient/family in completing it. The staff member receiving a concern, should take steps to resolve the issue and licensed personnel should record information and actions taken in the medical record when appropriate. The form should then be given to the Administrator. The Administrator or Designee will investigate and develop a plan of action as appropriate. The Administrator or designee will then follow-up with the complainant within 72 hours to discuss the results of the investigation and actions taken to resolve the issue. The I Care form will include the resolution to the grievance and the follow-up with the complainant.</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to ensure that one of three sampled residents (R3) remained free from bed bug bites and failed to ensure that medications to relieve itching and/or inflammation were prescribed timely. These failures resulted in R3 sustaining multiple bed bug bites on the hands, arms, feet, legs, abdomen, and severe itching which resulted in open bleeding wounds and scarring.</p> <p>Findings include:</p> <p>On 11/8/23, the facility was cited by IDPH (Illinois Department of Public Health) for failing to ensure that a resident remained free from bug bites and failing to ensure that medications to relieve inflammation and/or pain were prescribed.</p> <p>On 3/13/24, IDPH received allegations that the facility has a bed bug infestation and R3 has bug bites all over the body. Facility staff is aware, and nothing is being done.</p> <p>R3's (3/11/24) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact).</p> <p>On 4/2/24 (roughly 3 weeks after the allegation was received) at 1:22pm, R3 stated I had bed bugs all over my legs and feet they been biting me on my arms too. I pulled some scabs off. Open bleeding and scabbed wounds were observed on R3's forearms. Small circular red raised (inflamed) areas were also noted on R3's hands, legs, and feet. Small circular scarred areas were noted on R3's abdomen. Surveyor inquired if the physician prescribed treatment for R3's bug bites R3 responded No.</p> <p>On 4/2/24 at 1:35pm, surveyor inquired about the appearance of R3's skin V5 (Licensed Practical Nurse) inspected R3's lower extremities and stated, Look like he might a had some bites there. R3 responded They itch but I don't have itching cream. V5 inspected R3's abdomen and stated, Maybe a couple there, some old ones. V5 inspected R3's upper extremities and stated Looks like you been scratching them. Look like open spots but he might a scratched em. I need to call the doctor.</p> <p>R3's (March-April 1, 2024) progress notes exclude bed bug bites and skin assessments.</p> <p>R3's (4/2/24) progress notes affirm at 1:54pm, Doctor was called (after Surveyor inquiry). Orders for Bacitracin and Hydrocortisone for itch were prescribed.</p> <p>On 4/10/24 at 1:39pm, surveyor inquired about staff requirements for resident change in condition V13 (Medical Director) stated They're supposed to call the doctor. Surveyor inquired about potential harm to a resident exposed to bed bugs V13 responded The problem with a bed bug issue is that they need to call the company to eliminate the bed bugs. If they (bed bugs) don't get eliminated; bites, itching, scratching, infection can happen and if it gets severe it could be sepsis.</p> <p>The (3/2021) change in condition policy states change in condition is defined as: an incident that involves the resident which results in injury and requires physician intervention. A need to alter treatment. Procedure: call physician at the time the change occurs.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to ensure they have a bed bug policy/procedure to prevent outbreak, failed to ensure that staff report bed bug observations and failed to remove bed bug excrement/eggs from the wall in residents' room prior to resident placement for one of three residents (R3) reviewed for bed bugs. These failures have the potential to affect 152 residents.</p> <p>Findings include:</p> <p>The (4/2/24) facility census includes 152 residents.</p> <p>On (11/8/23) the facility was cited by IDPH (Illinois Department of Public Health) for failing to ensure that staff are aware of bedbugs in resident rooms and failing to implement appropriate measures to eradicate bed bugs to prevent infestation.</p> <p>On 3/13/24, IDPH received allegations that the facility has a bed bug infestation and R3 has bug bites all over the body.</p> <p>On 4/2/24 at 11:56am, surveyor inquired if there were any recent pest control concerns in the facility V3 (Assistant Administrator) stated No, they (pest control) come out weekly.</p> <p>R3 resides on the 5th floor.</p> <p>The (February-March 2024) pest control invoices were reviewed for bed bugs and treatments applied. The (2/14/24) invoice states run a bed bug clean out for the 5th floor. Treated rooms with activity from last service. R3's current room is inclusive clear was denoted upon inspection.</p> <p>The facility census affirms that R3 was transferred to current room on 3/25/24 (5.5 weeks after the inspection).</p> <p>R3's (3/11/24) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact).</p> <p>On 4/2/24 at 1:22pm, surveyor inquired about bed bugs in the facility, R3 moved his bed (which was touching the wall), pointed at the wall and stated, That's where them bed bugs been using the bathroom. Several large circular areas with speckled brown and black matter were observed on the wall (adjacent R3's bed). Surveyor inquired if R3's room was treated for bed bugs R3 responded They bring those big fans to get rid of em however R3 affirmed they do not.</p> <p>On 4/2/24 at 1:35pm, surveyor inquired about the appearance of R3's skin V5 (Licensed Practical Nurse) inspected R3's lower extremities and stated, Look like he might a had some bites there. Surveyor inquired about the substance on R3's wall (adjacent the bed) V5 responded I'm not an expert on this but I see dark spots with speckle, I don't know what this is.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/2/24 at 11:43pm, surveyor inquired about bed bugs on 5th floor V6 (Certified Nursing Assistant) stated They used to have bed bugs on some of the units, but they try to treat most of the rooms. Surveyor inquired which 5th floor rooms were treated V6 responded I wouldn't be able to pinpoint which room. When we (staff) see it, we just write it down. Right now, they (facility) are treating the 3rd floor. Surveyor inquired about the substance on R3's wall (adjacent the bed) V6 replied I don't know how they call it but it's the bed bugs eggs, I think. This (bed bug eggs) is something that's been here for long before he (R3) was moved here. [The facility census affirms that R3 was transferred to current room - 8 days prior]. Surveyor inquired if the bed bug eggs on R3's wall was reported to anyone V6 stated I don't usually work on this side and affirmed that she (V6) did not report (observed) bed bug concerns.</p> <p>On 4/2/24 at 1:48pm, surveyor inquired what was on the wall (adjacent R3's bed) V2 (Director of Nursing) entered R3's room (wearing gloves) and stated, Is it bed bug? that look like bug litters. Surveyor inquired why the wall in R3's room was not cleaned V2 responded We do, it's just that were short staff on the housekeeping department.</p> <p>On 4/2/24 at 1:54pm, surveyor inquired if V7 (Housekeeping) was made aware of the bed bug eggs and/or excrement on R3's bedroom wall V7 stated That I (V7) don't remember but usually we (Housekeeping Staff) will go and clean it up if we come across that.</p> <p>On 4/3/24 at approximately 11am, surveyor requested the facility policy and procedures for bed bugs. At 12:02pm, V2 (Director of Nursing) stated They (Corporate) said they have none (policy/procedure) for bed bugs.</p> <p>The (4/2020) pest control policy states this facility maintains an on-going pest control program to ensure that the building is kept free of insects. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p> <p>The (undated) housekeeping policy states environmental surfaces will be cleaned and disinfected according to current CDC (Centers for Disease Control) recommendations for disinfection of healthcare facilities. Non-critical surfaces will be disinfected. Non-critical environmental surfaces include bed rails, some food utensils, furniture, and floors (walls are excluded).</p>		