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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>146161 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>12/24/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Southview Manor |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3311 S. Michigan Ave.<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49572</p> <p>Based on interview and record review, the facility failed to provide notification to a physician and family regarding one resident (R4) that sustained an injury. This failure affects 1 resident (R4) in a sample of 8 residents reviewed for notification of changes.</p> <p>Findings include:</p> <p>R4's progress note, dated 10/2/24, at 7:47 AM, by V6 (Registered Nurse/RN), documents, in part, Writer was informed about healed swelling noted on the right eye. Resident narrated what happen between him and his roommate that resulted to fight. His roommate confirmed the fight incident which happened a couple of days ago. Writer suggested a room change needed.</p> <p>R4's progress note, dated 10/10/24, at 6:45PM, by V7 (Social Service), documents, in part, BEHAVIOR NOTE F/U: Roommate already transferred from . (room change) for peaceful co-existence. (Local Police Department) was notified. Officer . and officer . dispatched to the facility. Police report . generated. Staff will continue to monitor and document as needed.</p> <p>R4's Face Sheet documents medical diagnoses that include but are not limited to schizoaffective disorder, unspecified; other and signs involving appearance and behavior; unspecified dementia, unspecified severity, with other behavioral disturbance; major depressive disorder, recurrent, unspecified; anxiety disorder, unspecified; hemiplegia, unspecified affecting left nondominant side; dependence on wheelchair. R4's Minimum Data Set (MDS), dated [DATE], documents, in part, that R4's Brief Interview for Mental Status (BIMS) score is 4 which indicates R4's cognition is severely impaired.</p> <p>On 11/25/24 at 1:02PM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, There was not an altercation with them (R3 and R4). That (R3 and R4 incident) was someone else. Oh, wait, yeah there was an altercation with (R3 and R4). I (V7) know that they (R3 and R4) used to be roommates, but they (R3 and R4) had an altercation. It (R3 and R4 altercation) occurred in the dining room. I'm (V7) not sure. I (V7) cannot remember. On 11/26/24, at 10:17 AM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, I (V7) was not there but I (V7) was told they had an altercation, so I (V7) changed their rooms. It wasn't the same day the altercation occurred. It (R3 and R4 physical altercation) was later because no one reported right away. Someone on the floor told me. I (V7) can't remember.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 11/26/24, at 10:31 AM, V6 (Registered/RN), When I (V6) came in for my shift on October 2nd (10/02/2024), I (V6) noticed (R4's) eye was swollen. (R4) said (R3) hit him (R4). (R3) wasn't sure what happened. They (residents) will tell you otherwise. Neither resident could tell me the date it happened. They (facility) move me from one floor to another all the time so I'm (V6) not sure when it happened either. I (V6) don't know when it happened. Residents are confused at times. I (V6) didn't report the eye injury to the doctor or nurse practitioner because it (eye injury) wasn't that bad. No, I (V6) didn't call his (R4) family. I (V6) didn't tell anyone about it because I (V6) didn't feel what they (R3 and R4) told me was true. I (V6) did not report it, I (V6) just put it in the progress note. Yes, you should report all alleged abuse.</p> <p>On 12/03/24, at 2:06 PM, V17 (Medical Director) said, Alleged abuse and unknown injury should be called to me (V17). I'm (V17) not sure if they (staff) called me (V17) about (R4's) eye The facility's policy is to call the physician. I'm (V17) not gonna knock the nurse's down.</p> <p>On 12/04/24, at 11:00 AM, V2 (Director of Nursing/DON) said, The physician or the nurse practitioner should be notified right away of a serious injury or an injury that may be alleged abuse or of an injury that the cause is unknown. Staff need to meet, and the resident's care plan will need to be reviewed and updated.</p> <p>Facility policy titled, First Aid Treatment, effective date 3/2021, documents, in part, . 5. Regardless of the nature or severity, any resident injury/situation shall be reported to the attending physician or extender and responsible party .</p> <p>Facility Policy titled, Change in Condition, dated 3/2021, documents, in part, . To keep the physician or extender, who is in charge of medical care, responsible party, responsible for health care decisions, informed of the resident's medical condition so they may direct the plan of care as needed . Notification of the physician or extender, legal representative, or responsible party, should occur when there is a change in the resident's condition. Change in condition is defined as (notify parties immediately in the event of death): An incident or accident, that involves the resident which results in injury .2. Contacting the physician or extender and responsible party/legal representative: a) Any change in condition - call physician or extender at the time the change occurs .</p> <p>Facility policy, titled, Abuse, effective date 3/2022, documents, in part, Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the consumer for other bruises, laceration, or pain . An injury should be classified as an injury of unknown source when both of the following conditions are met: The source of the injury was not observed by any person or the source of the injury could not be explained by the consumer; and The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. If classified as an injury of unknown source, the person gathering facts will document the injury, the location and time it was observed, any treatment given and notification of the consumer's physician, responsible party.</p> <p>Facility Policy titled, Resident Rights, dated 3/2021, documents, in part, . PROCEDURE: 1. The residents will be assured of the following rights: Safe and good care . Right to Privacy .</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</b></p> <p>Based on observation, interview and record review, the facility failed to protect the resident's right to be free from physical abuse; failed to protect the resident's right to be free from sexual abuse; failed to ensure residents that were perpetrators of substantiated sexual assault did not have continued access to their victim/other residents. This failure affected 4 residents (R1, R4, R5, R7) resulting in R3 hitting R4 in the face, R5 from being sexually assaulted by R1, R6 from hitting R5 in the face, R6 pushing R7 to the ground, and R7 being hit in the face by R8. As a result, R4 suffered facial swelling and psychosocial harm (statements of fear); R5 suffered psychosocial harm stating feelings of dehumanization, flashbacks from prior trauma, fear, impaired sleep patterns, agitation; R1 to have bleeding from the nose; R7 to have swelling to the face and severe back pain. In addition, the facility failing to develop further interventions to prevent R1 from further abusing other residents, failing to prevent R6 from further abusing other residents, and allowing R1/R6 continued access to any floor within the facility places all 142 residents at risk for abuse.</p> <p>This was identified as an immediate jeopardy that began on 11/13/24. On 12/9/2024, at 10:09 AM, V1 (Administrator), V2 (Director of Nursing) and V15 (Regional Director of Operations) were notified of the immediate jeopardy.</p> <p>The facility presented an abatement plan to remove the immediacy on 12/9/2024, at 1:48 PM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented a revised abatement plan on 12/10/2024, at 11:00 AM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/10/2024, at 1:59 PM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/11/2024, at 10:10 AM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/11/2024, at 12:33 PM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/11/24, at 1:25 PM, and the survey team accepted the abatement plan on 12/11/2024.</p> <p>The immediate jeopardy was removed on 12/16/2024, at 2:56 PM. However, the deficiency remains at the second level of harm until the facility determine the effectiveness of the implementation of the removal plan.</p> <p>Findings include:</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 11/25/2024, at 11:59 AM, R6 recalled that R6 heard a loud noise coming from R6's neighbor's (R5's) room after 9:00 PM a few days prior. R6 stated that R6 went into R5's room and observed R5 laying in bed with R5's pants down. R6 explained that R1 was on the side of R5's bed with his hands penetrating R5's vagina. R6 then punched R1 in the face to stop R1 from raping R5. R6 stated that R5 was R6's friend and R6 knew that R5 couldn't defend herself against R1 because R5 gets groggy after taking her psychotropic medications. R6 stated that R1 stopped raping R5 after R6 punched R1 in the face and continued to try and hit R1 and he ran out of the room. R6 recalled staff entered the room after R1 ran out. R6 affirmed that R6 intended to punch R1 in the face.</p> <p>On 11/25/2024, at 12:04 PM, R5 stated that R5 was sexually assaulted by R1 at nighttime around 9:00 PM the week before or so. R5 explained that R5 had recently taken R5's antipsychotics and that the medication makes R5 really out of it. When R5 woke up, R5 recalled that R5's pants were down, R1 was standing over R5 and his fingers were penetrating R5's vagina. R5 stated that R5 wanted to fight R1 off of R5, but couldn't and recalled that R6 saved (R5's) life by punching R1 in the face. R5 affirmed that the sexual act performed on R5 by R1 was not consensual. R5 stated that the nurse assessed R5 but the police didn't come until the next day until the afternoon and a rape kit was not done until the next evening. R5 stated that R5 would have wanted to go to the hospital for treatment but the nurse that assessed R5 never offered. R5 stated that R5 gave a statement to the staff and then no staff ever followed up. R5 stated that R5 needs aftercare to process the assault and the facility has not provided any. R5 explained that since the incident, R5 has been extremely depressed, feels dehumanized, has trouble sleeping, and is in fear that living in the facility will cause her to get sexually assaulted again. Additionally, R5 stated that R5 has had flashbacks all the time from both the incident and past incidents of sexual assault from R5's ex-husband.</p> <p>Record review of R5's medication administration record documents in part that R5 was administered a Quetiapine (Antipsychotic) 300 mg (milligram) tablet at 9:00 PM by V21 (Registered Nurse).</p> <p>On 11/25/2024, at 1:02 PM, V7 (Psychosocial Rehabilitation Services Director) stated that V9 (Psychosocial Rehabilitation Services Assistant) was notified of the incident that occurred on 11/13/2024, around 9:00 PM, by V13 (Registered Nurse). I called V22 (Psychosocial Services Rehabilitation Coordinator) and V1 (Administrator) because V7 was not in the facility. V9 stated that V13 stated R5 was inappropriately touched by R1 and that R6 witnessed it and punched R1 in the face. V7 instructed V22 to gather witness statements and assess the situation. V7 stated R1 and R5 were sent to the hospital on that night when the incident happened (INCONGRUENT STATEMENT) and that R1 was not on 1:1 supervision after the incident. V7 recalled that the facility initiated hourly checks to monitor R1 after the incident until R1 was sent to the hospital. V7 stated that these checks were documented in the electronic health record. Surveyor requested documentation of these checks and documentation was not received before the end of the survey. V7 stated that no trauma assessment was completed after the incident for any of the residents and that trauma assessments should be completed after the resident is exposed to trauma.</p> <p>Record review of R1's electronic health record does not indicate that hourly supervision/checks were completed for R1 after the incident occurred.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 11/25/2024, at 1:32 PM, V1 (Administrator) stated that V1 is the abuse prevention coordinator and completed the investigation regarding R1 sexually assaulting R5 and R6 hitting R1 on 11/13/2024. V1 stated that facility substantiated sexual abuse occurred to R5 and physical abuse occurred to R1. V1 was unsure if substantiated abuse cases were supposed to be reported to the QAPI committee. V1 stated that QAPI committee has not been made aware or reviewed the substantiated abuse that occurred on 11/13/2024. V1 explained (R1) is not in the facility so we can't do any kind of root cause analysis or evaluation of the plans of care. We cannot take further action until R1 returns from the hospital. V1 stated that V1 was unaware of R5's plan of care was updated or any after care was provided after R5 was assaulted. V1 was unaware if R6's plan of care was updated after the incident.</p> <p>On 11/25/2024, at 2:07 PM, V25 (Licensed Practical Nurse) stated that V25 was assigned to take care of R5 on 11/14/2024. V25 stated that V25 did not receive anything in report about R5 getting sexually assaulted the night prior and nothing was documented in the medical record. V25 stated that V25 was told about the incident by R5 and that V25 immediately called the administrator and V7 (Psychosocial Rehabilitation Services Director) who was aware of the situation. V25 recalled that no one had gotten R5 care after the incident, so V25 notified the physician, local law enforcement, and sent R5 to the hospital for a rape kit. V25 stated that residents that have been sexually assaulted must be sent out immediately so that a rape kit can be accurate and collect the needed evidence.</p> <p>On 11/26/2024, at 3:30 PM, V13 (Registered Nurse) stated that V13 was assigned to care for R1 on 11/13/2024. V13 recalled that R1 came on back on to the 5th floor where he resides and R1 had blood coming from R1's nose. R1 was mumbling and couldn't say what happened. V13 stated V13 was notified before V13 left that R1 was supposedly touching R5's buttocks. V13 notified R1's primary care physician of the incident but did not report the incident to V1 because all the staff already knew and V1 was aware. V13 confirmed that V13 did not sent R1 out for evaluation or notify law enforcement of the incident. V13 stated V17 (Medical Director) told V13 to continue to monitor. V13 recalled that V22 (Psychosocial Rehabilitation Services Coordinator) came to the unit and told R1 not to go on other units and asked R1 to stay in his room. It did not work. V13 denied that 1:1 monitoring occurred and stated that a certified nursing assistant was in the day room where R1 was in. V13 needs close monitoring due to V13 always being in other people's rooms.</p> <p>On 11/26/2024, at 3:30 PM, V9 (Psychosocial Rehabilitation Services Aide) stated that V9 was not assigned to care for R1 that night, but that the facility couldn't find the psych rehab aide that was assigned to the (R5's) floor so V9 got involved. V9 said V22 (Psychosocial Rehabilitation Services Coordinator) came to V9 and assisted V9 with the incident. V9 said that R6 reported to V9 that R1 was on top of R5 with R1's hands in R5's vagina. V9 stated that no one was assigned to care for R1 or provide 1:1 supervision after the incident. V9 stated that V9 believed a staff member should be with R1 because R1 is always going into other resident's rooms, is overbearing and is a flirt with other female residents. V9 stated that V9 was unaware who the abuse prevention coordinator was and would report any allegations of abuse to V22.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 11/26/2024, at 4:02 PM, V22 (Psychosocial Rehabilitation Services Coordinator) stated that V22 was in the building when the incident occurred on 11/13/2024. V22 recalled that by the time the V22 arrived to R5's floor, the incident was over with and R1 was back on R1's floor. V22 explained that V7 (Psychosocial Rehabilitation Services Director) tasked V22 with obtaining witness statements for the incident. V22 affirmed V22 reviewed the witness statements. V22 stated that R5 stated that R1 touched R5's vagina while R5 was asleep. V22 expressed that V22 doubted the veracity of R5's statement. V22 stated, When (R5) told me that, I (V22) asked (R5), How could you (R5) know if he (R1) was touching you in your sleep? You are asleep. People can't know if they are being touched when they are asleep.</p> <p>On 11/27/2024, at 12:09 PM, V29 (Registered Nurse) stated that V29 was assigned to R1 on 11/14/2024. V29 was told by V25 that R1 had touched R5 inappropriately. V29 recalled notifying V17 and sent R1 to the hospital. V29 stated that V29 told V1 about the incident, but that V1 was already aware. V29 stated that V29 did not complete an assessment of R1. V29 stated that V25 had called the police and a police report was completed.</p> <p>On 11/27/2024, at 1:01 PM, V21 (Registered Nurse) affirmed that V21 was assigned to care for R5 and R6 on 11/13/2024. V21 recalled that V21 was pulling meds from the medication cart at the nurse's station and V21 heard yelling from down the hallway. V21 stated that R6 was screaming at R1 and R1 left the room. V21 stated that R6 was yelling saying (R1) touched my friend!. V21 stated that R5 said R5 was sleeping and woke up to R6 hitting R1 in the face. V21 recalled giving R5 psychotropic medications earlier and the night and R5 appeared really confused and tired. V21 recalled that R5 was wearing sweatpants but could not recall if the sweatpants were pulled down prior to V21's assessment. V21 stated that V21 called V2 (Director of Nursing) and medical director to report the incident. V21 recalled that V2 instructed V21 to complete risk management paperwork and tell V22 (Psychosocial Rehabilitation Services Coordinator). V21 stated that V21 did not call law enforcement to report reasonable suspicion of a crime because (V2) didn't tell me (V21) to. V21 could not recall who was the abuse prevention coordinator for the facility.</p> <p>On 11/27/2024, at 3:11 PM, V20 (Certified Nursing Assistant) stated that V20 was assigned to care for R5 on 11/13/2024. V20 recalled that V20 was passing linen to the residents when V20 heard hollering. V20 came out of the room V20 was in and followed V21 to R5's room. When V20 got to the room, R1 was leaving and was bleeding a lot from R1's nose. V20 recalled that the stairwell R1 entered after the incident was covered in blood. V20 stated that R6 had punched R1 in the face. V20 recalled observing R5 laying on R5's side on R5's bed with R5's pants down and R5's rear end exposed. V20 stated R5 was upset, told V20 that R1's hands were in R5's vagina and that R5 was going to call her lawyer. V20 stated V21 called V22 to the floor to handle the situation. V20 stated that V20 witnessed abuse, V20 would report it to the nurse on duty. V20 was unaware of any additional interventions provided for R1, R5, or R6 to prevent further harm from occurring. V20 denied knowledge of an abuse prevention coordinator for the facility.</p> <p>Review of R5's care plan does not indicate any intervention was added to protect R5 from further abuse after the incident that occurred on 11/13/2024.</p> <p>Review of R1's care plan does not indicate any intervention was added to protect R5 or other residents from further abuse after the incident that occurred on 11/13/2024. Additionally, R1's care plan identifies that R1 had sexually inappropriate and aggressive behaviors towards other residents prior to the incident.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Review of R6's care plan does not indicate any intervention was added to protect R1 or other residents from further abuse after the incident that occurred on 11/13/2024.</p> <p>R5's progress notes document in part on 11/14/2024, the police were notified at 1:28 PM of the incident and that a police report was completed due to an inappropriate physical contact with a male peer. R5 was sent to the hospital on 11/14/2024, at 2:48 PM for sexual assault follow up and returned at 8:28 PM. A rape kit was completed during R5's emergency room visit.</p> <p>R1's progress notes documents in part on 11/14/2024, the police were notified at 2:49 PM, and R1 left for evaluation at 3:55 PM. R1 was admitted for a psychiatric hospitalization on [DATE], and returned on 11/26/2024.</p> <p>On 12/02/2024, at 11:20 AM, R5 stated that R5 still feels fearful in the facility because R1 is back in the facility. R5 explained that R1 has been on R5's floor at least 5 or 6 times since (R1) came back last week. R5 stated that R1 having continued access to R5 makes R5 feel terrified, and depressed. R5 expressed that the facility just doesn't care that I was sexually assaulted. They just don't care . I need to leave this facility so bad!</p> <p>On 12/02/2024, at 11:25 AM, V13 (Registered Nurse) affirmed that V13 was assigned to care for R1. V13 stated, I (V13) don't know where (R1) is, maybe downstairs?.</p> <p>On 12/02/2024, at 11:30 AM, V1 and V2 (Director of Nursing) were observed sitting in V2's office. Surveyor asked V1 and V2 where R1 was. Surveyor turned from the entrance of the office and observed R1 enter the elevator with other residents (no staff present within the elevator or supervising R1). V1 left the office and walked down the hall before the elevator door closed and saw R1 on the elevator. V1 redirected R1 off the elevator. By R1 entering the elevator unsupervised, surveyor observed R1 having potential access to R5 and other vulnerable residents.</p> <p>On 12/02/2024, at 12:57 PM, V1 stated that since readmission, R1 has had increased monitoring that would prevent access to R5. V1 could not give specifics on what the definition of increased monitoring. Surveyor reviewed observing R1 entering the elevator unsupervised with V1 and asked V1 if that would allow R1 to have continued access to R5 or other vulnerable residents. V1 responded, I see what you mean. V1 was not aware of any other interventions that were added to protect R5 from R1 after R1 was readmitted .</p> <p>Review of R1's care plan on 12/02/2024, documents in part that no new interventions were added to R1's behavioral care plan to prevent further abuse to R5 or other residents. On 11/29/2024, -no description provided- was added to R1's behavioral care plan.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 12/03/24, at 2:06 PM, V17 (Medical Director) said, I (V17) am the Medical Director of the facility. V17 stated that V17 gets over 50 calls a day from nursing homes so the facility probably notified me of the incident between R1, R5, and R6. V17 could not give a reason as to why the facility did not send out R1 and R5 until later in the day on 11/14/2024. V17 stated that V17 always orders residents that are victims of sexual assault to go to the hospital as quick as possible to get a rape kit completed. V17 stated that physical abuse and sexual abuse is serious but depends on the resident on how much they are affected by it. V17 explained that for some people, sexual abuse does not really phase them, while other people kill themselves over it. V17 affirmed that trauma from abuse can cause mental harm, in addition to physical harm, and can be manifested by flashbacks, difficulty sleeping, personality changes, depression, etc.</p> <p>On 12/03/2024, at 2:46 PM, V16, (Pharmacist) reviewed R5's medication orders and stated that Quetiapine has sedative properties, but it depends on the individual to how sedated they may become. V16 stated At a 300 mg dose, especially (R5) taking it two times per day could cause sedation.</p> <p>On 12/04/2024, at 9:42 AM, surveyor observed R1 sitting in the day room with other residents. 2 staff members were in the dining room with the backs turned to R1 (indicating R1 was not being supervised)</p> <p>On 12/04/2024, at 9:45 AM, V18 (Psychosocial Rehabilitation Services Aide) approached surveyor and asked, You are from the state right? Is (R1) supposed to have one to one (1:1) monitoring? I was assigned to (R1) yesterday but no staff is assigned to monitor (R1) today. I (V18) figured you (surveyor) would know and could help. V18 affirmed that R1 has not had supervision all morning and came downstairs to the day room by himself. V18 stated, I don't want (R1) to hurt anyone else or get in trouble. This action would allow R1 continued access to R5 and other vulnerable residents.</p> <p>R1's face sheet documents in part the following diagnosis: shizoffective disorder, insomnia, bilateral cataracts, dorsalgia, anemia.</p> <p>R1's minimum data set (dated 8/26/2024) documents in part a brief interview of mental status score of 10, indicating moderate cognitive impairment.</p> <p>R1's Aggression and Violence History and Screening Assessment indicates that R1 has physical and verbal aggression towards others.</p> <p>R5's face sheet documents in part the following diagnosis: Bipolar disorder, current episode, severe with psychotic features, schizophrenia, unspecified asthma, and restlessness and agitation.</p> <p>R5's minimum data set (dated 10/18/2024) documents in part a brief interview of mental status score of 15, indicating that R5 is cognitively intact.</p> <p>R5's At Risk for Abuse Assessment identifies that R5 is at risk for abuse and that a care plan is needed to be initiated.</p> <p>R5's care plan identifies that R5 is at risk for abuse based on the comprehensive assessment and mental health diagnoses.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>R6's face sheet documents in part the following diagnosis: schizoaffective disorder, muscle weakness and difficulty walking.</p> <p>R6's minimum data set (dated 10/28/2024) documents in part a brief interview of mental status score of 15, indicating that R6 is cognitively intact.</p> <p>R6' Aggression and Violence History and Screening Assessment (10/28/2024) identifies that R6 has a history of aggressive behavior (including throwing food on other residents), severe mental illness.</p> <p>R6's care plan identifies that R6 has aggressive behaviors towards both staff and other residents.</p> <p>2. On 12/4/2024, at 1:28 PM, R6 stated that R1 was just on the elevator with me and some of the other residents. When asked about the incident between R6 and R7, R6 recalled that R6 was called downstairs to get food. R7 was downstairs and had made fun of R6's weight, saying R6 looked like a bag of bees. R7 continued to [NAME] R6, so R6 recalled pushing R7 to the ground. R6 described the push as way too hard and felt regret that hurt R7. R6 stated that (R7) is always talking s***, but (R7) didn't deserve to hit the ground that hard. R6 stated that the staff made R6 go to the hospital afterwards for evaluation. R6 denied that R6's plan of care had changed after the incident.</p> <p>On 12/16/2024, at 12:11 PM, R7 was observed limping on the unit, and utilizing the siderail to hold self up. R7 had facial grimacing. R7 stated that a week or so prior, R6 had pushed R7 to the ground. R7 recalled that the incident took place downstairs right by the elevators. R7 stated that no one told R6 to do it, that R6 just has a problem with me and hurts me (R7). R7 stated that this wasn't the only incident between R7 and R6, and that R7 had gotten a black eye from R6 before. R7 couldn't give any further details about the black eye incident. R7 explained that R7 was still in pain from the incident and described the pain as 10/10 and some of the worst pain I've (R7) ever felt. R7 stated the pain has impacted her ability to ambulate and sleep at night. R7 stated that the facility switched her floor so that R7 and R6 wouldn't live on the same floor, but R7 still sees (R6) around the facility, off of the floor, and when (R7) is smoking. R7 described R6 as really, really big. Like (R6) is a big, fat person. which is intimidating to R7. R7 stated, I am so scared living here after being hit by R6 and pushed by R6. I am always afraid I am going to get jumped every day. I wish I could go home and live with my family.</p> <p>On 12/5/2024, at 10:56 AM, V1 stated that the facility had completed an investigation related to an abuse allegation that occurred between R6 and R7 on 11/25/2024. V1 stated that R6 had pushed R7 to the ground and that no staff observed the altercation. V1 affirmed that the facility substantiated physical abuse occurred to R6 from R7. V1 stated that R7 was sent to the hospital after the incident for evaluation and R7's care plan would be updated upon R7's readmission.</p> <p>Record review of final investigation report related to the incident between R6 and R7 on 11/25/2024, documents that the physical abuse was substantiated. The report summarizes that around 8:32 PM, R6 was going downstairs to get food and had an altercation with R7, which caused R6 to push R7 to the floor.</p> <p>On 12/18/2024, at 3:31 PM, V15 (Regional Director of Operations) stated that the facility's census was 142.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 12/19/2024, at 11:25 AM, V17 (Medical Director) stated that V17 was made aware of the incident that occurred between R6 and R7 and affirmed that V17 is the primary care physician for both residents. V17 stated that V17 was not aware that R7 had severe back pain but that the back pain had to be from the incident, as (R7) doesn't have a history of chronic back pain or anything like that. V17 affirmed that when R7 was at the hospital on 11/26/2024, medical imaging was completed and no fracture was identified of R7's back. V17 stated that being pushed to the ground can cause severe back pain.</p> <p>R7's Face Sheet documents medical diagnoses that include but are not limited to schizophrenia, bipolar disorder, and delusional disorders. R7's (9/20/24) BIMS Brief Interview for Mental Status) determined a score of 13 (cognition intact).</p> <p>R7's progress notes on 11/25/2024, document in part, .Writer was informed that resident was involved in a physical altercation near the lobby. The incident occurred around evening time. There was a verbal disagreement between resident and female co-peer that escalated into physical contact. Staff intervened to separate the two residents and ensure safety of fell ow residents, staff and themselves. No injuries were reported. Resident was provided with counseling and redirection. Resident's family member could not be reached for notifying at this time. Physican was notified, room transfer was promptly initiated to separate resident from the copeer. Staff will continue to monitor and document as needed .</p> <p>R7's (11/26/24) Aggression and Violence History Screening states Resident was involved in physical altercation with a male co-peer.</p> <p>R7's (12/18/24) risk for abuse assessment determined a score of 4 (at risk).</p> <p>R7's (11/25/24) care plan states resident is at risk for abuse/neglect based on comprehensive assessment as evidenced by: Behavior that might be characterized as provoking, antagonizing, history/current behavior of physical abuse or threatening physical aggression towards others. 5/25/24: Resident was verbally aggressive towards staff and co peers whilst being redirected.</p> <p>The immediate Jeopardy that began on 11/13/2024, was removed on 12/17/2024, when the facility took the following actions to remove the immediacy:</p> <p>1) R1-background check completed, dated 11-27-2024, has no hits and is not an identified offender. Assessments and care plan have been reviewed and updated 11-29-2024 and 12-10-2024, to include the following interventions:</p> <p>a. Provide supportive intervention and individual counseling minimum of 2x's weekly to resident to address appropriate social skills counseling, coping skills, etc. and provide counseling regarding inappropriate behaviors including inappropriate sexualized behaviors.</p> <p>b. Contact psychiatrist/medical doctor regarding resident behavioral status as needed.</p> <p>c. Will be encouraged to engage in supervised groups and activities consistently.</p> <p>d. Staff will provide redirection and counseling to R1 on respecting social boundaries with peers as needed.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>e. R1 placed on face checks hourly, documented in EHR (Electronic Health Record).</p> <p>f. R1 will be supervised when off of his unit.</p> <p>Surveyor verified completion on 12/10/2024.</p> <p>2) R5- currently hospitalized , will be re-assessed for abuse risk, trauma risk upon readmission. Surveyor was unable to verify completion of this action as R5 was not readmitted to the facility prior to the exit of the survey.</p> <p>3) R6- assessments and care plan have been reviewed and updated 12-3-2024 and 12-10-2024, to include the following interventions:</p> <p>a. Staff to ensure safety while promoting emotional well-being.</p> <p>b. Provide supportive intervention, and counseling minimum 2x's weekly to provide counseling regarding coping skills, and anger management skills.</p> <p>c. Provide 1:1 counseling minimum 2x's weekly with R6 to address boundary issues relating to conflict.</p> <p>d. Redirect and counsel R6 when seen displaying inappropriate social boundaries</p> <p>e. Use therapeutic communication to redirect R6 whenever she intends to assume staff role.</p> <p>f. Encourage R6 to participate in psychosocial programming to assist him/her in gaining insight into illness/behaviors/inappropriate social boundaries.</p> <p>Surveyor verified completion of this on 12/16/2024.</p> <p>4) Policies have been reviewed and updated for following: Abuse prevention Policy, effective 12-10-2024<br/>Surveyor verified completion of this on 12/10/2024</p> <p>5) All staff will be re-educated re: Abuse Prevention Policy, role of abuse coordinator and responsibilities regarding reporting. Education/ training beginning 12-10-2024 with completion by 12-16-2024. Employees on vacation/ leave, will be educated prior to returning to work. Surveyor verified completion of this on 12/17/2024.</p> <p>6) Residents who are identified as sex offenders through IOP will have high risk offender indicated on PCC special instructions. Surveyor verified completion of this on 12/16/2024</p> <p>7) PRSD will review resident sex offenders care plans and update as needed. Review will be completed by 12-10-2024. Surveyor verified completion of this on 12/11/2024.</p> <p>8) Nursing and Psych social staff will be educated regarding need for behavior management and increased behavioral observation documented in EHR for minimum of 72 hours for residents involved in res-res abuse. Education/ training beginning 12-10-2024 with completion by 12-16-2024. Surveyor verified completion of this on 12/17/2024.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>9) Psych social staff will be educated regarding need to complete follow up assessments, including updating care plans as indicated by assessments for residents involved in res- res abuse. Education/ training beginning 12-10-2024 with completion by 12-16-2024. Surveyor verified completion of this on 12/16/2024</p> <p>The following systemic changes have been implemented by the facility:</p> <p>a) The facility has reviewed and updated the following policy: Abuse prevention policy, effective 12-10-2024. Surveyor verified completion of this on 12/10/2024</p> <p>b) The facility will ensure that all staff are educated on Abuse Prevention Policy including role of abuse coordinator and responsibilities regarding reporting. Employees on vacation/leave will be educated prior to returning to work. Education beginning 12-10-2024, completion date 12-16-2024. Surveyor verified completion of this on 12/17/2024</p> <p>c) The facility will review residents who are Identified Offenders and those residents who are identified as sex offenders will have high risk offender indicated on PCC special instructions. Review will be completed by PRSD by 12-10-2024. Surveyor verified completion of this on 12/17/2024</p> <p>d) The facility PRSD will be educated on Identified Offender policy including increased observation of residents pending the results of Identified Offender Report and Recommendations. Education will be provided by Regional Director of Behavioral Health on 12-10-2024. Surveyor verified completion of this on 12/11/2024.</p> <p>Surveyor verified the following systems are initiated to ensure continued monitored compliance:</p> <p>1. The PRSD or designees will monitor continued compliance via the following Quality Improvement programs:</p> <p>a. A QA (quality assurance) tool developed to review res- res substantiated abuse occurrences. Beginning daily 12-10-2024, for the next 30 days the PRSD or designee will follow up regarding any res- res substantiated abuse behaviors to ensure that the following has occurred: appropriate behavior interventions have been implemented? Room/ floor change has occurred if indicated? Follow up counseling is occurring/ has occurred?</p> <p>b. A QA tool has been developed to review status of identified offenders. Beginning 12-10-2024, for the next 30 days PRSD or designee will review residents with background that is found to be an identified offender, to ensure that if IO status is determined to be sex offender that all required protocols are followed including indicating high risk offender on PCC special instructions New admissions will be added to the QA tool. See attached.</p> <p>c. The results of the monitoring completed under this plan are submitted to the QA/QAPI Committee for review and follow-up and reviewed with Medical Director.</p> <p>49572</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Facility Report Incident, dated of alleged event 10/04/2024, documents, in part, Standard notes: (R3, R4); Allegations: Verbal and physical resident to resident altercation. Resident was noted with a right eye swelling.</p> <p>R3's Face Sheet documents medical diagnoses that include but are not limited to paranoid schizophrenia; generalized anxiety disorder; other recurrent depressive disorders. R3's Minimum Data Set (MDS), dated [DATE], documents, in part, that R3's Brief Interview for Mental Status (BIMS) score is 15 which indicates R3 is cognitively intact.</p> <p>On 11/25/24, at [TRUNCATED]</p> |   |  |

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| <p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50728</p> <p>Based on interview and record review, the facility failed to implement their abuse prevention program; failed to ensure the abuse program was developed in accordance to current regulatory guidelines; and failed to coordinate a substantiated case of resident-to-resident physical abuse (R3 hitting R4) to the QA (Quality Assurance)/QAPI (Quality Assurance Performance Improvement) committee for review. These failures led to further resident-to-resident abuse: R5 being sexually assaulted by R1, R6 hitting R5 in the face, R6 pushing R7 to the ground, and R7 being hit in the face by R8. As a result, R4 suffered facial swelling and psychosocial harm (statements of fear); R5 suffered psychosocial harm stating feelings of dehumanization, flashbacks from prior trauma, fear, impaired sleep patterns, agitation; R1 to have bleeding from the nose; R7 to have swelling to the face and severe back pain. The deficient practices and facility failures caused harm to 4 residents (R1, R3, R5, and R7). Additionally, the facility's failures in developing an adequate abuse prevention program that meets regulatory standards and coordinating substantiated cases of abuse to the QA/QAPI committee to identify systemic deficiencies within the facility's practices that caused abuse has the potential for further abuse to occur to all 142 residents that reside within the facility.</p> <p>This was identified as an immediate jeopardy that began on 11/13/24. On 12/9/2024 at 10:09 AM, V1 (Administrator, uncensored), V2 (Director of Nursing) and V15 (Regional Director of Operations) were notified of the immediate jeopardy.</p> <p>The facility presented an abatement plan to remove the immediacy on 12/9/2024, at 1:48 PM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented a revised abatement plan on 12/10/2024, at 11:00 AM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/10/2024, at 1:59 PM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/11/2024, at 10:10 AM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/11/2024, at 12:33 PM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented another revised abatement plan on 12/11/24, at 12:25 PM, and the survey team accepted the abatement plan on 12/11/2024. The survey team reviewed the evidence of the abatement plan and was unable to accept the plan to remove the immediacy. The facility presented another revised abatement plan on 12/18/2024, at 10:00 AM and the survey team accepted the abatement plan.</p> <p>The immediate jeopardy was removed on 12/17/2024. However, the deficiency remains at the second level of harm until the facility determine the effectiveness of the implementation of the removal plan.</p> <p>Findings include:</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 11/25/2024, at 11:59 AM, R6 recalled that R6 heard a loud noise coming from R6's neighbor's (R5's) room after 9:00 PM a few days prior. R6 stated that R6 went into R5's room and observed R5 laying in bed with R5's pants down. R6 explained that R1 was on the side of R5's bed with his hands penetrating R5's vagina. R6 then punched R1 in the face to stop R1 from raping R5. R6 stated that R5 was R6's friend and R6 knew that R5 couldn't defend herself against R1 because R5 gets groggy after taking her psychotropic medications. R6 stated that R1 stopped raping R5 after R6 punched R1 in the face and continued to try and hit R1. R1 ran out of the room. R6 recalled staff entered the room after R1 ran out. R6 affirmed that R6 intended to punch R1 in the face.</p> <p>On 11/25/2024, at 12:04 PM, R5 stated that R5 was sexually assaulted by R1 at nighttime around 9:00 PM, the week before or so. R5 explained that R5 had recently taken R5's antipsychotics and that the medication makes R5 really out of it. When R5 woke up, R5 recalled that R5's pants were down. R1 was standing over R5 and his fingers were penetrating R5's vagina. R5 stated that R5 wanted to fight R1 off of R5, but couldn't and recalled that R6 saved (R5's) life by punching R1 in the face. R5 affirmed that the sexual act performed on R5 by R1 was not consensual. R5 stated that the nurse assessed R5 but the police didn't come until the next day until the afternoon and a rape kit was not done until the next evening. R5 stated that R5 would have wanted to go to the hospital for treatment but the nurse that assessed R5 never offered. R5 stated that R5 gave a statement to the staff and then no staff ever followed up. R5 stated that R5 needs aftercare to process the assault and the facility has not provided any. R5 explained that since the incident, R5 has been extremely depressed, feels dehumanized, has trouble sleeping, and is in fear that living in the facility will cause her to get sexually assaulted again. Additionally, R5 stated that R5 has had flashbacks all the time from both the incident and past incidents of sexual assault from R5's ex-husband.</p> <p>On 11/25/2024, at 1:32 PM, V1 (Administrator) stated that V1 is the abuse prevention coordinator and completed the investigation regarding R1 sexually assaulting R5 and R6 hitting R1 on 11/13/2024. V1 stated that facility substantiated sexual abuse occurred to R5 and physical abuse occurred to R1. V1 was unsure if substantiated abuse cases were supposed to be reported to the QAPI committee. V1 stated that QAPI committee has not been made aware or reviewed the substantiated abuse that occurred on 11/13/2024. V1 explained (R1) is not in the facility so we can't do any kind of root cause analysis or evaluation of the plans of care. We cannot take further action until R1 returns from the hospital. V1 stated that V1 was unaware of R5's plan of care was updated or any after care was provided after R5 was assaulted. V1 was unaware if R6's plan of care was updated after the incident.</p> <p>Review of R5's care plan does not indicate any intervention was added to protect R5 from further abuse after the incident that occurred on 11/13/2024.</p> <p>Review of R1's care plan does not indicate any intervention was added to protect R5 or other residents from further abuse after the incident that occurred on 11/13/2024.</p> <p>Review of R6's care plan does not indicate any intervention was added to protect R1 or other residents from further abuse after the incident that occurred on 11/13/2024.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 11/26/2024, at 10:32 AM, V1 stated that the facility substantiated physical abuse occurred to R3 by R4 (R3 getting hit in the face) in 10/2024. V1 stated that this case of physical abuse was not brought to the QAA/QAPI committee after it was substantiated. V1 stated the abuse policy and procedure was not reviewed after the physical abuse was substantiated. V1 stated that V1 was unaware if the plan of care was updated after the incident for either R3 or R4 but did recall separating the residents because they were roommates. V1 stated that there was a QAPI meeting after the incident, but the case was not reviewed.</p> <p>On 11/27/2024, at 1:36 PM, V1 stated that V1 is unsure if it is a requirement to have abuse data reviewed within the QAPI/QAA meetings. V1 stated that QAPI/QAA is important because the facility collects data, then tracks and trends to see if there are any systemic issues. V1 stated that R5 should have been sent out immediately and still did not know why R5 was not sent out for evaluation and law enforcement not notified. V1 stated by not sending out R5 timely, the rape kit could miss evidence or R5's health could decline.</p> <p>On 12/02/2024, at 12:57 PM, V1 stated that since readmission, R1 has had increased monitoring that would prevent access to R5. V1 could not give specifics on what the definition of increased monitoring. Surveyor reviewed observing R1 entering the elevator unsupervised with V1 and asked V1 if that would allow R1 to have continued access to R5 or other vulnerable residents. V1 responded, I see what you mean. V1 was not aware of any other interventions that were added to protect R5 from R1 after R1 was readmitted . V1 stated that no root cause analysis was completed at this time for the incident of sexual abuse (R5 from R1) or physical abuse (R1 from R6). V1 stated that the facility has not had a QAA meeting to address the substantiated cases of abuse.</p> <p>Record review of quarterly QAPI meeting minutes from 11/11/2024, does not have documentation that the substantiated abuse between R3 and R4 was reviewed, the abuse policy/procedure was reviewed, or that any abuse data was collected. Additionally, all QAPI meeting minutes were reviewed for 2024 and abuse data was last collected on 4/12/2024.</p> <p>Record review of facility policy titled Abuse documents in part that the policy is effective 3/2022 and The following is an Abuse Prevention Program that meets CMS requirements in the updated Appendix PP, effective November 28, 2016 and the October 4, 2016 CMS Final Rule, 81 Fed. Reg. 68688 - 68872 . 9. Quality Management Review. Any investigation that concluded that abuse, neglect, exploitation, mistreatment or misappropriation of consumer property occurred shall be reviewed by the facility Quality Management committee for possible changes in facility practices to ensure that similar events do not occur again. The investigation shall be reviewed at the next quarterly Quality Management committee meeting, or sooner if possible.</p> <p>Record review of facility assessment (3/1/2024) documents in part, .Administrator: The Administrator is responsible for the day to day running of the facility. The Administrator's duties comprise of and not limited to the following: . Notification to Operations team of any reportable incidents and/or unusual occurrences including allegations of abuse, resident-to-resident altercations, falls with injury, elopements, injuries of unknown origin, unexpected resident death . The facility conducts an annual training on the facility policy on abuse and neglect for all staff. The training is also conducted as part of the facility orientation as well as needed upon incident of abuse and neglect allegation. The training also encompasses exploitation and misappropriation of properties as well .</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 12/02/2024, at 11:20 AM, R5 stated that R5 still feels fearful in the facility because R1 is back in the facility. R5 explained that R1 has been on R5's floor at least 5 or 6 times since (R1) came back last week. R5 stated that R1 having continued access to R5 makes R5 feel terrified, and depressed. R5 expressed that the facility just doesn't care that I was sexually assaulted. They just don't care . I need to leave this facility so bad!</p> <p>On 12/03/2024, at 11:25 AM, V15 stated that V15 is the regional director of operations, is a licensed nursing home administrator, and is V1's direct supervisor. V15 stated that V15 sometimes participates in the facility's QAA meetings.</p> <p>On 12/03/2024, at 11:28 AM, V15 affirmed that all reportable incidents are sent to V15, the regional director of behavioral services and/or the chief clinical officer. V15 stated that V15 was unsure and was not very familiar with the substantiated sexual assault that occurred to R5 from R1, and substantiated physical abuse cases (R6 hitting R1 and R3 getting hit by R4). V15 was not aware if a QAPI meeting was held for the substantiated abuse cases. V15 stated that all substantiated cases of abuse get reported to V15. V15 could not recall if the cases were substantiated and was unaware if the facility completed QAPI meetings after the abuse was substantiated. V15 stated that the facility should be reviewing abuse in its QAPI meetings. V15 affirmed that the regional team is responsible for ensuring V1 carries out policies. V15 stated that the facility staff do not make/review its policies, that the chief clinical officer makes all policies. V15 reviewed the facility's abuse policy and affirmed that the policy the facility provided states that it meets the regulations for abuse in 2016. V15 was not aware that the regulations were updated in 2022 and that the policy stated the regulations were for abuse regulations in 2016.</p> <p>Record review of R5's progress notes indicate that on 12/4/2024, R5 wanted go to the hospital and leave the facility, expressing thoughts of wanting to harm self. R5 was admitted to the hospital for psychiatric evaluation on 12/4/2024.</p> <p>On 12/5/2024, at 10:56 AM, V1 stated that the facility had completed an investigation related to an abuse allegation that occurred between R6 and R7 on 11/25/2024. V1 stated that R6 had pushed R7 to the ground. V1 affirmed that the facility substantiated physical abuse occurred to R6 from R7. V1 stated that R7 was sent to the hospital after the incident for evaluation and R7's care plan would be updated upon R7's readmission. V1 stated that root cause analysis was not completed for this incident and was not reviewed by the QAA/QAPI committee. V1 stated no interventions were added to R6's care plan after R6 physically abused R1 on 11/13/2024.</p> <p>On 12/5/2024, at 12:31 PM, V1 stated that the facility had completed an investigation related to an abuse allegation that occurred between R7 and R8 on 11/26/2024. V1 stated that R7 was hit in the face by R8. V1 affirmed that the facility substantiated physical abuse occurred to R6 from R7. V1 stated that R7 and R8 were sent to the hospital after the incident for evaluation and R7 and R8's care plan would be updated upon their readmission. V1 stated that root cause analysis was not completed for this incident and was not reviewed by the QAA/QAPI committee. V1 stated no interventions were added to R7's care plan after R7 was physically abused by R6 on 11/25/2024 to further protect R7 from abuse.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>On 12/03/24, at 2:06 PM, V17 (Medical Director) said, I (V17) am the Medical Director of the facility. V17 stated that V17 gets over 50 calls a day from nursing homes so the facility probably notified me of the incident between R1, R5, and R6. V17 could not give a reason as to why the facility did not send out R1 and R5 until later in the day on 11/14/2024. V17 stated that V17 always orders residents that are victims of sexual assault to go to the hospital as quick as possible to get a rape kit completed. V17 stated that physical abuse and sexual abuse is serious but depends on the resident on how much they are affected by it. V17 explained that for some people, sexual abuse does not really phase them, while other people kill themselves over it. V17 affirmed that trauma from abuse can cause mental harm, in addition to physical harm, and can be manifested by flashbacks, difficulty sleeping, personality changes, depression, etc.</p> <p>On 12/16/2024, at 12:11 PM, R7 was observed limping on the unit, and utilizing the siderail to hold self up. R7 had facial grimacing. R7 stated that a week or so prior, R6 had pushed R7 to the ground. R7 recalled that the incident took place downstairs right by the elevators. R7 stated that no one told R6 to do it, that R6 just has a problem with me and hurts me (R7). R7 stated that this wasn't the only incident between R7 and R6, and that R7 had gotten a black eye from R6 before. R7 couldn't give any further details about the black eye incident. R7 explained that R7 was still in pain from the incident and described the pain as 10/10 and some of the worst pain I've (R7) ever felt. R7 stated the pain has impacted her ability to ambulate and sleep at night. R7 stated that the facility switched her floor so that R7 and R6 wouldn't live on the same floor, but R7 still sees (R6) around the facility, off of the floor, and when (R7) is smoking. R7 described R6 as really, really, really big. Like (R6) is a big, fat person. which is intimidating to R7. R7 stated, I am so scared living here after being hit by R8 and pushed by R6. I am always afraid I am going to get jumped every day. I wish I could go home and live with my family.</p> <p>On 12/18/2024, at 3:31 PM, V15 (Regional Director of Operations) stated that the facility's census was 142.</p> <p>On 12/19/2024, at 11:25 AM, V17 (Medical Director) stated that V17 was made aware of the incident that occurred between R6 and R7 and affirmed that V17 is the primary care physician for both residents. V17 stated that V17 was not aware that R7 had severe back pain but that the back pain had to be from the incident, as (R7) doesn't have a history of chronic back pain or anything like that. V17 affirmed that when R7 was at the hospital on 11/26/2024, medical imaging was completed and no fracture was identified of R7's back. V17 stated that being pushed to the ground can cause severe back pain.</p> <p>The immediate Jeopardy that began on 11/13/2024 was removed on 12/17/2024 when the facility took the following actions to remove the immediacy:</p> <ol style="list-style-type: none"> <li>1) The facility Abuse policy has been reviewed and revised. Completion Date: 12/9/24. Surveyor verified this was completed on 12/10/2024.</li> <li>2) The facility QAPI plan has been reviewed and revised. Completion Date: 12/9/24. Surveyor verified this was completed on 12/10/2024.</li> <li>3) All facility staff will be re-educated on the facility abuse policy. Staff not scheduled to work during this time or on leave will be re-educated prior to their next shift. Completion Date: 12/9/24-12/12/24. Surveyor verified completion of this on 12/16/2024.</li> </ol> <p>(continued on next page)</p> |   |  |

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| <p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>              | <p>4) All facility staff will be re-educated on the facility QAPI plan and policy. Staff not scheduled to work during this time or on leave will be re-educated prior to their next shift. Completion Date: 12/9/24-12/17/24. Surveyor verified completion of this on 12/18/2024.</p> <p>5) A QAPI meeting will be held to review the last 30 days of abuse data and root cause analysis performed. Completion Date:12/17/24 Surveyor verified completion of this on 12/17/2024.</p> <p>Surveyor verified the following systems are initiated to ensure continued monitored compliance:</p> <p>6) QAPI meetings will be held monthly. Allegations of abuse to be reviewed during the meeting.</p> <p>7) The Administrator or designee(s) will monitor continued compliance via the following Quality Improvement programs:</p> <p>a. A root cause analysis will be conducted following any substantiated abuse allegation. An audit will be conducted weekly for 30 days to ensure a root cause analysis is completed following any abuse allegation.</p> <p>b. The results of the audits completed under this plan will submitted to the QA/QAPI Committee for review monthly and follow-up and reviewed with Medical Director.</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</b></p> <p>Based on interview and record review, the facility failed to notify law enforcement of a reasonable suspicion of a crime within required reporting requirements and failed to submit initial and final physical and sexual abuse investigation reports to the state survey agency within regulatory requirements. These failures affected 5 residents (R1, R3, R4, R5 and R6) sampled for abuse reporting.</p> <p>Findings include:</p> <p>On 11/25/2024, at 12:05 PM, R5 stated that R5 was asleep and felt sedated from R5's psychiatric medication. R5 stated that R5 was waking up, and R5's pants were down. R5 explained that R1's fingers were penetrating my (R5's) vagina against my will. R5 stated R5 couldn't fight off R1 because R5 had taken psychotropic medication. R5 stated that R6 came into the room and saved me by punching (R1) in the face to get R1 out of R5's room. R5 recalled that R1 ran out of the room and staff came in the room as R1 was running out of the room. R5 stated that the police did not come and a rape kit was not completed until the following day. R5 stated that the staff did not ask if R5 wanted to go to the hospital and did not give R5 any treatment. R5 stated that the cops did not arrive to complete a police report until the following day. R5 stated that R5 would have wanted to go to the hospital but the nurse that assessed R5 did not offer.</p> <p>Initial reportable of sexual assault incident dated 11/13/2024, at 9:40 PM, documents in part that R6 witnessed R5 trying to touch R5 while asleep. Email confirmation documents that the facility notified the state survey agency on 11/14/2024, at 1:59 PM. This is more than 16 hours after the facility was made aware of the incident. Additionally, the initial report documents that the police were not notified of the sexual assault.</p> <p>Review of investigative documents and incident reports validates that the facility was made aware of this incident on 11/13/2024.</p> <p>Email confirmation indicates that the final report of physical abuse/sexual assault incident from 11/13/2024 was sent to the state survey agency on 11/21/2024, at 9:03 PM.</p> <p>R1's progress notes documents in part on 11/14/2024, the police were notified at 2:49 PM and R1 left for evaluation at 3:55 PM.</p> <p>R5's progress notes document in part on 11/14/2024, the police were notified at 1:28 PM, of the incident and that a police report was completed due to an inappropriate physical contact with a male peer.</p> <p>On 11/25/2024, at 1:32 PM, V1 (Administrator) stated that V1 is the abuse prevention coordinator and completed the investigation regarding R1 sexually assaulting R5 and R6 hitting R1 on 11/13/2024. V1 stated that facility substantiated sexual abuse occurred to R5 and physical abuse occurred to R1.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 11/26/2024, at 10:19 AM, V2 (Director of Nursing) stated that the nurse should have notified law enforcement immediately of the sexual assault. V2 affirmed that nurses are to report reasonable suspicion of a crime to law enforcement immediately, but no later than 2 hours after the incident. V2 did not know why the incident between R1, R5 and R6 was not reported to law enforcement.</p> <p>On 11/26/2024, at 10:26 AM, V1 (Administrator) stated that a final investigation should be completed within 5 working days of the allegation. V1 reviewed the reportable and submission times for the allegation that occurred on 11/13/2024. V1 affirmed that the final report was not sent into the state survey agency within 5 business days. V1 could not give a reason as to why the investigation was not completed timely. V1 affirmed that the initial report of the incident was not sent to the state survey agency within 2 hours. V1 stated that the incident occurred at night, so V1 was able to submit it in the morning after (V1 submitted the incident at 1:59 PM). V1 said, That's what I was told, that I could send it in the morning. Surveyor inquired who told V1 that information and V1 did not answer. V1 could not give an answer as to why law enforcement was not contacted timely after the facility knew of the sexual assault. V1 stated, I thought they (facility staff) called that night.</p> <p>On 11/27/2024, at 1:01 PM, V21 (Registered Nurse) affirmed that V21 was assigned to care for R5 and R6 on 11/13/2024. V21 recalled that V21 was pulling meds from the medication cart at the nurse's station and V21 heard yelling from down the hallway. V21 stated that R6 was screaming at R1 and R1 left the room. V21 stated that R6 was yelling saying (R1) touched my friend!. V21 stated that R5 said R5 was sleeping and woke up to R6 hitting R1 in the face. V21 recalled giving R5 psychotropic medications earlier and the night and R5 appeared really confused and tired. V21 recalled that R5 was wearing sweatpants but could not recall if the sweatpants were pulled down prior to V21's assessment. V21 stated that V21 called V2 (Director of Nursing) and the medical director to report the incident. V21 recalled that V2 instructed V21 to complete risk management paperwork and tell V22 (Psychosocial Rehabilitation Services Coordinator). V21 stated that V21 did not call law enforcement to report reasonable suspicion of a crime because (V2) didn't tell me (V21) to.</p> <p>49572</p> <p>Facility Report Incident, dated pf alleged event 10/04/2024, documents, in part, Standard notes: (R3, R4); Allegations: Verbal and physical resident to resident altercation. Resident was noted with a right eye swelling.</p> <p>R3's Face Sheet documents medical diagnoses that include but are not limited to paranoid schizophrenia; generalized anxiety disorder; other recurrent depressive disorders. R3's Minimum Data Set (MDS), dated [DATE], documents, in part, that R3's Brief Interview for Mental Status (BIMS) score is 15 which indicates R3 is cognitively intact.</p> <p>On 11/25/24, at 12:03 PM, R3 said, (R4) came to my side of the room and grabbed the collar on my shirt. He (R4) was mumbling something that I (R3) couldn't understand. I (R3) told him (R4) to stop touching me and let go of my collar. He (R4) tried to hit me (R3) and then we tussled. I (R3) punched him (R4) in the face. I (R3) didn't hurt him (R4) that bad. It could have been worse. Just a little shiner on his (R4) eye. I'm (R3) not gonna let no mother f***** hurt me! I'm (R3) [AGE] years old! No mother f***** gonna come on my side of the room and f*** with me! Stupidity! I'm (R3) gonna stand my ground. I'm (R3) a man. I (R3) ain't gonna take no s*** from no one.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>R3's progress note, dated 10/2/24, at 1:43 PM, by V5 (Psychiatric Rehabilitation Services Coordinator/PRSC), documents, in part, (R3) has had a Behavior incident. Behaviors exhibited were verbally disruptive. Interventions implemented since the behavior were 1:1. (will be empty if not medication was provided.) If medication was provided, it was provided for Effectiveness of medication provided is Discussed negative behavior Discussed better behavior options Discussed other means to express anger. (R3) Verbally Understands.</p> <p>R3's progress note, dated 10/10/24, at 9:54 AM by V5 (Psychiatric Rehabilitation Services Coordinator/PRSC), documents, in part, NOTIFICATION: It was brought to writers' attention that resident had a disagreement with his roommate. Writer approached resident to find out what the issue was, and to counsel and educate him on avoiding conflict. Writer also asked if resident wanted the option of moving to a different room. Resident indicated that it was just a minor disagreement and he verbalized 'We are ok right now and I (R3) do not want to move to another room'. Writer encouraged resident to seek out staff whenever he has any concerns. Resident was receptive to counseling and education. Writer will continue to monitor and document all progress.</p> <p>R3's progress note, dated 10/10/24 at 3:18 PM, by V7 (Social Service), documents, in part, ROOM CHANGE NOTIFICATION: Resident was moved from room . for peaceful co-existence. Notification provided to all parties involved. Staff will continue to work with resident and document as needed.</p> <p>R4's Face Sheet documents medical diagnoses that include but are not limited to schizoaffective disorder, unspecified; other and signs involving appearance and behavior; unspecified dementia, unspecified severity, with other behavioral disturbance; major depressive disorder, recurrent, unspecified; anxiety disorder, unspecified; hemiplegia, unspecified affecting left nondominant side; dependence on wheelchair. R4's Minimum Data Set (MDS), dated [DATE], documents, in part, that R4's Brief Interview for Mental Status (BIMS) score is 4 which indicates R4's cognition is severely impaired.</p> <p>On 11/25/24, at 12:16 PM, R4 stated, It's okay here. I (R4) don't remember when it happened. Roommate (R3) came up to me. He's (R3) the only one that messes with me (R4). He (R3) just sucker punched me (R4). I (R4) don't feel safe here. They (staff) didn't move (R3) out of my (R4) room right away. I (R4) was scared he (R3) was gonna punch me again. I (R4) have nowhere else to go so I (R4) just gotta deal with it. Telling you about this ain't gonna help. Just go. I (R4) said just go.</p> <p>R4's progress note, dated 10/1/24 at 4:53 PM, by V5 (Psychiatric Rehabilitation Services Coordinator/PRSC), documents, in part, (R4) has had a Behavior incident. Behaviors exhibited were Other. Interventions implemented since the behavior were Social Service Referral 1:1 Other. Co- peer was moved to a different room. (will be empty if not medication was provided.) If medication was provided, it was provided for. Effectiveness of medication provided is. Discussed negative behavior Discussed other means to express anger Other. (R4) Verbally Understands.</p> <p>R4's progress note, dated 10/2/24 at 7:47 AM, by V6 (Registered Nurse/RN), documents, in part, Writer was informed about healed swollen noted on the right eye. Resident narrated what happen between him and his roommate that resulted to fight. His roommate confirmed the fight incident which happened a copy of day ago. Writer suggested a room change needed.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>R4's progress note, dated 10/10/24, at 6:45 PM, by V7 (Social Service), documents, in part, BEHAVIOR NOTE F/U: Roommate already transferred from (room change) for peaceful co-existence. CPD (Chicago Police Department) was notified. Officer . and officer . dispatched to the facility. Police report . generated. Staff will continue to monitor and document as needed.</p> <p>On 11/25/24, at 12:40 PM, V4 (Social Service Director) said, I (V4) met with, but I cannot recall .</p> <p>On 11/26/24, at 10:11 AM, V5 (PRSC) said, I (V5) know (R3) and (R4). I (V5) am aware of an incident that happened with them, but I (V5) was not here. I am not sure what or when it happened. When I (V5) came back I (V5) was told that there was a verbal altercation between the 2 but I (V5) don't know what happened. I (V5) don't know anything about it.</p> <p>On 11/26/24, at 10:17 AM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, I (V7) was not there but I (V7) was told they had an altercation, so I (V7) changed their rooms. It wasn't the same day the altercation occurred. It was later because no one reported right away. Someone on the floor told me. I (V7) can't remember. I (V7) changed their rooms to avoid further altercations.</p> <p>On 11/26/24, at 10:24 AM, When asked about R3 and R4 FRI (facility reported incident), reported date 10/4/24, V2 (Director of Nursing/DON) replied, We (V1 and V2) weren't told until later and told different stories. The nurse should have reported it, but it wasn't done. I (V2) can't say for sure when they (R3 and R4) were separated. By the nurse not reporting the swollen eye and R4 telling the nurse that his roommate (R3) did that to (R4) put the resident at risk for another abuse incident.</p> <p>On 11/26/24, at 10:31 AM, V6 (RN), When I (V6) came in for my shift on October 2nd, I (V6) noticed (R4's) eye was swollen. (R4) said (R3) hit him (R4). (R3) wasn't sure what happened. They (residents) will tell you otherwise. Neither resident could tell me the date it happened. They (facility) move me from one floor to another all the time so I'm (V6) not sure when it happened either. I (V6) don't know when it happened. Residents are confused at times. I (V6) didn't report the eye injury to the doctor or nurse practitioner because it (eye injury) wasn't that bad. No, I (V6) didn't call his (R4) family. I (V6) didn't tell anyone about it because I (V6) didn't feel what they (R3 and R4) told me was true. I (V6) did not report it, I (V6) just put it in the progress note. Yes, you should report all alleged abuse. When asked who the abuse coordinator is V6 replied, Umm the DON (Director of Nursing). I (V6) report it to my supervisor.</p> <p>On 11/26/24, at 10:40 AM, V1 (Administrator) stated the alleged abuse for R3 and R4 was substantiated.</p> <p>On 11/27/24 at 1:33 PM, V1 (Administrator) said, . Staff should report alleged abuse even if they think they (residents) are lying. Even if they (residents) are lying we (facility) still have to investigate it. Nurses are NOT mandated reporters. (R3 and R4) date on the FRI (Facility Reported Incident) was the date it was reported to me. It's (R3 and R4) date on the FRI (Facility Reported Incident) definitely not the date it happened on. There's different dates for everything. I'm (V1) not sure when it occurred .</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 12/03/24 at 2:06 PM, V17 (Medical Director) said, I (V17) am the Medical Director of the facility . I (V17) am the primary for all patients . They (residents) end up in wards a lot because they (residents) are fighting . Alleged abuse and unknown injury should be called to me (V17). I'm (V17) not sure if they (staff) called me (V17) about (R4') eye. Some will call. Facility's policy is to call the physician. I'm (V17) not gonna knock the nurse's down. When asked if a resident hit another resident's face causing swelling to the resident's eye caused harm to that resident, V17 replied, . it can be serious because they could go blind. Globe busted of the eye is a serious injury .</p> <p>Facility policy, titled, Abuse, effective date 3/2022, documents, in part, The following is an Abuse Prevention Program that meets CMS requirements in the updated Appendix PP, effective November 28, 2016, and the October 4, 2016, CMS Final Rule, 81 Fed. Reg. 68688 - 68872. This facility affirms the right of our consumers to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of consumers. In order to do so, the facility has attempted to establish a consumer sensitive and consumer secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of consumers. This will be done by: conducting pre-employment screening of employees and pre-admission screening of consumers . identifying occurrences and patterns of potential mistreatment . immediately protecting consumers involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property; implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences . filing accurate and timely investigative reports. This facility is committed to protecting our consumers from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other consumers, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a consumer other than by accidental means (210 ILCS 45/1-103). Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a consumer (42 CFR 483.5). This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of consumers, even those in a coma, cause physical harm or pain or mental anguish (42 CFR 483.12 Interpretive Guidelines). The term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. (42 CFR 483.5). Physical Abuse is the infliction of injury on a consumer that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment (42 CFR 483.12 Interpretive Guidelines). Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault (42 CFR 483.12 Interpretive Guidelines). Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to consumers or families, or within their hearing distance, regardless of an individuals' age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to, threats of harm, saying things to frighten a consumer, such as telling a consumer that he/she will never to be able to see his/her family again (42 CFR 483.12 Interpretive Guidelines). Mental Abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation (42 CFR 483.12 Interpretive Guidelines). II. Pre-Admission Screening of Potential Consumers</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>This facility shall check the criminal history background on any consumer seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new consumer; Check for the consumer's name on the Illinois Sex Offender Registration Web site. <a href="http://www.isp.state.il.us">www.isp.state.il.us</a>; Check for the consumer's name on the Illinois Department of Corrections sex registrant search page. <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a>; While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of consumers. Internal Reporting Requirements and Identification of Allegations: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of consumer property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence. Employees, without fear of retaliation, may also independently report to the state survey agency any allegation of abuse, neglect, exploitation, mistreatment, or misappropriation of consumer property, and to local law enforcement or the state survey agency if they have a suspicion that a crime was committed. All consumers, visitors, volunteers, family members or others are encouraged to report their concerns or suspected incidents of potential abuse, neglect, exploitation, mistreatment, or misappropriation of consumer property to the administrator or an immediate supervisor who must then immediately report it to the administrator or the designated individual in the administrator's absence. Such reports may be made without fear of retaliation. Anonymous reports will also be thoroughly investigated. Reports will be documented, and a record kept of the documentation. Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of consumer property. Upon learning of the report, the administrator or a 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, but not more than two hours of the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours. The nursing staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator, or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the consumer for other bruises, laceration, or pain. Any incident or allegation involving abuse, neglect, exploitation, mistreatment, or misappropriation of consumer property will result in an investigation. For consumer injuries not involving an allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an injury of unknown source. An injury should be classified as an injury of unknown source when both of the following conditions are met: The source of the injury was not observed by any person or the source of the injury could not be explained by the consumer; and The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. If classified as an injury of unknown source, the person gathering facts will document the injury, the location and time it was observed, any treatment given and notification of the consumer's physician, responsible party. The Department of Public Health will be notified. Time frames for reporting and investigating abuse will be followed. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the consumer, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Investigation Procedures. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the consumer, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Consumers to whom the accused has regularly provided care, and employees with whom the accused has regularly worked, will be interviewed. Final Investigation</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</b></p> <p>Based on interview and record review, the facility failed to thoroughly complete 2 investigations of abuse allegations and failed to ensure investigations were completed thoroughly within time requirements. This failure affects 4 residents (R3, R4, R6, and R7) sampled for abuse.</p> <p>Findings include:</p> <p>Record review of final reportable (dated 12/02/2024) in regards to the physical abuse allegation between R6 and R7 on 11/25/2024, documents in part that the investigation is incomplete. The report states, Based on continued and conflicting interviews, the investigation for this reportable is being extended.</p> <p>On 12/03/2024, at 11:28 AM, V15 (Regional Director of operations) reviewed the final reportable (dated 12/02/2024) regarding substantiated physical abuse between R6 and R7 and affirmed that the investigation was not completed within 5 working days. V15 affirmed that the incident between R6 and R7 was not completed timely because the evidence was conflicted. V15 was unsure if you could extend an investigation, not thoroughly complete it within 5 working days, and would have to check the regulations.</p> <p>On 12/04/2024, at 11:53 PM, V19 (Regional Director of Behavioral Health Services) affirmed that V19 is a part of the regional team (governing body) that helps to oversee operations within the facility. V19 affirmed that V19 reviews abuse allegations that occur in the facility. V19 stated that V19 primarily completed the abuse investigation between R6 and R7 along with the behavioral specialist. V19 stated that the investigation concluded that physical abuse did occur to R7 from R6. V19 stated that the facility did not know what caused R6 to hit R7 (indicating no root cause analysis was completed). V19 stated that the investigation could not be completed within the 5 day working days because statements were conflicting. V19 stated that investigations can be extended and that you send a request to the state survey agency to request more time. V19 recalled that the facility had to do this (ask for an extension on investigations) on rare occasions since V19 has started, under 5 times.</p> <p>On 12/5/2024, at 10:56 AM, V1 (Administrator) stated that the facility had completed an investigation related to an abuse allegation that occurred between R6 and R7 on 11/25/2024. V1 stated that R6 had pushed R7 to the ground. V1 affirmed that the facility substantiated physical abuse occurred to R6 from R7. V1 stated that the investigation should have been completed on 12/03/2024, but that V19 noticed that the statements gathered were conflicting, so V19 told V1 that V1 could submit the investigation after 5 business days. V1 affirmed that by the statements conflicting and not having a completed investigation, the investigation was not completed thoroughly and not completed timely.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Facility policy titled, Abuse (3/2022), documents in part, .8. Final Investigation Report. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. The final investigation report shall contain the following: oName, age, diagnosis and mental status of the consumer allegedly abused, neglected, exploited, mistreated, or from whom property was misappropriated; oThe original allegation (note day, time, location, the specific allegation, the alleged perpetrator, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries); oFacts determined during the process of the investigation, review of medical record and interview of witnesses oConclusion of the investigation based on known facts; o The police report, if applicable; o If the allegation is determined to be valid and the perpetrator is an employee, a separate sheet listing the employee's name, address, phone number, title, date of hire, copies of previous disciplinary actions, and current employment status (still working, suspended or terminated).The administrator or person designated to act as administrator in the administrator's absence will review the report. The administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Department of Public Health within five working days of the reported incident. The administrator or designee is also responsible for informing the consumer or their representative of the results of the investigation and of any corrective action taken .</p> <p>49572</p> <p>Findings include:</p> <p>Facility Report Incident, dated of alleged event 10/04/2024, documents, in part, Standard notes: (R3, R4); Allegations: Verbal and physical resident to resident altercation. Resident was noted with a right eye swelling.</p> <p>R3's Face Sheet documents medical diagnoses that include but are not limited to paranoid schizophrenia; generalized anxiety disorder; other recurrent depressive disorders. R3's Minimum Data Set (MDS), dated [DATE], documents, in part, that R3's Brief Interview for Mental Status (BIMS) score is 15 which indicates R3 is cognitively intact.</p> <p>On 11/25/24, at 12:03 PM, R3 said, (R4) came to my side of the room and grabbed the collar on my shirt. He (R4) was mumbling something that I (R3) couldn't understand. I (R3) told him (R4) to stop touching me and let go of my collar. He (R4) tried to hit me (R3) and then we tussled. I (R3) punched him (R4) in the face. I (R3) didn't hurt him (R4) that bad. It could have been worse. Just a little shiner on his (R4) eye. I'm (R3) not gonna let no motherf***** hurt me! I'm (R3) [AGE] years old! No motherf***** gonna come on my side of the room and f*** with me! Stupidity! I'm (R3) gonna stand my ground. I'm (R3) a man. I (R3) ain't gonna take no s*** from no one.</p> <p>R3's progress note, dated 10/2/24 at 1:43 PM, by V5 (Psychiatric Rehabilitation Services Coordinator/PRSC), documents, in part, (R3) has had a Behavior incident. Behaviors exhibited were verbally disruptive. Interventions implemented since the behavior were 1:1. (will be empty if not medication was provided.) If medication was provided, it was provided for Effectiveness of medication provided is Discussed negative behavior Discussed better behavior options Discussed other means to express anger. (R3) Verbally Understands.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>R3's progress note, dated 10/10/24 at 9:54 AM, by V5 (Psychiatric Rehabilitation Services Coordinator/PRSC), documents, in part, NOTIFICATION: It was brought to writers' attention that resident had a disagreement with his roommate. Writer approached resident to find out what the issue was, and to counsel and educate him on avoiding conflict. Writer also asked if resident wanted the option of moving to a different room. Resident indicated that it was just a minor disagreement and he verbalized 'We are ok right now and I (R3) do not want to move to another room'. Writer encouraged resident to seek out staff whenever he has any concerns. Resident was receptive to counseling and education. Writer will continue to monitor and document all progress.</p> <p>R3's progress note, dated 10/10/24 at 3:18 PM, by V7 (Social Service), documents, in part, ROOM CHANGE NOTIFICATION: Resident was moved from room . for peaceful co-existence. Notification provided to all parties involved. Staff will continue to work with resident and document as needed.</p> <p>R4's Face Sheet documents medical diagnoses that include but are not limited to schizoaffective disorder, unspecified; other and signs involving appearance and behavior; unspecified dementia, unspecified severity, with other behavioral disturbance; major depressive disorder, recurrent, unspecified; anxiety disorder, unspecified; hemiplegia, unspecified affecting left nondominant side; dependence on wheelchair. R4's Minimum Data Set (MDS), dated [DATE], documents, in part, that R4's Brief Interview for Mental Status (BIMS) score is 4 which indicates R4's cognition is severely impaired.</p> <p>On 11/25/24, at 12:16 PM, R4 stated, It's okay here. I (R4) don't remember when it happened. Roommate (R3) came up to me. He's (R3) the only one that messes with me (R4). He (R3) just sucker punched me (R4). I (R4) don't feel safe here. They (staff) didn't move (R3) out of my (R4) room right away. I (R4) was scared he (R3) was gonna punch me again. I (R4) have nowhere else to go so I (R4) just gotta deal with it. Telling you about this ain't gonna help. Just go. I (R4) said just go.</p> <p>R4's progress note, dated 10/1/24 at 4:53 PM, by V5 (Psychiatric Rehabilitation Services Coordinator/PRSC), documents, in part, (R4) has had a Behavior incident. Behaviors exhibited were Other. Interventions implemented since the behavior were Social Service Referral 1:1 Other. Co- peer was moved to a different room. (will be empty if not medication was provided.) If medication was provided, it was provided for. Effectiveness of medication provided is. Discussed negative behavior Discussed other means to express anger Other. (R4) Verbally Understands.</p> <p>R4's progress note, dated 10/2/24 at 7:47 AM, by V6 (Registered Nurse/RN), documents, in part, Writer was informed about healed swelling noted on the right eye. Resident narrated what happen between him and his roommate that resulted to fight. His roommate confirmed the fight incident which happened a copy of day ago. Writer suggested a room change needed.</p> <p>R4's progress note, dated 10/10/24, at 6:45 PM, by V7 (Social Service), documents, in part, BEHAVIOR NOTE F/U: Roommate already transferred from (room change) for peaceful co-existence. CPD (Chicago Police Department) was notified. Officer . and officer . dispatched to the facility. Police report . generated. Staff will continue to monitor and document as needed.</p> <p>On 11/25/24, at 12:40 PM, V4 (Social Service Director) said, I (V4) met with, but I cannot recall. I (V4) need to go check my notes. Can I (V4) please go check my notes?</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 11/25/24, at 1:02 PM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, I've (V7) been here since April. I (V7) am familiar with the 2 residents (R3 and R4). They (R3 and R4) are both on the same floor. There was not an altercation with them (R3 and R4). That (R3 and R4 incident) was someone else. Oh, wait, yeah there was an altercation with (R3 and R4). I (V7) know that they (R3 and R4) used to be roommates, but they (R3 and R4) had an altercation. It (R3 and R4 altercation) occurred in the dining room. I'm (V7) not sure. I (V7) cannot remember. (R3) was made a 1:1 and checking every hour and counseling the resident was done after the incident. It (incident) should be documented in EMR (electronic medical record).</p> <p>On 11/26/24, at 10:11 AM, V5 (PRSC) said, I (V5) know (R3) and (R4). I (V5) am aware of an incident that happened with them, but I (V5) was not here. Not sure what or when it happened. When I (V5) came back I (V5) was told that there was a verbal altercation between the 2 but I (V5) don't know what happened. I (V5) don't know anything about it.</p> <p>On 11/26/24, at 10:17 AM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, I (V7) was not there but I (V7) was told they had an altercation, so I (V7) changed their rooms. It wasn't the same day the altercation occurred. It was later because no one reported right away. Someone on the floor told me. I (V7) can't remember. I (V7) changed their rooms to avoid further altercations.</p> <p>On 11/26/24, at 10:24 AM, When asked about R3 and R4 FRI (facility reported incident), reported date 10/4/24, V2 (Director of Nursing/DON) replied, We (V1 and V2) weren't told until later and told different stories. The nurse should have reported it, but it wasn't done. I (V2) can't say for sure when they (R3 and R4) were separated. By the nurse not reporting the swollen eye and R4 telling the nurse that his roommate (R3) did that to (R4) put the resident at risk for another abuse incident.</p> <p>On 11/26/24, at 10:31 AM, V6 (RN), When I (V6) came in for my shift on October 2nd, I (V6) noticed (R4's) eye was swollen. (R4) said (R3) hit him (R4). (R3) wasn't sure what happened. They (residents) will tell you otherwise. Neither resident could tell me the date it happened. They (facility) move me from one floor to another all the time so I'm (V6) not sure when it happened either. I (V6) don't know when it happened. Residents are confused at times. I (V6) didn't report the eye injury to the doctor or nurse practitioner because it (eye injury) wasn't that bad. No, I (V6) didn't call his (R4) family. I (V6) didn't tell anyone about it because I (V6) didn't feel what they (R3 and R4) told me was true. I (V6) did not report it, I (V6) just put it in the progress note. Yes, you should report all alleged abuse. When asked who the abuse coordinator is V6 replied, Umm the DON (Director of Nursing). I (V6) report it to my supervisor.</p> <p>On 11/26/24, at 10:40 AM, V1 (Administrator) stated the alleged abuse for R3 and R4 was substantiated.</p> <p>On 11/27/2024, at 10:54 AM, V11 (Registered Nurse/RN) said, I (V11) know (R3) and (R4). I (V11) do not know of any physical altercations the 2 have had. I (V11) have never seen an injury to (R4's) eye.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>On 11/27/24, at 1:33 PM, V1 (Administrator) said, If I'm (V1) on site I (V1) interview the residents. Staff should report alleged abuse even if they think they (residents) are lying. Even if they (residents) are lying we (facility) still have to investigate it. Nurses are NOT mandated reporters. (R3 and R4) date on the FRI (Facility Reported Incident) was the date it was reported to me. It's (R3 and R4 10/04/24 reported FRI) definitely not the date it happened on. There's different dates for everything. I'm (V1) not sure when it occurred. When there are roommate altercations the roommates should be separated immediately and moved to different rooms. The purpose of separating the residents is so they (residents) won't have another altercation. When asked if R3's and R4's FRI, reported date 10/4/24, was investigated thoroughly, V1 replied, I (V1) would say it was investigated.</p> <p>Facility presented 2 interviews for Facility Report Incident, dated of alleged event 10/04/2024, documents, in part, Standard notes: (R3, R4); Allegations: Verbal and physical resident to resident altercation. Resident was noted with a right eye swelling. V2 (Director of Nursing) stated that those were the only interviews for this incident.</p> <p>On 12/3/24, at 12:58 PM, When asked the expectations for investigating an unwitnessed, unobserved injury, V15 (Regional Director of Operations) replied, Interview the staff that most recently worked with that resident. I (V15) would say the staff that were working the day that it was identified and then work your way backward. When asked if 2 or 3 interviews is a thorough investigation for an unknown, observed injury, (V15) replied, I (V15) think it would be dependent on what we found in those 2 witness statements. If I (V15) did not find the cause, I (V15) would continue interviewing.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Facility policy, titled, Abuse, effective date 3/2022, documents, in part, The following is an Abuse Prevention Program that meets CMS requirements in the updated Appendix PP, effective November 28, 2016, and the October 4, 2016, CMS Final Rule, 81 Fed. Reg. 68688 - 68872. This facility affirms the right of our consumers to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of consumers. In order to do so, the facility has attempted to establish a consumer sensitive and consumer secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of consumers. This will be done by: conducting pre-employment screening of employees and pre-admission screening of consumers . identifying occurrences and patterns of potential mistreatment . immediately protecting consumers involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property; implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences . filing accurate and timely investigative reports. This facility is committed to protecting our consumers from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other consumers, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a consumer other than by accidental means (210 ILCS 45/1-103). Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a consumer (42 CFR 483.5). This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of consumers, even those in a coma, cause physical harm or pain or mental anguish (42 CFR 483.12 Interpretive Guidelines). The term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. (42 CFR 483.5). Physical Abuse is the infliction of injury on a consumer that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment (42 CFR 483.12 Interpretive Guidelines). Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault (42 CFR 483.12 Interpretive Guidelines). Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to consumers or families, or within their hearing distance, regardless of an individuals' age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to, threats of harm, saying things to frighten a consumer, such as telling a consumer that he/she will never to be able to see his/her family again (42 CFR 483.12 Interpretive Guidelines). Mental Abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation (42 CFR 483.12 Interpretive Guidelines). II. Pre-Admission Screening of Potential Consumers. This facility shall check the criminal history background on any consumer seeking admission to the facility in order to identify previous criminal convictions. This facility will: Request a Criminal History Background Check within 24 hours after admission of a new consumer; Check for the consumer's name on the Illinois Sex Offender Registration Web site. www.isp.state.il.us; Check for the consumer's name on the Illinois Department of Corrections sex registrant search page. www.idoc.state.il.us; While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of consumers. Internal Reporting Requirements and Identification of Allegations: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of consumer property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence. Employees, without fear of retaliation, may also independently report to the state survey agency any allegation of abuse, neglect, exploitation, mistreatment or misappropriation of consumer property, and to local law enforcement or the</p> |   |  |

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| <p>F 0641</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</b></p> <p>Based on interview and record review, the facility failed to accurately complete resident assessments for 3 residents (R1, R3, &amp; R6). This failure contributed repeated physical abuse (R3 being hit by R4, R1 being hit by R6, R6 pushing R7 and R7 being hit by R8), R5 being sexually assaulted by R1, and has to potential to affect all 140 residents that reside within the facility.</p> <p>Findings include:</p> <p>Upon review of R1's EMR (Electronic medical record) the following was observed:</p> <p>R1's State Level Criminal Background Check ILLINOIS STATE POLICE, dated May 8, 2017, documents, in part, Finding: MULTI HIT - SUBMIT FINGERPRINT.</p> <p>R1's progress note, dated 7/25/24 at 3:19 PM, It was reported that resident displayed socially in-appropriate behavior towards peers and staff. Staff redirected, intervened, and mediated what the disagreement may be. Resident was not receptive to redirection but rather continued to threaten harm towards peers and staff which makes him to be at risk to self and others. MD (physician) notified; order received to transfer resident to local hospital for Psych Evaluation. Resident placed on 1:1 till arrival of paramedics. Assessments and care plans to be updated upon return.</p> <p>R1's progress note, dated 9/22/24, at 2:12 PM, It was reported to writer that (R1) has displayed socially inappropriate behavior and was seen invading fellow peer's privacy and not respecting boundaries. Writer approached resident to counsel him on his behavior, but resident denies invading co-peer privacy verbalizing he was looking for soap to wash his hands. Writer educated resident on seeking staff attention for his urgent needs. Resident was receptive to counseling at this time. Writer will continue to monitor and document progress.</p> <p>R1's progress note, dated 11/12/24, at 10:51 AM, Behavioral Note: Resident is having some cognitive changes. He's displaying inappropriate behaviors towards other residents. Resident was informed on how he has to respect all residents and staff throughout the facility. The nurse and cna (certified nursing assistant) on the unit are aware of these behaviors. Resident agrees to follow all rules and regulations to prevent future disturbances with his peers.</p> <p>R1's progress note, dated 11/14/24, at 2:49 PM, documents, in part, Writer notified that resident was alleged of touching a female peer inappropriately by way of physical contact towards the female peer while she was asleep.</p> <p>Upon review of R1's Aggression and Violence History Assessment, dated 12/4/24, the following was NOT marked as R1 having a s history of: 3. Has a recent history of aggression, agitated behavior ( . physical altercation, . or other violent acts).</p> <p>R3's Face Sheet documents medical diagnoses that include but are not limited to paranoid schizophrenia; generalized anxiety disorder; other recurrent depressive disorders. R3's Minimum Data Set (MDS), dated [DATE], documents, in part, that R3's Brief Interview for Mental Status (BIMS) score is 15 which indicates R3 is cognitively intact.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0641</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>R3's CHIRP (Criminal History Information response Process), dated 2/22/2017, documents, in part, Result: HIT. Date of Arrest 05/16/1990, IVC (Illinois Vehicle Code) Felonies; Date of Arrest, Possession of Controlled Substance.</p> <p>R3's Aggression and Violence History and Screening Assessment, dated 11/02/2023, documents, in part, R1 states that he has been arrested for disorderly conduct, theft and trespassing . 12/11/22: R1 was a part of a verbal altercation with a peer.</p> <p>Upon review of R3's Aggression and Violence History Assessment, dated 9/18/24, the following was NOT marked as R3 having a s history of: 3. Has a recent history of aggression, 5. Has a history of being arrest.</p> <p>R6's face sheet documents in part the following diagnosis: schizoaffective disorder, muscle weakness and difficulty walking.</p> <p>R6's minimum data set (dated 10/28/2024) documents in part a brief interview of mental status score of 15, indicating that R6 is cognitively intact.</p> <p>R6's progress note, dated 11/25/24, at 10:01 PM, documents, in part, Writer was informed that resident was involved in a physical altercation with a co-peer. Resident allegedly pushed (R7) and was directed by staff to do so .</p> <p>Upon review of R6's Aggression and Violence History Assessment, dated 12/03/24, the following was NOT marked as R3 having a s history of: 4. Is there a history of abuse/neglect either as a recipient or perpetrator including abusive and/or socially inappropriate behavior.</p> <p>On 11/26/24, at 10:17 AM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, Risk assessments tell you high, medium, low at risk for the behavior, level of offense. Risk assessments determine resident's needs for their behaviors like maybe in a single room, medium risk roommate, high risk no roommate. Let me tell you this. I (V7) came in May. I'm (V7) working on audit still. I'm (V7) working on spreadsheet that shows each resident, offenses, fingerprints so they have access to the information when I'm not here.</p> <p>On 11/27/24, at 1:33 PM, V1 (Administrator) said, Risk Assessments, like assessments for at risk for abuse, a plan of care should be developed. The care plan should be updated immediately. Harm can come if a care plan isn't updated. They are at risk for being abused or abused again. If they (assessments) are not accurate they could be not useful and fail to identify the risk. I (V1) expect the assessment to be accurate.</p> <p>On 12/03/24, at 10:53 AM, V7 (PRSD/Psychiatric Rehabilitation Service Director) said, The PRSCs (Psychiatric Rehabilitation Service Coordinators) are responsible for updating the care plan for residents that are flagged at being at risk for abuse based on their at risk for abuse assessments. Care plans should be updated on incidental basis, results of assessments and quarterly. (R4's) care plan should have been updated right away, right after the physical incident (R3) and (R4) had. I (V7) don't know why I (V7) didn't initiate the care plan right away. I've (V7) been working on a lot of things. (R4) should have had a care plan in 2023, with interventions for being at risk for abuse. The purpose is part of plan of care and to safeguard occurrence of abuse or reoccurrences of such an event. Safeguard to being abused. I (V7) have to go and look at it.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0641</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>On 12/3/24, at 11:45 AM, V14 (MDS/Minimum Data Set Coordinator) said, We (facilities) have remote care plan coordinators that update nursing care plans. They update nursing and other care plans. I'm (V14) not familiar with At Risk For Abuse Assessments. We use the RAI (Resident Assessment Instrument) to code and the CAA (Care Area Assessment) to guide care plan use. If something is not identified on the CAA, and not captured on the MDS, and a resident is deemed at risk for something, it should still be care planned care planned. It's based off of the assessment.</p> <p>On 12/03/24 at 2:06 PM, V17 (Medical Director) said, I (V17) am the Medical Director of the facility. Whenever there is a sexual allegation I (V17) send the resident to the hospital as quickly as possible. It is a big thing, someone could commit suicide Can cause disturbance to sleep and or flashbacks . Alleged abuse and unknown injury should be called to me (V17). When asked if a resident hit another resident's face causing swelling to the resident's eye caused harm to that resident, V17 replied, . it can be serious because they could go blind. Globe busted of the eye is a serious injury .</p> <p>On 12/03/2024, at 2:25 PM, V2 (Director of Nursing/DON) said, When an at risk for abuse resident is identified in a resident's assessment, a care plan should be initiated as soon as it flags. Everything has a reason. Assessments are to be completed accurately, of course. If it's not documented, it means it wasn't done.</p> <p>On 12/04/24, at 1:41 PM, V19 (Regional Director of Behavioral Services) said, Aggression and Violence History Assessments are to be done quarterly. I am not sure why R1's Aggression and Violence History Assessments from today is wrong. I'll (V19) have to check with V7 (PRSD/Psychiatric Rehabilitation Service Director).</p> <p>On 12/4/24, at 2:11 PM, V7 (PRSD/Psychiatric Rehabilitation Service Director)) said, I'll (V7) be factual with you. That's one of the things I'm (V7) trying to correct with you. (R3, R2, R6 and R6) assessments are wrong. I'm (V7) working with the employees on fixing and doing these papers right. Not doing these assessments right can cause abuse.</p> <p>Facility Policy titled, Behavior Management, dated 3/2021, documents, in part, .Residents who display mental or psychological adjustment difficulty should receive appropriate services, in an attempt to minimize risks . Assessment. a. Mental adjustment disorders should be identified through the MDS/RAI/Care Planning process that is completed after admission, and periodically throughout the resident's stay. b. The social service department may conduct further assessments to identify and manage altered mental status, dementia, delirium, and depression . Problem behaviors, identified in the comprehensive assessment and plan of care, should be documented.</p> <p>Facility policy, titled, Abuse, effective date 3/2022, documents, in part, This facility affirms the right of our consumers to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of consumers .</p> <p>Facility policy titled, Social Services, effective date 4/2020, documents, in part, Upon admission Social Services will complete documentation in the chart. This documentation will evaluate the resident's potential for . advanced care planning, social history, and other relevant data.</p> <p>(continued on next page)</p> |   |  |

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| F 0641<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few  | Facility Policy titled, Resident Rights, dated 3/2021, documents, in part, . PROCEDURE: 1. The residents will be assured of the following rights: Safe and good care . Right to Privacy . |   |  |

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| <p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</b></p> <p>Based on interview and record review, the facility failed to identify risk, known behaviors and ensure care plans are developed for 1 residents (R4) at risk for abuse. These failures resulted in R3 hitting R4 in the face and R4 suffered facial swelling and psychosocial harm (statements of fear). These failures caused harm and affected 1 residents (R4) reviewed for care planning.</p> <p>Findings include:</p> <p>On 11/25/24, at 12:16 PM, R4 stated, I (R4) don't remember when it happened. (R3) came up to me. He's (R3) the only one that messes with me (R4). He (R3) just sucker punched me (R4). I (R4) don't feel safe here. They (staff) didn't move (R3) out of my (R4) room right away. I (R4) was scared he (R3) was gonna punch me again. I (R4) have nowhere else to go so I (R4) just gotta deal with it. Telling you about this ain't gonna help.</p> <p>R4's Face Sheet documents medical diagnoses that include but are not limited to schizoaffective disorder, unspecified; other and signs involving appearance and behavior; unspecified dementia, unspecified severity, with other behavioral disturbance; major depressive disorder, recurrent, unspecified; anxiety disorder, unspecified; hemiplegia, unspecified affecting left nondominant side; dependence on wheelchair. R4's Minimum Data Set (MDS), dated [DATE], documents, in part, that R4's Brief Interview for Mental Status (BIMS) score is 4 which indicates R4's cognition is severely impaired.</p> <p>R4's Care Plan, date initiated 11/12/24, documents, in part, (R4) is at risk for abuse/neglect based on comprehensive assessment as evidenced by: (R4) has a diagnosis of mental illness (Major Depression) Dementia. 6/29/2024: (R4) was involved in physical altercation .</p> <p>Record review of R4's Minimum Data Set (MDS) dated [DATE] documents, in part, Cognitive Loss/Dementia Triggered. Record review of R4's Face Sheet documents, in part, a medical diagnosis of dementia, dated 10/01/2022; and a medical diagnosis of major depressive disorder, dated 1/01/2021. R4's care plan was not updated with R4's MDS (Minimum Data Set) dated 4/02/2021 nor R4's MDS dated [DATE] in response to the CAA (Care Area Assessment) worksheet.</p> <p>R4's, At Risk for Abuse Assessment, dated 10/24/23, documents, in part, 2. Does the resident have a diagnosis of dementia or mental illness? YES. 3. Does the resident require extensive assistance with ADL's (Activities of Daily Living)? Yes. 6. Does the resident have a history/current behavior of physical or threatening physical aggression towards others? * If YES is answered for any of the above questions, resident may be at risk for abuse so initiate an at risk for abuse care plan. R4's care plan was not updated after R4's 10/24/23 At Risk for Abuse Assessment was completed.</p> <p>R4's progress note, dated 10/2/24, at 7:47 AM, by V6 (Registered Nurse/RN), documents, in part, Writer was informed about healed swelling noted on the right eye. Resident narrated what happen between him and his roommate that resulted to fight. His roommate confirmed the fight incident which happened a copy of day ago. Writer suggested a room change needed.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>The Facility Reported Incident, dated 10/04/2024, documents, in part, Upon investigation, (R3) had to hit him (R4) (R3) believed that was how (R4) sustained the swollen eye . (R4's) care plan and assessments have been updated accordingly . R4's care plan was not updated after the final report and investigation of the incident that occurred between R3 and R4.</p> <p>On 11/27/24 at 1:33 PM, V1 (Administrator) said, I (V1) can confirm that the abuse policy says Risk Assessments, like Assessments for at risk for abuse, a plan of care should be developed. Care Plan should be updated immediately. Harm can come if a care plan isn't updated. They (residents) are at risk for being abused or abused again.</p> <p>On 12/03/24, at 10:53 AM, V7 (Psychiatric Rehabilitation Service Director/PRSD) said, The PRSCs (Psychiatric Rehabilitation Service Coordinators) are responsible for updating the care plan for residents that are flagged at being at risk for abuse. It's based on their at risk for abuse assessments. Care plans should be updated on incidental basis, results of assessments and quarterly. (R4's) care plan should have been updated right away, right after the physical incident (R3) and (R4) had. I (V7) don't know why I (V7) didn't initiate the care plan right away. I've (V7) been working on a lot of things. (R4) should have had a care plan in 2023, with interventions for being at risk for abuse. I (V7) wasn't here then. The purpose is part of plan of care and to safeguard occurrence of abuse or reoccurrences of such an event. Safeguard to being abused.</p> <p>On 12/3/24, at 11:45 AM, V14 (MDS/Minimum Data Set Coordinator) said, We have remote care plan coordinators that update nursing care plans. They update nursing and other care plans. I'm (V14) not familiar with At Risk For Abuse Assessments. We use the RAI (Resident Assessment Instrument) to code and the CAA (Care Area Assessment) to guide care plan use. If something is not identified on the CAA, and not captured on the MDS, and a resident is deemed at risk for something, it should still be care planned. It's based off of the assessment.</p> <p>On 12/03/2024, at 2:25 PM, V2 (Director of Nursing/DON), When an at risk for abuse resident is identified in a resident's assessment, a care plan should be initiated as soon as it flags.</p> <p>On 12/03/24, at 2:06 PM, V17 (Medical Director) said, You need a plan of care. A lot of harm can happen. It could be more staff needed but that's easy to say but not easy to do. More staff is the best plan of care. When asked if a resident hit another resident's face causing swelling to the resident's eye caused harm to that resident, V17 replied, . it can be serious because they could go blind. Globe busted of the eye is a serious injury .</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Facility Policy titled, Care Plan Development, dated 3/2021, documents, in part, A person-centered care plan that includes measurable objectives and timeframes to meet the resident's medical, nursing, mental and psychosocial needs, that are identified in the evaluation process, is developed, and implemented for each resident . Each resident's care plan will describe the following: . 2. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Any services that would otherwise be required based on Quality of Life, Quality of Care, or Behavioral Health Services regulations but are not provided due to the resident's exercising of Resident Rights, including the right to refuse treatment . 4. Area of concern that are triggered during the resident evaluation are evaluated using specific tools (including CAA's) before interventions area added to the care Plan Evaluations of the resident are ongoing and care plans are reviewed and revised by the interdisciplinary team after each evaluation including both the comprehensive and quarterly reviews and as information about the resident condition changes . The Care Planning/Interdisciplinary Team is responsible for the reviews and updating of care plans: When there has been a significant change in condition, When the desired outcome is not met, When the resident/patient has been readmitted to the facility from the hospital stay, At least quarterly . 11. The services provided or arranged by the facility, as outlined by the comprehensive care plan will meet professional standards of quality and be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Facility Policy titled, Completion of Minimum Data Set (MDS), effective date 3/2021, GUIDELINE: MDS will be scheduled as per the RAI Manual. PROCEDURE: 1. Upon admission, patients are placed on scheduled date for the completion of MDS. 2. The MDS Coordinator will facilitate the interdisciplinary process and review the data entered into the computerized format. 3. Each discipline is responsible for the completion of any required MDS and CAAs associated Care Plan problem.</p> <p>Facility policy titled, Social Services, effective date 4/2020, documents, in part, Upon admission Social Services will complete documentation in the chart. This documentation will evaluate the resident's potential for . advanced care planning, social history, and other relevant data.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>Record review of CMS's RAI (Resident Assessment Instrument) 3.0 Manual Chapter 3 MDS Items [B] (dated October 2024) documents in part the following: .9. Behavioral Symptoms In the world at large, human behavior varies widely and is often dysfunctional and problematic. While behavior may sometimes be related to or caused by illness, behavior itself is only a symptom and not a disease. The MDS only identifies certain behaviors but is not intended to determine the significance of behaviors, including whether they are problematic and need an intervention. Therefore, it is essential to assess behavior symptoms carefully and in detail in order to determine whether, and why, behavior is problematic and to identify underlying causes. The behavior CAA focuses on potentially problematic behaviors in the following areas: wandering (e.g., moving with no rational purpose, seemingly being oblivious to needs or safety), verbal abuse (e.g., threatening, screaming at, or cursing others), physical abuse (e.g., hitting, shoving, kicking, scratching, or sexually abusing others), other behavioral symptoms not directed at others (e.g., making disruptive sounds or noises, screaming out, smearing or throwing food or feces, hoarding, rummaging through other's belongings), inappropriate public sexual behavior or public disrobing, and rejection of care (e.g., verbal or physical resistance to taking medications, taking injections, completing a variety of activities of daily living or eating). Understanding the nature of the issue/condition and addressing the underlying causes have the potential to improve the quality of the resident's life and the quality of the lives of those with whom the resident interacts. When this CAA is triggered, nursing home staff should follow their facility's chosen protocol or policy for performing the CAA. This CAA is triggered when the resident is identified as exhibiting certain troubling behavioral symptoms . The information gleaned from the assessment should be used to determine why the resident's behavioral symptoms are problematic in contrast to a variant of normal, whether and to what extent the behavior places the resident or others at risk for harm, and any related contributing and/or risk factors. The next step is to develop an individualized care plan based directly on these conclusions. The focus of the care plan should be to address the underlying cause or causes, reduce the frequency of truly problematic behaviors, and minimize any resultant harm .</p> <p>Facility Policy titled, Resident Rights, dated 3/2021, documents, in part, . PROCEDURE: 1. The residents will be assured of the following rights: Safe and good care . Right to Privacy .</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>50728</p> <p>Based on interview and record review, the facility failed to obtain timely aftercare (evaluation by a physician and rape kit) after R5 was sexually assaulted by R1; the facility failed to provide adequate psychological services for R5's trauma after being sexually assaulted by R1. These failures contributed to R5 feeling depressed and being admitting to a psychiatric unit with thoughts of wanting to harm self. This deficient practice affects 1 resident (R5) reviewed for quality of care.</p> <p>Findings include:</p> <p>On 11/25/2024, at 12:04 PM, R5 stated that R5 was sexually assaulted by R1 at nighttime around 9:00 PM the week before or so. R5 explained that R5 had recently taken R5's antipsychotics and that the medication makes R5 really out of it. When R5 woke up, R5 recalled that R5's pants were down, R1 was standing over R5 and his fingers were penetrating R5's vagina. R5 stated that R5 wanted to fight R1 off of R5, but couldn't and recalled that R6 saved (R5's) life by punching R1 in the face. R5 affirmed that the sexual act performed on R5 by R1 was not consensual. R5 stated that the nurse assessed R5 but the police didn't come until the next day until the afternoon and a rape kit was not done until the next evening. R5 stated that R5 would have wanted to go to the hospital for treatment but the nurse that assessed R5 never offered. R5 stated that R5 gave a statement to the staff and then no staff ever followed up. R5 stated that R5 needs aftercare to process the assault and the facility has not provided any. R5 explained that since the incident, R5 has been extremely depressed, feels dehumanized, has trouble sleeping, and is in fear that living in the facility will cause her to get sexually assaulted again. Additionally, R5 stated that R5 has had flashbacks all the time from both the incident and past incidents of sexual assault from R5's ex-husband.</p> <p>On 11/27/2024, at 1:01 PM, V21 (Registered Nurse) affirmed that V21 was assigned to care for R5 and R6 on 11/13/2024. V21 recalled that V21 was pulling meds from the medication cart at the nurse's station and V21 heard yelling from down the hallway. V21 stated that R6 was screaming at R1 and R1 left the room. V21 stated that R6 was yelling saying (R1) touched my friend!. V21 stated that R5 said R5 was sleeping and woke up to R6 hitting R1 in the face. V21 recalled giving R5 psychotropic medications earlier and the night and R5 appeared really confused and tired. V21 recalled that R5 was wearing sweatpants but could not recall if the sweatpants were pulled down prior to V21's assessment. V21 stated that V21 called V2 (Director of Nursing) and medical director to report the incident. V21 recalled that V2 instructed V21 to complete risk management paperwork and tell V22 (Psychosocial Rehabilitation Services Coordinator). V21 stated that V21 did not call law enforcement to report reasonable suspicion of a crime because (V2) didn't tell me (V21) to. V21 could not recall who was the abuse prevention coordinator for the facility.</p> <p>On 12/02/2024, at 11:20 AM, R5 stated that R5 still feels fearful in the facility because R1 is back in the facility. R5 explained that R1 has been on R5's floor at least 5 or 6 times since (R1) came back last week. R5 stated that R1 having continued access to R5 makes R5 feel terrified, and depressed. R5 expressed that the facility just doesn't care that I was sexually assaulted. They just don't care . I need to leave this facility so bad! R5 stated that no staff from the facility have talked to R5 about the incident and really would like help processing what happened (sexual assault from R1). R5 stated that not getting help from the facility makes R5 even more depressed.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>R5's progress notes document in part on 11/14/2024, the police were notified at 1:28 PM, of the incident and that a police report was completed due to an inappropriate physical contact with a male peer. R5 was sent to the hospital on 11/14/2024, at 2:48 PM, for sexual assault follow up and returned at 8:28 PM. A rape kit was completed during R5's emergency room visit. Additionally, R5's progress notes indicate that on 11/18/2024, WELL-BEING CHECK: Writer met resident to sensitize how she was fairing since her return from the hospital. Resident expressed she has been okay and that she has no concerns at this time. Resident was offered emotional support, was encouraged to attend activities of her choice and to seek staff for her needs and concerns for timely assistance. Resident verbalized she feels safe in the facility when asked. Staff will continue to monitor resident for signs of depression, anxiety or physical decline, address them and document as needed. No trauma-informed therapeutic care was provided to specifically address the trauma (the hospitalization was the subject of the well-being check). Specific 1:1 therapeutic visit from social services to address the trauma of R5's sexual assault was not provided until 11/28/2024. No further psychosocial support was provided to R5.</p> <p>On 11/20/2024, R5's nurse practitioner documented within R5's initial psychiatric visit that R5 was depressed due to past traumas.</p> <p>On 12/03/2024, at 1:59 PM, V2 (Director of Nursing) stated that the facility's standard of care is that when a resident is a victim of trauma, that the facility follows up on it for at least 3 consecutive days. V2 affirmed that V2 told the social services to follow up. V2 reviewed the R5's progress notes and stated, If it isn't documented, then it isn't being done.</p> <p>On 12/03/24, at 2:06 PM, V17 (Medical Director) said, I (V17) am the Medical Director of the facility. V17 stated that V17 gets over 50 calls a day from nursing homes so the facility probably notified me of the incident between R1, R5, and R6. V17 could not give a reason as to why the facility did not send out R1 and R5 until later in the day on 11/14/2024. V17 stated that V17 always orders residents that are victims of sexual assault to go to the hospital as quick as possible to get a rape kit completed. When asked what could happen if a resident was not sent out timely after sexual assault, V17 replied, It all kind of depends on what you are you looking for. Physical trauma will probably be there, but some smaller things could be missing. V17 explained that for some people, sexual abuse does not really phase them, while other people kill themselves over it. V17 affirmed that trauma from abuse can cause mental harm, in addition to physical harm, and can be manifested by flashbacks, difficulty sleeping, personality changes, depression, etc.</p> <p>On 12/4/2024, at 12:22 PM, R5 was sent to the hospital for a psychiatric hospitalization due to thoughts of wanting to harm herself.</p> <p>On 12/09/2024, at 1:33 PM, V7 (Psychosocial Rehabilitation Services Director) stated that R5 was provided counseling about the sexual assault but it wasn't documented. V7 stated that social services follows up on all trauma that occurs in the facility and develops a plan of care. V7 stated that the plan of care should be developed right away after trauma happens to a resident.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>   | <p>On 11/25/2024, (13 days after R5 was sexually assaulted by R1), R5's care plan was updated to include a focus stating R5 has the potential to experience signs/ symptoms of post-traumatic stress disorder due to previous trauma, a goal of, R5 will have no signs/ symptoms of traumatic stress response by next review. and interventions including: 1) R5 and staff will make continual efforts to identify cues that resident associates with trauma in order to decrease potential for re-traumatizing. 2) R5 will be encouraged and assisted in developing an individual coping plan in anticipation of potential triggers. 3) R5 will discuss feelings/ concerns regarding COVID 19. 4) R5 will discuss the advantages of participating in counseling and how it helps him/her feel about previous trauma. 5) Staff will encourage ongoing dialogue regarding thoughts and feelings in a safe and non-judgmental setting. This care plan fails to identify R5's past history of sexual trauma; fails to identify R5's triggers from R5's sexual trauma to prevent re-traumatization; fails to identify how often counseling will be provided to address the trauma and by whom; fails to have appropriate interventions (R5's trauma is due to sexual abuse, not COVID-19).</p> <p>Facility policy titled, Trauma-Informed Care (10/24/2022) documents in part, the following. The intent of this guideline is to assist the facility to deliver care and services which, are delivered using approaches which are culturally-competent and account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. Process: 1. Upon admission, quarterly and with the significant change complete the Trauma Informed Care Screening form. 2. Traumas include but are not limited to accidents; natural disasters; war, physical, emotion or sexual abuse; deaths, life events that continue to have an impact; substance abuse or addiction of any kind; pandemics.3. The care plan and treatment plan address the following: Type of trauma and when occurred (,) How the individual currently perceives the trauma (,) interventions to assist the resident in coping with the trauma and minimizing triggers and re-traumatization (i) Culturally competent interventions include not only race/ethnicity but age, gender, sexual orientation, disability, religions, income level, education, geographical location, and profession 4. Any time a resident has a founded allegation of abuse, the trauma informed care plan and screening may be completed.</p> <p>Record review indicates that V7 did not complete a SS: TRAUMA INFORMED CARE assessment until 11/25/2024. This assessment documents that R5 denied having trauma, which is incongruent with interview and record reviews completed during this survey.</p> <p>Facility policy titled, Abuse (3/2022) documents in part, Informing Local Law Enforcement. The facility shall also contact local law enforcement authorities (i.e., telephoning 911 where available) in the following situations: .Sexual abuse of a consumer by a staff member, another consumer, or visitor. o When there is a reasonable suspicion that a crime has been committed in the facility by a person other than a consumer . If there is a reasonable suspicion that a crime has been committed that results in serious bodily harm, a report shall be made to local law enforcement and IDPH immediately. If there is a reasonable suspicion that a crime has been committed that is not listed above and does not involve serious bodily injury, then a report to local law enforcement as soon as possible but within 24 hours of when the suspicion was formed.</p> |   |  |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49572</p> <p>Based on interview and record review, the facility failed to document appropriate indications and clinical needs for psychotropic medications for 1 resident (R4). This failure affects 1 resident (R4) in a sample of 8 residents reviewed for psychotropic medications.</p> <p>Findings include:</p> <p>R4's diagnoses include but are not limited to schizoaffective disorder, unspecified; other symptoms and signs involving appearance and behavior; unspecified dementia, unspecified severity, with other behavioral disturbance; major depressive disorder, recurrent, unspecified; anxiety disorder, unspecified.</p> <p>R4's Minimum Data Set (MDS), dated [DATE], documents, in part, that R4's Brief Interview for Mental Status (BIMS) score is 4 which indicates R4's cognition is severely impaired.</p> <p>R4's physician order, dated 7/7/24, PARoxetine HCl (hydrochloride) Oral Tablet (Antidepressant) 30 MG (milligrams) (Paroxetine HCl). Give 1 tablet by mouth one time a day for Prophylaxis. ARIPiprazole (Antipsychotic) Oral Tablet 15 MG (Aripiprazole). Give 1 tablet by mouth one time a day for Prophylaxis. TraZODone HCl (Antidepressant) Oral Tablet 100 MG (Trazodone HCl) Give 1 tablet by mouth at bedtime for Prophylaxis. QUETiapine Fumarate (Antipsychotic) Oral Tablet 25 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime for Prophylaxis.</p> <p>R4's Monthly Medication Administration Record, dated December 2024, documents, in part, ARIPiprazole Oral Tablet 15 MG (Aripiprazole) Give 1 tablet by mouth one time a day for Prophylaxis; PARoxetine HCl Oral Tablet 30 MG (Paroxetine HCl) Give 1 tablet by mouth one time a day for Prophylaxis; QUETiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime for Prophylaxis; traZODone HCl Oral Tablet 100 MG (Trazodone HCl) Give 1 tablet by mouth at bedtime for Prophylaxis.</p> <p>On 11/27/24 at 1:33 PM, when asked about psychotropic medications, V1 (Administrator) replied, That's clinical, please ask clinical.</p> <p>On 12/03/24 at 2:06 PM, V17 (Medical Director) said, Psychotropics for use . I (V17) don't want to tread on because I (V17) don't prescribe them.</p> <p>On 12/03/24, multiple attempts (9:50 AM, 10:08 AM, 1:11 PM, and 2:00 PM) were made to contact V23 (Psychiatric Medical Director) but V23 did not answer any of the calls.</p> <p>On 12/02/24, at 2:02 PM, V2 (Director of Nursing/DON) said, I (V2) got ahold of (V23), and she (V23) won't talk to you (surveyors). V2 said, (V23) said that that she (V23) does not know anything of what's going on regarding these instances, so she (V23) won't talk to you (surveyors).</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>On 12/03/2024, at 2:25 PM, V2 (Director of Nursing/DON), Indications for psychotropic medications are supposed to be listed. When asked if prophylaxis is an appropriate indication for psychotropic medications, V2 (DON) replied, Of course not. Prophylaxis is not an appropriate indication. Everything has a reason, all meds.</p> <p>On 12/3/24, at 2:42 PM, V16 (Licensed Pharmacist) said, Medication reviews are done monthly for psychotropic medications. Prophylaxis is not a diagnosis. I (V16) don't know if that is a data entry or what. Prophylaxis is not a good enough diagnosis. Diagnosis for medications should be like for blood pressure, for sleep. Stuff like that. Prophylaxis is not acceptable. PRN (as needed) antipsychotic medications are only good for 30 days, unless the doctor specifies longer.</p> <p>Facility policy titled, Psychotropic Medication Use, dated 3/2021, documents, in part, GUIDELINE: 1. To avoid the use of psychopharmacological (Psychotropic) drugs when a resident's behavioral symptoms are caused by conditions such as environmental stressors (excessive heat, noise, overcrowding), psychosocial stressors (abuse, taunting, not following resident's usual routine), or treatable medical conditions (heart disease, diabetes, COPD). Behavioral symptoms resulting from these causes should not be masked with psychotropic drugs. 2. To avoid the use of unnecessary drugs. Psychotropic medications shall be used in appropriate doses for an appropriate duration, with adequate monitoring and indications for use, and be reduced or discontinued when clinically indicated . e.) Consult with the physician or extender when psychotropic medications are in use and encourage the physician or extender to document the diagnosis or clinical conditions that may be contributing to the need for psychotropic medication use and behavior(s) . Psychotropic Medication Use a) An order is necessary for the use of a psychotropic medication and should include: Medication Name, Specific Dosage, Frequency of Administration, Diagnosis/Justification for use.</p> <p>Facility Policy titled, Resident Rights, dated 3/2021, documents, in part, . PROCEDURE: 1. The residents will be assured of the following rights: Safe and good care . Right to Privacy .</p> |   |  |

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| <p>F 0837</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>  | <p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>50728</p> <p>Based on interview and record review, the facility's governing body (regional team) failed to develop/implement the abuse policy to ensure regulatory standards are met and the regional team failed to be competent regarding abuse regulatory requirements. This failure contributed repeated physical abuse (R3 being hit by R4, R1 being hit by R6, R6 pushing R7 and R7 being hit by R8), R5 being sexually assaulted by R1, and has to potential to affect all 142 residents that reside within the facility.</p> <p>Findings include:</p> <p>On 12/18/2024, at 3:31 PM, V15 (Regional Director of Operations) stated that the facility's census was 142.</p> <p>On 11/25/2024, at 1:32 PM, V1 (Administrator) stated that V1 is the abuse prevention coordinator and completed the investigation regarding R1 sexually assaulting R5 and R6 hitting R1 on 11/13/2024. V1 stated that facility substantiated sexual abuse occurred to R5 and physical abuse occurred to R1. V1 was unsure if substantiated abuse cases were supposed to be reported to the QAPI committee. V1 stated that QAPI (Quality Assurance and Performance Improvement) committee has not been made aware or reviewed the substantiated abuse that occurred on 11/13/2024. V1 explained (R1) is not in the facility so we can't do any kind of root cause analysis or evaluation of the plans of care. We cannot take further action until R1 returns from the hospital. V1 stated that V1 was unaware of R5's plan of care was updated or any after care was provided after R5 was assaulted. V1 was unaware if R6's plan of care was updated after the incident.</p> <p>On 11/26/24, at 10:40 AM, V1 (Administrator) stated the alleged physical abuse sustained to R3 from R4 was substantiated.</p> <p>On 12/5/2024, at 10:56 AM, V1 stated that the facility had completed an investigation related to an abuse allegation that occurred between R6 and R7 on 11/25/2024. V1 stated that R6 had pushed R7 to the ground. V1 affirmed that the facility substantiated physical abuse occurred to R6 from R7. V1 stated that R7 was sent to the hospital after the incident for evaluation and R7's care plan would be updated upon R7's readmission. V1 stated that root cause analysis was not completed for this incident and was not reviewed by the QAA (Quality Assurance Agency)/QAPI committee. V1 stated no interventions were added to R6's care plan after R6 physically abused R1 on 11/13/2024.</p> <p>On 12/5/2024, at 12:31 PM, V1 stated that the facility had completed an investigation related to an abuse allegation that occurred between R7 and R8 on 11/26/2024. V1 stated that R7 was hit in the face by R8. V1 affirmed that the facility substantiated physical abuse occurred to R6 from R7. V1 stated that R7 and R8 were sent to the hospital after the incident for evaluation and R7 and R8's care plan would be updated upon their readmission. V1 stated that root cause analysis was not completed for this incident and was not reviewed by the QAA/QAPI committee. V1 stated no interventions were added to R7's care plan after R7 was physically abused by R6 on 11/25/2024, to further protect R7 from abuse.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0837</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>  | <p>On 11/25/2024, at 1:40 PM, V1 (Administrator, unlicensed) stated that V1 is the administrator of the facility and is the abuse prevention coordinator. V1 stated V1 does not have an active Licensed Nursing Home Administrator (LNHA) License from the Illinois Department of Financial and Professional Regulation (IDFPR). V1 affirmed that V1 submitted the examination packet in June when V1 took over as the administrator for a temporary license. V1 explained that V1 has called many times and they (IDFPR) haven't stated that anything was wrong but was just taking a long time to process. V1 confirmed that V1 began as the assistant administrator in January 2024 and has 6 months of assistant administrator experience. V1 stated that V1 has over 60 hours of college credit and is utilizing the qualifying experience pathway of 60 hours plus 2 years of management experience in a nursing facility. V1 stated that prior to employment at the facility, V1 worked as a director of a Specialized Mental Health Rehabilitation Facility (SMHRF) and prior to that was the director of a Supportive Living Facility. V1 stated that V1's direct supervisor is V15 (Regional Director of Operations) as well as the regional team. V1 stated that all reportable incidents go to the regional team for review, which includes the Regional Director of Operations, Regional Director of Behavioral Health Services and the chief clinical officer. V1 stated that policies are made by the regional team at the corporate level and that the regional team develops/implements policies within the facility.</p> <p>Review of licensee application form for Nursing Home Administrator Temporary Non-examination Packet documents in part, . EDUCATIONAL QUALIFICATIONS In order for your application to be processed, ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED with the application and required feed unless otherwise directed in the instructions. ONE OF THE FOLLOWING EDUCATIONAL QUALIFICATIONS MUST BE MET IN ORDER TO BE ELIGIBLE TO SIT FOR EXAMINATION AND/OR RECEIVE A TEMPORARY LICENSE; 1. Graduation from an accredited college or university with minimum of Baccalaureate degree (degree may be in any field. There is no experience requirement.); or 2. Satisfactory completion of an approved course of instruction in nursing home administration .; 4. An associate degree or a minimum of 60 semester hours or 90 quarter hours of credit earned from an accredited college or university and qualifying experience (verification of qualifying experience supporting document VE must accompany application.) . QUALIFYING EXPERIENCE is defined as 2 years of full-time employment as an assistant nursing home administrator or director of nursing in a facility licensed by the Illinois Department of Public Health pursuant to the Nursing Home Care Act; or 2 years management in a corporation which owns and operates licensed nursing home facility .</p> <p>Review of V1's application for a temporary nursing home administrator's license documents in part the following: A) V1 began employment at the facility on 01/02/2024, as the administrator B) V1's employment with the facility includes V1 acting as the abuse prevention coordinator C) V15 verified V1's employment for the facility D) V1 has 76 college credit hours. E) V1 was still in process of getting a long-term care administration certificate from the college V1 attended when V1 applied for the temporary license F) V1 submitted the application to IDFPR on 6/12/2024. G) V1 is not a registered nurse. No further employment verification was submitted to IDFPR that demonstrates that V1 possesses the needed qualified experience to obtain a temporary LNHA license.</p> <p>Record review of V1's employee file documents in part that V1's employment at a Specialized Mental Health Rehabilitation Facility (SMHRF) from 7/2021 to 12/2023, was verified by V24 (HR/Payroll).</p> <p>Record review of administrator job description documents in part that the administrator serves as the facility's Abuse Coordinator and Compliance Officer and requires an unencumbered, active LNHA License in the state of Illinois and 1-year experience in a supervisory capacity in long-term and post-acute care.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0837</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>  | <p>On 12/03/2024, at 11:25 AM, V15 stated that V15 is the regional director of operations, is a licensed nursing home administrator, and is V1's direct supervisor. V15 stated that V15 sometimes participates in the facility's QAA meetings. V15 affirmed that V15 was a part of V1's hiring process but did not verify V1's employment, that HR did. V15 explained that V15 assisted V1 was completing the application for V1's temporary license and that V15 was meeting the educational requirements by having 60 credit hours and 2 years of administration experience. V15 stated that V1 had 6 months of assistant administrator experience at the facility before V1 became the administrator but was the director of a SMHRF. V15 was unsure if a SMHRF was licensed by the Nursing Home Care Act and would need to find out. V15 reaffirmed that V15 believed V1 was qualified.</p> <p>On 12/03/2024, at 11:28 AM, V15 affirmed that all reportable incidents are sent to V15, the regional director of behavioral services or the vice president of clinical. V15 stated that V15 was unsure and was not very familiar with the substantiated sexual assault that occurred to R5 from R1, and substantiated physical abuse cases (R6 hitting R1 and R3 getting hit by R4). V15 was not aware if a QAPI meeting was held for the substantiated abuse cases. V15 stated that all substantiated cases of abuse get reported to V15. V15 could not recall if the cases were substantiated and was unaware if the facility completed QAPI meetings after the abuse was substantiated. V15 stated that the facility should be reviewing abuse in it's QAPI meetings. V15 affirmed that the regional team is responsible for ensuring V1 carries out policies. V15 stated that the facility staff do not make/review it's policies, that the chief clinical officer makes all policies. V15 reviewed the facility's abuse policy and affirmed that the policy the facility provided states that it meets the regulations for abuse in 2016. V15 was not aware that the regulations were updated in 2022 and that the policy stated the regulations were for abuse regulations in 2016. V15 reviewed the final reportable (dated 12/2/2024) regarding substantiated physical abuse between R6 and R7 and affirmed that the investigation was not completed within 5 working days. V15 affirmed that the incident between R6 and R7 was not completed timely because the evidence was conflicted. V15 was unsure if you could extend an investigation, not thoroughly completing it within 5 working days, and would have to check the regulations. V15 stated that initial reportable of abuse must be submitted to the state survey agency immediately but no later than 4 hours (these statements are not correct, indicating V15 is not competent with regulatory requirements regarding abuse).</p> <p>On 12/04/2024, at 11:53 PM, V19 (Regional Director of Behavioral Health Services) affirmed that V19 is a part of the regional team (governing body) that helps to oversee operations within the facility. V19 affirmed that V19 reviews abuse allegations that occur in the facility. V19 stated that V19 primarily completed the abuse investigation between R6 and R7 along with the behavioral specialist. V19 stated that the investigation concluded that physical abuse did occur to R7 from R6. V19 stated that the facility did not know what caused R6 to hit R7 (no root cause analysis). V19 stated that the investigation could not be completed within the 5 day working days because statements were conflicting. V19 stated that investigations can be extended and that you send a request to the state survey agency to request more time. V19 recalled that the facility has to do this on rare occasions since V19 has started, under 5 times (these statements are incorrect, indicating V19 is not competent with regulatory requirements regarding abuse).</p> <p>On 12/17/2024, at 2:34 PM, V15 stated that V1's experience at a SMHRF does count as qualifying experience because SMRFS are subject to the nursing home care act starting in 2013.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0837</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>  | <p>Review of (210 ILCS 45/) Nursing Home Care Act. Documents in part, ,(210 ILCS 45/1-101) (from Ch. 111 1/2, par. 4151-101) Sec. 1-101. This Act shall be known and may be cited as the Nursing Home Care Act. (Source: P.A. 85-1378.) ,(210 ILCS 45/1-113) (from Ch. 111 1/2, par. 4151-113) Sec. 1-113. Facility or long-term care facility means a private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code, or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. It includes skilled nursing facilities and intermediate care facilities as those terms are defined in Title XVIII and Title XIX of the federal Social Security Act. It also includes homes, institutions, or other places operated by or under the authority of the Illinois Department of Veterans' Affairs. Facility does not include the following: . (8) Any Supportive Residence licensed under the Supportive Residences Licensing Act; with the program established under Section 5-5.01a of the Illinois Public Aid Code, except only for purposes of the employment of persons in accordance with Section 3-206.01; (9) Any supportive living facility in good standing . (13) A facility licensed under the Specialized Mental Health Rehabilitation Act of 2013; .</p> <p>On 12/19/2024, at 11:25 AM, V17 (Medical Director) stated, I don't know what would happen if an administrator isn't licensed. I can't answer that question-I don't work with them (licensed nursing home administrators) unless something critical happens, so I don't know all of what they do. I work with V2 (Director of Nursing).</p> <p>Review of facility assessment (3/1/2024) documents in part as a part of the administrator's job duties, . Notification to Operations team of any reportable incidents and/or unusual occurrences including allegations of abuse, resident-to-resident altercations, falls with injury, elopements, injuries of unknown origin, unexpected resident death .</p> <p>(continued on next page)</p> |   |  |

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| F 0837<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Some   | <p>Review of facility policy titled, Abuse (3/2022) documents in part, the following: .The following is an Abuse Prevention Program that meets CMS requirements in the updated Appendix PP, effective November 28, 2016 and the October 4, 2016 CMS Final Rule, 81 Fed. Reg. 68688 - 68872 . This facility affirms the right of our consumers to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of consumers. In order to do so, the facility has attempted to establish a consumer sensitive and consumer secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of consumers . Abuse means any physical or mental injury or sexual assault inflicted upon a consumer other than by accidental means (210 ILCS 45/1-103). Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a consumer (42 CFR 483.5). This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. This assumes that all instances of abuse of consumers, even those in a coma, cause physical harm or pain or mental anguish (42 CFR 483.12 Interpretive Guidelines). The term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. (42 CFR 483.5) . Physical abuse is the infliction of injury on a consumer that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment (42 CFR 483.12 Interpretive Guidelines). Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault (42 CFR 483.12 Interpretive Guidelines) . Final Investigation Report. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident. The final investigation report shall contain the following: Name, age, diagnosis and mental status of the consumer allegedly abused, neglected, exploited, mistreated, or from whom property was misappropriated; The original allegation (note day, time, location, the specific allegation, the alleged perpetrator, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries); Facts determined during the process of the investigation, review of medical record and interview of witnesses; Conclusion of the investigation based on known facts;The police report, if applicable; If the allegation is determined to be valid and the perpetrator is an employee, a separate sheet listing the employee's name, address, phone number, title, date of hire, copies of previous disciplinary actions, and current employment status (still working, suspended or terminated). The administrator or person designated to act as administrator in the administrator's absence will review the report. The administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Department of Public Health within five working days of the reported incident. The administrator or designee is also responsible for informing the consumer or their representative of the results of the investigation and of any corrective action taken. 9. Quality Management Review. Any investigation that concluded that abuse, neglect, exploitation, mistreatment or misappropriation of consumer property occurred shall be reviewed by the facility Quality Management committee for possible changes in facility practices to ensure that similar events do not occur again. The investigation shall be reviewed at the next quarterly Quality Management committee meeting, or sooner if possible.</p> |   |  |