Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED C IL6001895 B. WING 09/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. SOUTHVIEW MANOR CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigations: 2387097/IL00163667 2386555/IL00162969 2386984/IL00163500 2387120/IL00163681 S9999 Final Observations S9999 Statement of Licensure Violations 300.610 a) 300.2210 a) 300.2210 b)1)4)5)6)7)8) 300.2220 a)1) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.2210 Maintenance Attachment A Every facility shall have an effective Statement of Licensure Violations written plan for maintenance, including sufficient staff, appropriate equipment, and adequate Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6001895 B. WING 09/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR CHICAGO, IL 60616** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 supplies. b) Each facility shall: (B) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. (B) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance). Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition. (B) Maintain the grounds free from refuse. litter, insect and rodent breeding areas. The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building: eliminating sites of entry into the building with screens of not less than 16 mesh screen to the inch and repair of any breaks in construction. (B) (Source: Amended at 14 III. Reg. 14950, effective October 1, 1990) Section 300.2220 Housekeeping litinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6001895 B. WING 09/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY S9999 Continued From page 2 \$9999 Every facility shall have an effective plan for housekeeping including sufficient staff. appropriate equipment, and adequate supplies. Each facility shall: (B) 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B) These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect residents from a facility wide bed bug infestation. The facility also failed to maintain an effective pest control program. The facility also has mice, roaches, and fruit flies. This failure has resulted in residents(R7, R9, R18, R19, R20) receiving multiple bed bug bites all over their bodies. causing depression, anxiety, and sleep deprivation. This failure has a potential to affect all the residents in the facility. Findings include: On 09/09/2023, at 10:41 AM, V2 (Psychiatric Rehabilitation Services Coordinator) stated, "I have had complaints from residents about bed bugs. They have told me that they have some bites. I have not had any complaints from the 4th floor. The last one was the second floor. When a resident tells me about the bed bugs, I report it to housekeeping and maintenance. The room is stripped and treated. Some rooms were treated randomly. This was two days ago. The pest control company came out." On 09/09/2023, at 10:55 AM, V3 (Director of

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1	for bed bug bites for going to deny the bet the resident, the res room change. The fi seen the bed bugs. anti-itch cream. No adverse reactions. I heat treatment." On 09/09/2023, at 10 Director) stated, "I he facility. The pest contraction the bugs are being wand heat equipmer elements. This equipmer elements. This equipmer herenheit. This is chours. In addition to	oment circulates the heat in rature of 130 degrees completed for twenty-four the pest control company, I at is effective. The company and they come every						
	stated, "The facility disome new mattress of to seal things. There mattresses a week." housekeeping vacuupest control company come to repair the witcannot tell you that the not had a complaint a also been complaining. On 09/09/2023, at 12 been here for almost since I have been here by bed bugs. I had bit	I:24 AM, V1 (Administrator) loes have a problem. I have covers coming that are going are ten to fifteen new The diatomaceous earth, ming most rooms and the y. I am getting a company to alls and structural stuff. I here is not a room that has about bed bugs. Staff have lig about bites." I:06 PM, R7 stated, "I have a year since October. Ever re, I have been eaten alive tes on my back, arms, legs, is had been going on ever				8		

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6001895 B. WING 09/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. SOUTHVIEW MANOR **CHICAGO, IL 60616** SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 since I have been here. It is horrible. I tell the social workers that I want to leave, and they ask why I want to leave. I tell them they get to leave and go home. I do not. I must stay here. The bed bugs are bad at night, but I get attacked during the day. They have these heaters that heat the rooms up. They tried three times and they do not work. The room next to us had four fans and it has not work. They need to gut it. There are cockroaches to. The bed bugs are affecting my anxiety. It does affect my sleep. I know when they are biting me. I have seen them on my sheets and in my nightstand. They are brown round bugs. I fill like the facility is not doing everything they can to fix this. They are going room by room with heat and not trying to get a professional exterminator. I have seen other residents that are covered from head to toe and scarred up severely." During this interview, R7 lifted up R7's shirt. R7 had bites on his back and torso. Some bites were fresh, and some were healed. On 09/09/2023, at 12:15 PM, R9 stated, "One eye is more swollen than the other from a bed bug bite. I am getting bit in the morning and at night. They did not touch me last night. I live on the fourth floor. I have seen them on the bed rail and the there was one in the bathroom last night. I have been here for three weeks now. I came from the other facility. I can see the baby bed bugs to. They are very tiny. I do not think that the facility is doing very much. it makes me feel depressed. The facility wants to money, and we must live with bed bugs, rats, and mildew on the walls. I believe that the residents should be treated fairly. If it was livable, I would not mind staying here." On 09/09/2023, at 12:30 PM, R20 stated, "I have

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6001895 B. WING 09/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD) BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 \$9999 seen bed bugs in my bed. There are mice at night as well." On 09/09/2023, at 12:46 PM, R18, who is a bedbound resident, stated, "I was bitten by bed bugs. They crawled in my bed." On 09/09/2023, at 12:47 PM, R19 stated, "There are bed bugs all over my bed and walls. I have bites all on my arm. My roommate, who is out on pass, has bites all over his body. I have caught seven mice in two weeks. I do not believe the facility is doing everything they can. This makes me feel worthless." On 09/09/2023, from 12:00PM until 1:00PM, the surveyor toured the facility with V3. During the tour all six floors of the facility had large holes in the walls and crumbling infrastructure. On 09/09/2023, at 1:12 PM, a group meeting was held. R8 thru R20 were in attendance. During this meeting, R8 thru R20 agreed that they have all seen bed bugs, have had bed bugs crawling on them, have seen baby roaches and baby bed bugs, and agree the bed bugs are deep within the walls of the facility. R12 stated, "The bed bugs bite so hard I had to sleep in someone else bed." On 09/09/2023, at 1:38 PM, another surveyor toured the facility shower rooms with V4. Bed bugs were observed on the 6th floor in the shower room. Roaches and fruit flies were observed on the fifth-floor shower room. At 2:30 PM, surveyor 44314 had a roach crawling down her leg while in the conference room conducting investigations. The roach escaped into the kitchen. On 09/09/2023, the facility provided pest control Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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**	control logs docume facility. There is no company is address On 09/09/2023, the requisitions. On 08/bugs and gnats wer floor. Bed bugs were also floor. In almost ever 08/18/2023 and 08/on the wall and the sinfestation on the enbed bugs, roaches, reported to be falling Facility Policy titled inotes the facility sha control program. The ongoing pest control	Pest Control, dated 04/2020, Il maintain an effective pest e facility maintains an program to ensure that the	*:		27 22	ń.	
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