DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/19/2022 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 146161 B. WING 04/08/2022 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 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **DEFICIENCY**) F 000 **INITIAL COMMENTS** F 000 Complaint 2282513/IL145256- F580 & F689-J cited Investigation of Facility Reported Incident of 03/04/22/IL145231- F689-J cited F 580 Notify of Changes (Injury/Decline/Room, etc.) F 580 SS=D CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident: consult with the resident's physician; and notify. consistent with his or her authority, the resident representative(s) when there is-(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention: (B) A significant change in the resident's physical. mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, Attachment A when there is-Statement of Licensure Violations

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

as specified in §483.10(e)(6); or

(A) A change in room or roommate assignment

TITLE

(X6) DATE

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 ollowing 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 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DEPAR	I MEN I OF HEALTH	AND HUMAN SERVICES				P	RINTE): 04/19/202: /IAPPROVE
	T OF DEFICIENCIES	& MEDICAID SERVICES	1.			0	MB NC	0.0938-039
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		ONSTRUCTION	i	(X3) DA CO	TE SURVEY MPLETED
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NAMEOF	PROVIDER OR SUPPLIER				TADDRESS, CITY, STATE, 2	IP CODE		70012022
SOUTH	/IEW MANOR	<i>ti</i>			S. MICHIGAN AVE. AGO, IL. 60616			
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F 580	Continued From pa	ge 1	F 5	80				
	(B) A change in resi State law or regulat (e)(10) of this section (iv) The facility must	ident rights under Federal or ions as specified in paragraph on. It record and periodically (mailing and email) and			# # # # # # # # # # # # # # # # # # #			
*	representative(s). §483.10(g)(15) Admission to a com that is a composite of §483.5) must disclosits physical configurations that compresent, and must spectom changes between the composite of t	posite distinct part. A facility distinct part (as defined in se in its admission agreement ation, including the various rise the composite distinct ify the policies that apply to een its different locations. T is not met as evidenced and record review, the					70	
	guardian of R1 not rebeing out on an unau. This failure effected since going on an unon February 23, 202. Findings include: R1's Face Sheet doc 40-year-old with diag limited to: WEAKNES MOBILITY, CHRONI PULMONARY DISEA	cuments resident is a prosest including but not SS, OTHER REDUCED C OBSTRUCTIVE ASE, UNSPECIFIED, EDISORDER, BIPOLAR HMA, OBESITY.						

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 3311 S. MICHIGAN AVE. CHICAGO, IL 60616	CODE 04	/08/2022
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F 580	stated, "I arrived at visiting for a quarter the front desk recept R1 is assigned to orgoing to see R1 whother residents. The and get our consenteresident to go out or considering the facility and passed V5 to check the was at the facility. When the facility and has not lead to make the facility and has not lead the facility and has not lead the facility and has a mental illn capacity to make the under state guardian ship becaute hall considering that as R1's uncle, came out on a community never brought R1 be never called me for out on pass. I would let R1 out on pass, the facility and has not leave the facility and has not leave the facility and has not leave the facility. It is a state of the facility and has not leave the facility and has not leave the facility and has not leave the facility. It is a state of the facility and has not leave the facility and has not leave the facility. It is a state of the facility and has not leave the facility and has not leave the facility and has not leave the facility. It is a state of the facility and has not leave the facility and has not leave the facility and has not leave the facility. It is a state of the facility and has not leave the	the facility to see R1, I was rly visit, and I was notified by obtionist that R1 was not there, ne of my co-workers and I was ille I was in the building visiting a facility is supposed to call the for us to approve for the mass. O:01am, V3 (R1's state on 03/25/2022, my coworker, by to see V5's resident, and I on my resident, R1, while V5 of the V5 asked for R1's roomed that R1 is no longer at the open there for over a month, less and lacks the decisional eright choices. R1 has been inship since 2012. R1 is under see R1 uses illegal drugs, ells R1's body to be able to son't until today (03/30/2022), R1 has been gone since facility just notified me today, ministrator) and V7 (social to the facility and took R1 pass for a few hours and ack to the facility. The facility my permission to allow R1 never agree for the facility to especially with a man, has a heavy history of drug. R1 is not safe to be out on ver gave the facility. R1 is a ward of	F5	580	iii *** ii *** iii ** iii *** iii *** iii *** iii *** iii *** iii ** ii **	10 20 20 20 20 20 20 20 20 20 20 20 20 20
		d never consent for R1 to				

DEPAR CENTE	TMENT OF HEALTH RSFOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES					FORM): 04/19/2022 APPROVED
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F 580	Continued From page	ne 3						
			Ft	580				į į
	little over a manth a	and R1 has been gone for a		-				
	to potify mo. V7 (oc	nd the facility never called me						
	that supposedly the	cial service director) stated						
	was never notified a	y called me, but this is a lie, I and if they did call me to obtain						
	permission I would	have never consented for R1	144					
	to leave the facility	inder any circumstances."						
	to locate this igolinty c	ander any circumstances.						
	On 03/30/2022 at 10	0:55am, V2 (director of						
	nursing) stated, "R1	was discharged on						
	02/23/2022. R1 left v	with the brother on						
	02/23/2022 for seve	ral hours and supposed to be						
	back the same day.	The next day we observed						
i	that R1 has not retui	rned the to the facility. The						
	social service depart	tment followed up as to why						
	R1 did not return to	the facility on 02/24/2022.						7
	R1's brother verbaliz	red that R1, and the brother						
	have left the city for	Wisconsin and will be back						
	on 02/25/2022. Soci	al service department						
	Informed the supervi	sor about the family taking						
	of 02/25/2022 D4 dia	nout notifying the facility. As						
	0/02/20/2022 KT GIL	nat R1 was still on pass. We						1
a	have the 10-day bed	hold policy. As of						
	03/01/2022, social se	ervice followed up with R1's		- 1				
	guardian, V3 the V3	said that R1 is at another						
	facility and R1's siste	er was supposed to come						
	and pick up R1's belo	ongings. The social service						
	director called the other	her facility but was not able						6
	to talk to the resident	t. The social worker was not						
	able to verify that R1	is at the other facility that						
79	the guardian named.	On 02/23/2022, this was the						
- 1	first time that R1 was	going out on pass. R1's						
	brother never came t	o the facility to visit R1, so						
	this was the first time	that R1 was taken out on						
	pass by R1's brother.	If a resident has a guardian,						
	we don't have to get a	a guardian's approval of						
	visitors, we just have	to notify the guardian that a			5=			
	resident is going out	on pass. The doctor has to						1

		AND HUMAN SERVICES			1	RINTE FOR	D: 04/19/202 MAPPROVE	22
		& MEDICAID SERVICES				OMB N	<u>0.0938-039</u>)1
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SOUTH	/IEW MANOR			3:	311 S. MICHIGAN AVE. CHICAGO, IL. 60616			
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F 580	Continued From pa		F 5	580				1
	approve if a residen	it is capable and safe to go						1
	out on pass. We jus	st have to notify the quardian						- [
to	that the resident tha	it is under guardianship went		ļ			1	1
	out on pass, but we	don't have to get a list of om the guardian. R1's brother						1
	is not listed as R1's	contact. I do not see R1's		İ				1
	brother listed anywh	nere in R1's chart. The only		ļ				1
	place that R1's broti	her is mentioned is in social		ŀ				
	service progress no	tes otherwise R1's brother is						ı
	not listed anywhere.	R1's cognitive ability was						1
	decisions and Lam	nd able to make her own not sure why R1 had a						
	quardian. I never loc	oked into why R1 had a						ı
	guardian. Because t	the social service department						
	deals with the guard	lianship. We did not notify the						1
	physician of R1's de	parture from the facility."		-				l
	On 03/30/2022 at 12	2:33pm, V7 (social service					8 .	l
	director) stated. "On	02/23/2022, R1 left on pass						L
[with a man who said	he was R1's uncle. One of						İ
	the counselors signe	ed the release for R1 to leave						Г
	the facility. R1 is me	ntally capable to make		Ì				ı
	decisions. R1 is still	kind of new to our facility so						Ĺ
	medically nobody wa	as concerned. R1 has a state						
ļ	Depending on the tw	n make her own decisions. pe of guardianship they have,		ĺ				
	and when it comes to	o complicated issues, the						l
	guardian has the fina	al say. When a resident is						-
	cognitively not sound	l, the guardian has the final						
	say. I honestly just for	ound out today (03/30/2022)						
	that R1 was a ward o	of the state and has a state						
	guardian. R1's sister	, V11, has been						
i	consent for anything	us. I don't really need a because R1 has been new						
	to our facility. For the	short time that R1 was with						
	us, I did not require a	consent for anything. I was						
	aware that R1 had a	guardian prior to R1 leaving					201	
	the facility. I thought	that the guardian was one of						

			AND HUMAN SERVICES MEDICAID SERVICES				PRINT FO	ED: 04/19/2022 RM APPROVED
	TATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	OMB (X3)	NO. 0938-0391 DATE SURVEY COMPLETED
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	F 580	the family members because V11 preter face sheet stated the knew that R1 had a the guardian was V guardian. We have members as their guardian was a fam stated that V3 was to the guardian but I the because that's their created. When I spowhen I realized that (R1's sister) gave us the facility. On 02/23 the facility. On 02/23 the facility and said I pass for a few hours known that R1 had a not have been allow V3's consent. We we release the resident permission. When I 03/01/2022, to follow was located since the was told by R1's sistefacility. It wasn't until found out that V11 (Fimpersonating V3 (R right now, I do not known and R1 has been gorover a month. I did nomissing person repormissing."	inded to be R1's guardian. The at R1 had a guardian, so I guardian, but we thought that I1, but R1 has a state a few residents with family uardian and we thought the ily member. R1's face sheet the guardian. V3 is listed as ought it was the sister, in pression that R1's family ske to V3 this morning, that's R1 is a ward of the state. V11 is permission for R1 to leave 1/2022, R1's brother called that he is taking R1 out on 1/2022, R1's brother called that he is taking R1 out on 1/2022, R1's brother called that he is taking R1 out on 1/2022, R1's brother called that he is taking R1 out on 1/2022, R1's sister included to leave the facility without the enever supposed to out on pass without V3's called V11 (R1's sister) on 1/2022 up to where the resident rever returned, I er that R1 is at another today (03/30/2022) that I R1's sister) was 1's state guardian). As of low where the resident is, ne since 02/23/2022, that's of follow the policy to file a 1/2020 to file	F	580			
		physician) stated, "I v has left the facility. No R1 has not been at the	2pm, V12 (R1's primary was not made aware that R1 obody had notified me that ne facility since 02/23/2022. I had a state guardian. I did					

DEPAR'	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				PRINTE FOR	D: 04/19/2022 MAPPROVED
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£0	behavioral issues the Nobody notified me on community pass never returned backed on 03/31/2022 at 2: facility/woman's she residing and confirm supervisor) that R1 is and R1 was never a 2:05pm, surveyor no V7 (social worker) the woman's shelter and the facility. On 03/31/2022 at 2:: stated, "I was never 02/23/2022 that R1 was never 0	at's why R1 was at the facility. at all that R1 left the facility without authorization and to the facility." O1pm surveyor called the left that supposedly R1 was led with V14 (woman's shelter is not residing at the facility resident of the facility. At otified V1 (administrator) and left R1 was never a resident of R1 was never a resident of R1 was never a resident of left R1 was never a resident of left R1 was never a resident of left R1 out, especially with the picked R1 up is a drug leavy drug user, and she left R1 out, especially with the picked R1 up is a drug leavy drug user, and she legs. The facility should not at on pass under any lister called on 03/01/2022, a woman's shelter, but I left R1 is dead or alive left R1 is dead or alive left R1 is dead or alive left R1 is dead or alive left that you are calling me fice to notify me that my cility dropped the ball, and left R1 is dead to speak to 2 about giving my consent to	F	580			

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM): 04/19/2022 MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DA). 0938-0391 TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		04	/08/2022
SOUTH	/IEW MANOR				1 S. MICHIGAN AVE. ICAGO, IL 60616			
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F 580	director) stated, "I w missing person reports Social Service Progression NOTIFICATION NOTIFICATION NOTIFICATION NOTIFICATION NOTIFICATION NOTIFICATION TO THE SOCIETY OF TH	's history. :33pm, V7 (social service rill call the police and file a port for R1." ress note (dated date 02/23/2022) documents TE: "R1's brother called the lat for few hours and will be refore the next shift of the day. To monitor and document all	F	580				
	documents NOTIFIC observed that R1 ha facility. Writer called what had happened, that they had left the would be back on Fr PRSD (Psychiatric R the situation and what about R1's going to N	ress note (dated 02/24/2022) CATION NOTE: "Writer d not returned back to the the family of R1 to find out he verbalized to this writer city for Wisconsin, and they iday. Writer informed the tehab Service Aide) V10 of at the family had verbalized Visconsin without the notice will continue to monitor and						
	documents Notification sister, V3 said, the respectively and we show member) V11, who was last week but never selected P.G.M. (woman's shoperson, who claimed cannot be revealed, the facility back to connected.	ess note (dated 03/01/2022) on: Resident's Guardian and esident is at P.G. (woman's ld follow up with R1's (family was supposed to pick her up showed up. PRSD called the elter manager) the intake that, information on clients but promised to call the ct the client with us.						

T OF DEFICIENCIES DF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU			MB NO	APPROVED 0.0938-0391
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(dated 02/23/2022) released out on committee out on committee out on committee out did pass indicates that it pass/escort-may on escort/family. Police Report (dated on 03/31/2022 R1 which were missing since of the pass of	documents that R1 was amunity pass on 02/23/2022 d not return to the facility. R1 was released on buddy by go out with appointed d 03/31/2022) documents that as reported missing and has 02/23/2022. dice Policy (dated 03/2021) resician or extender should be	F	5580			
Guardianship and A Office of State Guardian of the personal care. This gabout medical treatm social services, and office of Accident Haz CFR(s): 483.25(d)(1) §483.25(d)(1) The reas free of accident has free of accident has \$483.25(d)(2) Each resupervision and assistancidents.	dian (undated) documents: A con is appointed by court son individual cannot make consible decisions his guardian will make decisions ent, residential placement, other needs. ards/Supervision/Devices (2) a. ure that - sident environment remains exards as is possible; and esident receives adequate stance devices to prevent	F 6	89			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS (EACH DEFICIENCY REGULATORY OR LS (dated 02/23/2022) released out on comwith an uncle but did Pass indicates that pass/escort-may or escort/family. Police Report (dated on 03/31/2022 R1 wheen missing since of Against Medical Adv documents: The phynotified. R1's Face sheet documents: The phynotified. R1's Face sheet documents: The phynotified of State Guardian of the personal care. This guardian of the personal care. This guardian social services, and of Free of Accident Haz CFR(s): 483.25(d)(1) The reas free of accident has \$483.25(d)(2) Each resupervision and assist accidents.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 (dated 02/23/2022) documents that R1 was released out on community pass on 02/23/2022 with an uncle but did not return to the facility. Pass indicates that R1 was released on buddy pass/escort- may only go out with appointed escort/family. Police Report (dated 03/31/2022) documents that on 03/31/2022 R1 was reported missing and has been missing since 02/23/2022. Against Medical Advice Policy (dated 03/2021) documents: The physician or extender should be notified. R1's Face sheet documents that V3 is R1's guardian Guardianship and Advocacy Commission/The Office of State Guardian (undated) documents: A guardian of the person is appointed by court when a disabled person individual cannot make or communicate responsible decisions his personal care. This guardian will make decisions about medical treatment, residential placement, social services, and other needs. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d) (2)Each resident receives adequate supervision and assistance devices to prevent	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 (dated 02/23/2022) documents that R1 was released out on community pass on 02/23/2022 with an uncle but did not return to the facility. Pass indicates that R1 was released on buddy pass/escort- may only go out with appointed escort/family. Police Report (dated 03/31/2022) documents that on 03/31/2022 R1 was reported missing and has been missing since 02/23/2022. Against Medical Advice Policy (dated 03/2021) documents: The physician or extender should be notified. 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DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES				PRINTE(FOR!	D: 04/19/2022 M APPROVED
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		CONSTRUCTION	OMB NO (X3) DA	D. 0938-0391 TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER		1	STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 04	1/08/2022
SOUTH	IEW MANOR			3311	1 S. MICHIGAN AVE. ICAGO, IL 60616		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRE	(X5) COMPLETION DATE
	by: Based on interview facility failed to superesident (R1) by fail the state guardian pon pass. This failure reviewed for commubeen missing since community pass on 2) The facility failed prevention and mon resident (R3) of 3 rethis failure resulted serious injuries requivalent the second level of the second level of the termine the effectimplementation of the Findings include: R1's Face Sheet doc 40-year-old with diaglimited to: WEAKNES MOBILITY, CHRONI PULMONARY DISE/SCHIZOAFFECTIVE TYPE, OTHER ASTHUNSPECIFIED, SCHUNSPECIFIED.	s and record review, 1) The ervise and monitor one ing to obtain a consent from rior to releasing a resident out effected R1 of 3 residents unity pass supervision. R1 has going on an unauthorized February 23, 2022. to implement adequate fall itoring interventions for one sidents reviewed for falls. in R3 sustaining two falls with iring sutures and surgery; as an Immediate Jeopardy 3/22. On 04/07/2022 the obtified of the immediate ardy was removed on er, the deficiency remains at learm until the facility iveness of the e removal plan.	F	689			
- 1	stated, "I arrived at th	ne facility to see R1. I was				1	

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR	M APPROVED
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	•		A. BUILL	JING	B		OMPLETED C
		146161	B. WING			1	4/08/2022
NAME OF	PROVIDER OR SUPPLIER		-		STREET ADDRESS, CITY, STATE, ZIP CODE		4/00/2022
SOUTH	/IEW MANOR				3311 S. MICHIGAN AVE.		
	200000			(CHICAGO, IL 60616		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED (CROSS-REFERENCE)	DRE	(X5) COMPLETION DATE
	is assigned to one of going to see R1 white other residents. The and get our consent resident to go out or supposed to call and guardian before a resident to go out or supposed to call and guardian before a resident of Consent of State Guardian), another resident. It resident (R1). While asked for R1's room R1 is no longer at the there for over a monillness and lacks the tright choices. Riguardianship since 2 guardianship becaus hallucinogens and see pay for drugs. R1 with (03/30/2022), this is been gone since 02/2 notified me today. It (Administrator) and that a man who identicame to the facility a community pass for a brought R1 back to the called me for my peripass. I would never a out on pass, especial that R1 has a heavy it prostitution. R1 is not	original type of the control of the	F6	i89			
1	and I never gave the	facility permission to leave ard of the state, and I would					

		AND HUMAN SERVICES			ı	PRINTE	D: 04/19/202	2
		& MEDICAID SERVICES			<u>— 15</u> 49	OMB N	O. 0938-039	1
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) D/	ATE SURVEY OMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			T	STREET ADDRESS, CITY, STATE, ZIP CODE	0	4/08/2022	_
SOUTHVIEW MANOR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES					3311 S. MICHIGAN AVE. CHICAGO, IL 60616			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	15					
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	FIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES (PROVIDER CROSS-REFERENCE)	D RE	(X5) COMPLETION DATE	
F 689	Continued From page	ge 11	F	68	19			1
	never consent for R	1 to leave the facility at all. I	, ,	00.			-	İ
	don't know where R	1 is. If R1 is dead or alive and					1160	ı
	R1 has been gone f	or a little over a month and						ı
	the facility never cal	led me to notify me. V7/Social			1			I
	Service Director) sta	ated that supposedly they						ı
	called me, but this is	a lie, I was never notified					1	١
	and it they did call if	ne to obtain permission, I						ı
	under any circumsta	t for R1 to leave the facility						١
							i i	١
	Nursing) stated, "R1	0:55am, V2 (Director of					4	ĺ
	02/23/2022. R1 left v	was discharged on						l
	02/23/2022 for sever	ral hours and supposed to be						l
	back the same day.	The social service						ĺ
	department followed	up why R1 has not returned						l
	into the facility on 02	2/24/2022. The next day we					1	ı
	observed that R1 ha	s not returned the to the					1	ı
	facility. R1's brother	verbalized that R1, and the			¥(
	brother have left the	city for Wisconsin and will be						
	informed the suns-	Social service department						
	R1 to Misconsin with	sor about the family taking nout the notice of the facility.						ì
	As of 02/25/2022 R1	did not come back so on						
	02/26/2022 we put th	nat R1 is still on pass. We						d
	have the 10-day bed	hold policy. As of					5	
	03/01/2022, social se	ervice followed up with R1's						
	guardian, V3 and the	V3 said that R1 is at						
	another facility and R	11's sister was supposed to						
	come and pick up R1	's belongings. The social						
	service director called	d the other facility but was						
	Tiot able to talk to the	resident. The social worker						
	facility that the quarti	that R1 is at the other ian named. On 02/23/2022,						
	this was the first time	that R1 was going out on						
	pass. R1's brother ne	ever came to the facility to						
	visit R1, so this was t	he first time that R1 was						
	taken out on pass by	R1's brother. If a resident						
	has a guardian, we d	on't have to get a guardian's						

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/19/2022 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 146161 B. WING 04/08/2022 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 PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 689 Continued From page 12 F 689 approval of visitors, we just have to notify the guardian that a resident is going out on pass. The doctor has to approve if a resident is capable and safe to go out on pass. We just have to notify the quardian that the resident that is under quardianship went out on pass, but we don't have to get a list of approval of visitors from the guardian. R1's brother is not listed as R1's contact. I do not see R1's brother listed anywhere in R1's chart. The only place that R!'s brother is mentioned is in social service progress notes otherwise R1's brother is not listed anywhere. R1's cognitive ability was alert and oriented and able to make her own decisions and I am not sure why R1 had a guardian. I never looked into why R1 had a guardian. Because the social service department deals with the whole guardian ship. We did not notify the physician of R1's departure from the facility." On 03/30/2022 at 12:33pm, V7 (Social Service Director) stated, "On 02/23/2022, R1 left out on pass with a man who said he is R1's uncle. One of the counselors signed the release for R1 to leave the facility. R1 is mentally capable to make decisions. R1 is still kind of new to our facility so medically nobody was seeing any concerns. R1 has a state guardian, but R1 can make her own decisions. Depending on the type of guardianship they have, when it comes to complicated issues. the quardian has the final say. When a resident is cognitively not sound, the guardian has the final say. I honestly just found out today (03/30/2022)

that R1 was a ward of the state and has a state

communicating with us. I don't really need a consent for anything because R1 has been new to our facility. For the short time that R1 was with

guardian. R1's sister, V11, has been

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2022 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		E SURVEY
,		146161	B. WING_			C /08/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616	1 4	VV. 2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) RF	(X5) COMPLETION DATE
F 689	was aware that R1 leaving the facility. I was one of the fami guardian, because guardian. The face guardian, so I knew thought that the guardian. R1's was the guardian. VI thought it was the impression that R1's spoke to V3 this mothat R1 is a ward of gave us permission 02/23/2022, R1's breat that R1 is a ward of gave us permission 02/23/2022, R1's breat that R1 is a ward of gave us permission 02/23/2022, R1's breat that R1 was used that R1 was used that R1 was used would never be allowed 02/23/2022 without supposed to release without V3's permissister) on 03/01/202 resident is since the was told by R1's sist facility. It wasn't untifound out that V11 (I impersonating V3 (Fright now, I do not know I do not	any consent for anything. I had a guardian prior to R1 thought that the guardian ily members, not a state V11 pretended to be R1's sheet stated that R1 had a that R1 had a guardian. We ardian is a sister, but R1 has a face sheet stated that V3 is listed as the guardian but sister, because that's the stamily created. When I wring, that's when I realized the state. V11 (R1's sister) for R1 to leave the facility and g R1 out on pass for a few cident, if I knew that R1 had a would not have been allowed without V3's consent. So, if I nder state guardianship, R1 wed to leave the facility. We guardian, and we should R1 to leave the facility on V3's consent. We were never a the resident out on pass sion. When I called V11 (R1's 2, to follow up to where the resident never returned, I ter that R1 is at another I today (03/30/2022) that I	F 68	9		

		AND HUMAN SERVICES			PRINTE): 04/19/2022
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
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NAMEOF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
SOUTHV	/IEW MANOR			3311 S. MICHIGAN AVE. CHICAGO, IL. 60616		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 689	Physician) stated, "I has left the facility. In R1 has not been at was not aware that I not assess R1 for complete the behavioral issues the Nobody notified me	32pm, V12 (R1's Primary was not made aware that R1 Nobody had notified me that the facility since 02/23/2022. I R1 had a state guardian. I did ommunity pass. R1 had at's why R1 was at the facility. at all that R1 left the facility without authorization and	F 68	9		
	facility/woman's she residing and confirm Shelter Supervisor) (facility and R1 was r At 2:05pm, surveyor and V7 (Social Servi	O1pm surveyor called the leter that supposedly R1 was led with V14 (Woman's that R1 is not residing at the lever a resident of the facility. notified V1 (Administrator) lice Director) that R1 is not lan's shelter and R1 was never lity.		8 35		
	stated, "I was never 02/23/2022 that R1 wan. The facility did consent for R1 to leathey would have callet them consent to let F The man who picked sister is a heavy drug body for drugs, so the released her out on g	20pm, V11 (R1's sister) notified by the facility on was going out on pass with a not call me to obtain a live out on pass, because if led me, I would never give R1 out, especially with a man. I R1 up is a drug user. My guser, and she sells her le facility should not have loass under any lister called on 03/01/2022,				

stating that she is at a woman's shelter, but I don't know if that was true. A few weeks so, R1 was seen standing on a street corner selling her body, by a cousin of ours. That's the last we have heard of R1. I don't know if R1 is dead or alive and I honestly thought that you are calling me

DEPAR CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES			PRIN F	NTED: 04/19/202 ORM APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	OME	3 NO. 0938-039 3) DATE SURVEY COMPLETED
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NAMEOF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	04/08/2022
SOUTHV	VIEW MANOR			3311 S. MICHIGAN AVE. CHICAGO, IL 60616	2022	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIAT	(X5) COMPLETION DATE
	sister is dead. The fithey are trying to bla anyone on 02/23/20 release R1 on pass allowed it given R1's On 03/31/2022, at 2 Director) stated, "I will will be service Progro 02/24/2022/effective NOTIFICATION NO facility to take her outlied to the facility be writer will continue the progress upon her allowed that R1 has facility. Writer called what had happened, that they had left the would be back on Fri PRSD of the situation verbalized about R1's the notice of the facility monitor and documents Notification sister, V3 said, the reshelter) and we should sisters, V11, who was sisters, V1	office to notify me that my acility dropped the ball, and ame me, but I never spoke to 22 about giving my consent to because I would have never inistory. 33pm, V7 (Social Service will call the police and file a bort for R1." Tess note (dated date 02/23/2022) documents TE: "R1's brother called the latter for few hours and will be effore the next shift of the day. To monitor and document all rrival." Tess note (dated 02/24/2022) documents TE: "R1's brother called the latter for few hours and will be effore the next shift of the day. The monitor and document all rrival." Tess note (dated 02/24/2022) described to the family of R1 to find out the verbalized to this writer city for Wisconsin, and they day. Writer informed the land what the family had a going to Wisconsin without lifty. Writer will continue to land the land what the family had so going to Wisconsin without lifty. Writer will continue to land land sident is at P.G. (woman's lated follow up with one of R1's supposed to pick her up	F6	589		
	documents Notification sister, V3 said, the restable shelter) and we should sisters, V11, who was last week but never s	on: Resident's Guardian and sident is at P.G. (woman's d follow up with one of R1's supposed to pick her up howed up. Rehab Director) called the				

P.G.M. and spoke to the intake person for

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	D: 04/19/2022 MAPPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING). 0938-0391 TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 04	/08/2022
SOUTHV	IEW MANOR				311 S. MICHIGAN AVE. HICAGO, IL 60616		į
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES (ERCY)	D RE	(X5) COMPLETION DATE
	cannot be devoid be back to connect the Release of Respons (dated 02/23/2022) released out on comwith an uncle but did Pass indicates that it pass/escort-may or escort/family. Police Report (dated on 03/31/2022 R1 when missing since of MAA (Against Medic 03/2021 documents should be notified. Guardianship and Act Office of State Guardianship	d that, information on clients at promised to call the facility client with us. sibility for Community Pass documents that R1 was numity pass on 02/23/2022 d not return to the facility. R1 was released on buddy aly go out with appointed 1 03/31/2022) documents that as reported missing and has 02/23/2022. Ital Advice) Policy dated and the physician or extender dvocacy Commission/The dian (undated) documents: A on is appointed by court son individual cannot make ponsible decisions his guardian will make decisions ment, residential placement, other needs. In the facility completed all atement plan. Therefore, the	F	589			
	concerning the IJ cor	ken the following action mponent resident at the facility as of					

2/24/22.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/19/2022 FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED C 146161 B. WING 04/08/2022 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 PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 689 Continued From page 17 F 689 b) The facility has filed a missing person report for R1 as of 4/1/22. c) The facility will continue to call local hospitals and WI hospitals to locate R1, Calls initiated on 4/7/22 and will continue thru 4/15/22. 2) Statement regarding residents that have the potential of being affected affect other residents. a) 19 residents in the facility that have guardian have been identified to have potential to be affected. 3) Measures the facility will take or systems to ensure the problems will be corrected and will not a) All residents that have guardian were reviewed on 4/7/22 by PRSD to ensure that none had gone out on community pass without the permission of the guardian. b) All the residents with guardian have notation "OUT ON PASS WITH xxxx name ONLY on their profile sheet (Face sheet) as well as on special instructions on PCC patient care profile implemented on 4/7/22 by PRSD. c) The facility has updated the pass policy/RICMP to include notification of guardian/ State guardian before final approval to proceed on home pass on 4/7/22. d) The facility has developed a tracking sheet for residents on home/community pass on 4/7/22. e) The facility has developed a community/home pass verification process to ensure any residents

were made.

with guardian has the permission of the guardian before proceeding on pass. PRSD or designee will call guardian to obtain permission from guardian to allow pass with requested person.

f) The facility has reviewed the community pass assessment tool on 4/7/22 by IDT, no changes

g) The facility has developed and implemented a

Process implemented on 4/7/22.

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STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DA1	. 0938-0391 E SURVEY MPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 3311 S. MICHIGAN AVE. CHICAGO, IL 60616	CODE	<u> </u>	108/2022		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD HE APPROPF	RE	(X5) COMPLETION DATE		
	Guardian for reside community pass on h) The facility has on with guardian/State at all nurse's station PRSD as of 4/7/22, SSD/ PRSD or desi i) The facility has in Psychosocial Staff, Reception staff on the policy/RICMP included in residents with guardian residents with guardian to make the profile is leave on pass is graded at the policy of Name of the profile is leave on pass is graded at the profile is leave on pass is graded at the profile is leave on pass is graded at the profile is leave on pass is graded at the profile is leave on pass is graded at the profile is leave on pass requested that the residence of the profile is leave on pass requested that the profile is leave on pass requeste	on of State guardian and onts leaving out on home or 4/7/22, monitored by PRSD. compiled a list of all residents guardian and copies placed and the reception area by the list will be maintained by gnee. serviced Facility RN's, LPN's, Social Services staff, and he updated pass ling notification of guardian for ardian/ State guardianship. 4/7/22. 's, Psychosocial staff, Social Reception staff were educated can go on pass with by information before approval to inted. Inservices initiated the programs: st, the PRSD or designee, will lent's profile information is esident with guardianship contacted before approval is lated 4/7/22. st, The PRSD or designee will lent left the facility with an ed on the face sheet. I designee will ensure that all on home/community pass are approved date of return. monitoring completed will be QI Committee for review and	F 6	89					

							FORM	: 04/19/2022 APPROVED
STATEMENT	OFDEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		O	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		146161	B. WING	:				С
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		STR	EET ADDRESS, CITY, STATE, ZIP	CODE	04/	08/2022
SOUTHV	NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR (X4)ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 689 Continued From page 19 2) R3's has a medical diagnosis not limited to Catatonic Schizophrenia, Auditory hallucination, bipolar disorder, depression, anxiety disorder, etc. R3's MDS (Minimum Data Set) -BIMS (Briel Interview for Mental Status) score is 2/15 indicating impaired cognitive response. On the section G (Functional Status); Balance during Transition and Walking, notes that R3 as not steady, only able to stabilize with staff assistance R3 was not in the facility and was admitted to the hospital after sustaining a fall. On 03/30/2022 at 10:42am, V2(Director of Nursing/DON) said that R3 is currently out of the facility after falling yesterday, (03/29/2022). V2 said that R3 was walking down the hallway towards R3's room when R3 fell, hitting the floor face first. V2 said that the nurse ran to R3 and did an assessment and observed an injury to the mouth. V2 observed a ruptured pallet (upper roof of the mouth), first aid was given to R3. V2 said they were able to control the bleeding and called 911. R3 was sent to the closest hospital. That hospital sent R3 to another hospital which could handle R3 could injury better. V2 said R3 had another fall on 3/4/2022 and "An employee was passing by the hallway and saw R3 on the floor, The nurse did the assessment and observed that R3 had a laceration to the forehead. R3 was sent by ambulance to the nearest hospital and R3 come back from the hospital with 7 stitches on the forehead." V2 said the restorative nurse completed R3's the		3311	S. MICHIGAN AVE. CAGO, IL 60616				
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD E APPROPR	RF	(X5) COMPLETION DATE
F 689	Continued From pa	ge 19	F€	589				
	Catatonic Schizophi bipolar disorder, dejetc. R3's MDS (Mil Interview for Mental indicating impaired section G (Function Transition and Walk steady, only able to R3 was not in the fa	renia, Auditory hallucination, pression, anxiety disorder, nimum Data Set) -BIMS (Brief Status) score is 2/15 cognitive response. On the al Status); Balance during ing, notes that R3 as not stabilize with staff assistance. cility and was admitted to the			\$\$ \$\$			
	Nursing/DON) said of facility after falling ye said that R3 was wa towards R3's room of face first. V2 said that an assessment and mouth. V2 observed of the mouth), first a they were able to co 911. R3 was sent to hospital sent R3 to a handle R3 could inju V2 said R3 had anot employee was passi R3 on the floor, The and observed that R forehead. R3 was se nearest hospital and hospital with 7 stitched	that R3 is currently out of the esterday, (03/29/2022). V2 lking down the hallway when R3 fell, hitting the floor at the nurse ran to R3 and did observed an injury to the a ruptured pallet (upper roof id was given to R3. V2 said ntrol the bleeding and called the closest hospital. That inother hospital which could ry better. her fall on 3/4/2022 and "An ng by the hallway and saw nurse did the assessment 3 had a laceration to the ent by ambulance to the R3 come back from the est on the forehead."						
	V2 said the restorative assessments after R	e nurse completed R3's the 3 had a fall on 3/4/2022.						

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 04/19/2022 APPROVED	
STATEMENT	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	O	CMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
		146161	B. WING			0.4	C /08/2022	
	PROVIDER OR SUPPLIER VIEW MANOR			STREET ADDRESS, CITY, 3311 S. MICHIGAN AVE CHICAGO, IL 60616		04/	108/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD ICED TO THE APPROPR DEFICIENCY)	RF	(X5) COMPLETION DATE	
F 689	Continued From page	ge 20	F6	89				
	responsible for inve- V2 made additional recommendations. V interventions include while walking. V2 said barefooted. V2 said Assistants) are supp	30 am, V2 said that V2 is stigating falls and after R3 fell, fall precaution V2 said that additional ed R3 wearing nonskid socks aid that when R3 fell, R3 was that CNAs (Certified Nurses' posed to redirect and assist shoes/nonskid socks to	U)					
	worked with R3 whe said that on that day was walking in the h floor. V8 said that V6 R3 and saw blood or said that V3 cleaned cut on R3's forehead who gave orders for further assessment facility via ambulance.	Opm, V8 (LPN) said that V8 in R3 first fell on 3/4/2022. V8 it, restorative nurse V6(LPN) allway and saw R3 on the 6 called V8 who checked on oming out of R3's head. V8 I R3's head and saw a deep d. V8 called R3's physician R3 to be sent to the hospital ent, and was sent out of the e. V8 does not remember if es or socks when R3 fell.			9 7			
	Nurse/LPN), interview he, V6 did R3's restor 3/4/22 at about 4pm, said at that time V6 retherapy. V6 said after hospital, V6 looked a assessment. V6 said change since R3 did	b55am, V6(Restorative wed via phone. V6 said that prative assessments on before R3 had a fall. V6 referred R3 to physical r R3 come back from the at the nurses notes and d there was nothing for V6 to not come with any new points. V6 said R3's current						

orders were continued. V6 said R3's care plan was updated, and R3 was educated on call light use and R3's care plan to be monitored. V6 said that R3 was re-evaluated again on 3/28/2022

DEPART	PRINTED: 04/19/202 FORM APPROVE						
STATEMENT	F OF DEFICIENCIES DE CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) D	IO. 0938-0391 PATE SURVEY OMPLETED
	<u></u> .	146161	B. WING			С	
NAME OF I	PROVIDER OR SUPPLIER	ii.		S	TREET ADDRESS, CITY, STATE, ZIP CODE		04/08/2022
SOUTHV	VIEW MANOR				311 S. MICHIGAN AVE. HICAGO, IL 60616		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DRE	(X5) COMPLETION DATE
F 689	On 3/30/2022 at 1:3 that on 3/29/2022 at 1:3 10:00am, V9 was cluber the garbage out whe hallway. V9 saw R3 and R4 was bleeding	ner fall on 3/29/2022. 4 pm, V9(Housekeeper) said approximately 9:40am to eaning a room and was taking on V9 heard a thud in the fall to the ground face first g from the mouth. V9 called	F	389			
	toes and has a unstremember if R4 was shoes. On 3/31/2022 at 12:	t R4 usually walks on tippy eady gait. V9 cannot wearing nonskid socks or 39pm, V18(CNA) said that on fell, R3 was walking back and					
	forth on the unit's ha shoes or socks. V18 have shoes and soc that V18 was busy h	Ilway and was not wearing said that R3 was required to ks on while walking. V18 said elping with breakfast and did rect or encourage R3 to wear				,	
	said that on 3/7/2022 evaluated for physica walk without falling a that R3 was in physic V16 said R3 needed ambulated because	Ipm, V16(Director of Rehab) 2, R3 was assessed and al therapy to see if R3 could nd transfer safely. V16 said cal therapy for gait balance. "someone near R3 when R3 R3 was lethargic most of the mosis and sleep pattern."					
*	Assistant /PTA) said sleepy during physicaneeded to monitor Ratherapy to prevent fa physical therapy world	pm, V17(Physical Therapy that R3 was always tired and al therapy and PT staff 3 closely while doing physical lis. V17 said that when a resident, they additions where the nurse can			F3 144		

see it.

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORI	M APPROVE)
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		146161	B. WING				C	
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	04	1/08/2022	
SOUTH	/IEW MANOR				311 S. MICHIGAN AVE.			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	<u>_</u>		CHICAGO, IL 60616			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	D RE	(X5) COMPLETION DATE	
F 689	Continued From page	Continued From page 22						
	that R3 should have shoes and/or nonsk monitored while wal footwear may have that R3 was seeing disorders and R3 sh better. V15 said "So something went wro Progress notes date transferred back frodepartment for evaluation	5pm, V15(Physician) said been encouraged to wear id socks and supervised and king. V15 said that proper prevented the fall. V15 said a neurologist for neurological could have been monitored mebody failed R3, or ng somewhere." ad 3/5/2022 noted that R3 was m nearby hospital emergency uation due to fall. R3 was (back of head) scalp soft						
p:	R3 has had an actual unsteady gait, goal was activities without furt R3 included in part to sleepiness, inability in mental status, pro	3/5/2022 noted in part that al fall due to poor balance and vas for R3 to resume usual her incident. Interventions for c; monitoring R3's confusion, to maintain posture, change vide R3 with appropriate ocks, shoes, slippers) and ar when out of bed.						
	therapy three times p	eferred R3 for physical per week(3X/week) for training and care giver						
	Patient Referral and that R3 presented wi further falls. On the physical therapy note	es dated 3/7/2022, d Plan of Treatment under History notes documented th unsteady gait and risk for fall risk assessment section, documented that R3 has R3 was worried about falling						

CENTE	RSFOR MEDICAR	RE & MEDICAID SERVICES				FOR	M APPROVED	
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		146161	B. WING	i			C	
NAME OF	PROVIDER OR SUPPLIE	3			TREET ADDRESS, CITY, STATE, ZIP CODE	04	4/08/2022	
SOUTHV	ZIEW MANOR			3	311 S. MICHIGAN AVE. CHICAGO, IL. 60616			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)) RE	(X5) COMPLETION DATE	
F 689	noted in part that I strength impairme further decline in f Facility Reported I 3/4/2022 noted that and upon assessing laceration on the psent to a nearby he evaluation and treathat R3 returned to posterior head. Conoted that staff will falls.	section of the assessments R3 had functional, balance and ints and was at risk for falls and unction. Incident Report (FRI) dated at R3 was observed on the floor ment, R3 was found to have a posterior (back) head. R3 was ospital for further medical atment. FRI summary noted of facility with 7 staples on inclusion of the FRI report I monitor R3 to prevent future	F6	689		15		
	first in the hallway palate and was tra for further medical Progress notes day V8 (LPN) received where R3 has been note, ER nurse said transferred to anoth due/to ruptured from Progress notes dat was received from was transferred to a emergency contact	/29/2022 noted that R3 fell face and sustained a ruptured front insferred to a nearby hospital evaluation and treatment. Ited 3/29/2022 documents that a call from a nearby hospital in transferred to after fall. Per dithat R3 was being her hospital for facial surgery int palate. ed 3/29/2022 noted that a call a nearby hospital where R3 and the hospital wanted R3's to obtain consent for surgery, is jaws together related to the						
	fall of 3/29/22 that of facility. Fall Assessment da	occurred while R3 was at the ated 3/29/2022 documents: oted R3 has a weak gait and			**			

CENTE	RS FOR MEDICARI	& MEDICAID SERVICES	FORM APPROVEI						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA		TIPLE CONSTRUCTION	(X3) D.	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED			
		146161	B. WING			C			
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		4/08/2022			
SOUTHV	IEW MANOR			3311 S. MICHIGAN AVE. CHICAGO, IL 60616		-			
(X4) ID PREFIX TAG	{EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO	III DRE	(X5) COMPLETION DATE			
F 689	completion of the faidentified at risk for A care plan is on New fall intervention resident and/or resistaff Education regal	age 24 2020 notes in part that; Upon all evaluation, if the resident is falls; the following may occur: leveloped or updated entions are reviewed with the consible party and applicable rding the resident risk for falls oprevent falls is provided.	F6						