

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2384814//IL160812	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.3240 a) 300.3240 d) Section 300.610 Resident Care Policies a) 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 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) d) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect one resident (R2) from mental abuse and failed to follow abuse policy by letting a known alleged perpetrator continue to work in a sample of three residents (R1, R2, R3) reviewed for abuse. These failures resulted in R2 feeling belittled by staff.</p> <p>Findings include:</p> <p>R2's Admission Record documented R2's diagnoses includes, but is not limited to morbid obesity and pain in right and left lower legs.</p> <p>R2's Census list documented R2 was admitted on 6/3/2022.</p> <p>R2's (06/10/2023) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15." Indicating R2' mental status as cognitively intact. "Section G.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Functional Status. I. Toilet use- how resident uses the toilet, commode, bedpan, or urinal; transfer on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjust clothes. 3/3 coding Extensive assistance/two + persons physical assist."</p> <p>R2's (sent 06/20/2023) Initial Reportable documented, in part "Time of Report: 2:15p (pm). Circumstance of alleged incident: On 06/20/2023 resident (R2) alleged CNA (V13) was rude to her (R2). (V13) has being taken off the schedule pending investigation. Check all that work completed or in progress at the time of report submission: the individual alleged to have committed the incident have been removed from resident contact and will remain so until a conclusion is reached concerning the allegation in order to prevent potential incidents while the investigation is in process."</p> <p>The (06/20/2023) CNA Assignment Sheet documented V13 worked the 11-7a (11pm-7am) shift.</p> <p>V13's (06/18/2023 - 07/01/2023) Time Card documented V13 worked on 06/20/2023, (time) in at 10:58p (pm) and (time) out 6:59a (am).</p> <p>On 06/20/2023 at 12:16pm, R2 stated, "I need to wait for staff on the 11pm -7am shift to answer the call light. (V13 Certified Nursing Assistant), he is harsh. It is the tone of voice. When he answers the call light, he asks me "What do you want?" He was loud and harsh. He told me if you (R2) don't want to be here (referring to facility) you can transfer to another facility. He thinks I use the call light often, but I don't. He asked me why I did not let the evening shift change me, and I said, "Because I don't have to pee at that time". R2</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 further stated, "A few times, he took the call light from me." This surveyor inquired how R2 felt with the treatment R2 received from V13. R2 stated, "He was saying he is better than I am. I feel like he did not want to provide care to me. He is kinda of abusive". R2 stated, "A few days ago, the night shift nurse (V14 - Licensed Practice Nurse) asked me why I used the call light often. V14 said, "I use it (referring to call light) like a toy". R7's Admission Record documented, in part "Diagnosis Information. Schizoaffective Disorder." R7's Census list documented R7 was admitted on 06/09/20223 in a room adjacent to R2's room. R7's (06/16/2023) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15." Indicating R7's mental status as cognitively intact. On 06/21/2023 at 1:30pm, R7 stated, "I know (R2). She needs a lot of help. She uses the wheelchair. At night, I could hear her yelling 'help, help', for about half a minute. Then it would stop. Some of the staff are kinda of mean. I don't want to get on their bad side. For the most part they (staff) are doing their job, but they (staff) talk in a loud mean tone of voice." R10's Admission Record documented R10 diagnoses include but not limited to Schizoaffective Disorder. R10's Census list documented R10 had a room change on 06/09/2023, to a room across from R2's room. R10's (06/07/2023) Minimum Data Set	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60680
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15." Indicating R10's mental status as cognitively intact.</p> <p>R2's (06/19/2023) Nursing Progress Note documented, in part "At 0120 (1:20am), the resident called the light and the nurse answered the call light and ask the resident why are you calling the light frequently (sic)? Authored by V21 (Licensed Practice Nurse)."</p> <p>On 06/21/2023 at 1:55pm, R10 stated, "It is like every night. I could hear her (R2) screaming for help." This surveyor inquired how she (R10) knew it was (R2). R10 stated, "She is the only one in that room who can scream loud like that. Her roommates (R4 and R11) can't talk loudly, they mumble. She calls for help when she gets wet. I don't think they (staff) want to change her. She uses the call light. I could hear the sound of the call light when it is on. When they come in her room, it is during the 11pm-7am shift. I heard the staff say 'what do you want?' And I heard her (R2) say 'I am wet'. I do hear the call light and the staff would come and ask her what she wants. It is insulting; they are supposed to do their job. I heard them talking about her in the hallway. I heard staff criticizing her about how she uses the call light. They (staff) were saying 'She is not wet or anything. She always uses the call light for nothing.'"</p> <p>On 06/22/2023 at 8:57am, V14 stated, "We have abuse in service once to twice month, or several times a month. Surveyor inquired what training have you received related to abuse prevention, reporting abuse, and the facility's abuse policy and procedures? V14 stated, "Types, neglect, verbal, isolation, sexual abuse. Misappropriation</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>of resident's funds. Remove the person from the situation and take a statement, remove from alleged perpetrator to prevent further abuse." V14 stated, "Sometimes I would answer the call light. I just ask her (R2) what she needs. Usually, she wants a diaper change, and I will get the assigned CNA (Certified Nursing Assistant)."</p> <p>On 06/22/2023 at 9:07am, V14 (LPN) stated, "I never told a resident they were toying with their call light. (R2) told me that she was never changed. I asked her what time she put the call light, on and what time did she ask. I don't remember what she said. I asked the CNA why she was not changed. The CNA just said 'she told you she was not changed?' I don't remember the name of the CNA. It was like 5 in the morning, but they did change her. There are always two CNAs in the room because of a lot accusation with several residents. I don't want them to be accused (of something). I had another CNA go with the assigned CNA. She complained to me about the staff removing the call light. I don't remember when. I am not usually there, so I will not know. If staff asked her "what do you want?" I will not know. 'Can I help you?' that is what I would say. Asking 'What do you want'; I don't think it is appropriate. I think it is more appropriate to say 'do you need something?'</p> <p>On 06/22/2023 at 9:30am, V13 (Certified Nursing Assistant) stated, "She is getting me mixed up with somebody else that night. On this particular night, when she reported to the nurse that her call light was taken by staff, the staff who she was referring to was (V22 -CNA)."</p> <p>On 06/22/2023 at 9:59am, V13 stated, "The CNAs are normally pretty good, nice to her (R2), but sometimes it could get irritating with the</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>constant thing." This surveyor inquired what V13 meant by "irritating". V13 stated, I think sometimes it gets irritating, like the pressure of taking care of everybody, and maybe the CNAs come in with their personal problems." Surveyor asked, what training have you received related to abuse prevention, reporting abuse, and the facility's abuse policy and procedures? V13 stated, "We always have abuse training; if anything happened, we have to report it. Types of abuse are mental abuse, physical, emotional, verbal, imposing with power, violence."</p> <p>On 06/22/2023 at 10:18am, V16 (PRSD - Psychiatric Rehabilitation Services Director) stated, "I assessed her (R2) behavior. She is combative, argumentative, with poor listening skills. Unfortunately, she does not have any psyche (psychaitric) diagnosis at this time. She is displaying a lot of behaviors that warrants psych diagnosis, attention seeking. She is not displaying any patience. We had a care conference with her yesterday (06/21/2023). We (facility) told her things we can do to make her experience better. She said things never happened on other shifts, except for the night shift. The negative experience she's having, happened on the night shift. She feels in certain ways talked down to by the CNA. Every time she pulls her call light, the CNAs do answer. The amount of time she is pulling her call light is a large number. She (R2), pulling the call light, is a bit extreme. She is frequently pulling the call light. and it is documented in the charting." Surveyor inquired what is expected of staff when answering the call light? V16 stated, "Staff should see what the resident needs." Surveyor inquired if it is expected of staff to ask the resident 'why are you pulling the call light frequently? V16 stated, "No, but they can ask 'how can I help you'? Surveyor</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>inquired why V16 stated, "No." V16 stated, "Because the CNA still needs to address the resident with respect. So, the response 'how can I help' is better than 'what do you need?' or 'what do you want?'. This surveyor inquired if appropriate for staff to ask the resident why are you pulling the call light frequently? V16 stated, "No, the staff is expected to respect the resident. It is a question, but it can be asked in a different way. It depends on how often the resident frequently pulling the call light. If pulling it every 5 minutes, that seems to be an issue. When the CNA is there, they can address the issue the first time when the call light was pulled. The resident is perceived pulling the call light every 2-3 minutes, that seems excessive, don't you think? When the CNA enters the room, the CNA can ask 'How may I help you?' or 'What assistance do you need?'" Surveyor inquired if R2 has the capability of feeling insulted or disrespected. V16 stated, "Anyone can feel insulted. It is subjective. It depends on her perspective. I can't say how someone is feeling if I am not there. I can't speak for someone on how they feel." This surveyor inquired if R2 felt being talked down to by the CNA, is it an affirmation R2 had a capability of feeling insulted or disrespected? V16 stated, "Yes."</p> <p>On 06/22/2023 at 10:58am, surveyor asked V22 (CNA) what training have you received related to abuse prevention, reporting abuse, and the facility's abuse policy and procedures? V22 stated, "We have abuse training 3-4 weeks ago. Types of abuse are physical, mental, financial. Report to the nurse. Try to stop abuse and inform the administrator immediately."</p> <p>On 06/22/2023 at 10:41am, at 11:32am, and at 2:33pm, surveyor called V21 to no avail.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>The (undated) facility floor plan indicated R2's room was adjacent to R7's room and across R10's room.</p> <p>On 06/21/2023 at 4:44pm, V4 (HR Director/Staffing Coordinator) stated the alleged perpetrator is suspended pending investigation. "She (V1) told me, around close to 2pm yesterday (06/20/2023), to call him (V13) to let him know of the suspension. I told her (V1) I am going to do it. I ended up not calling him because I lost track of time. I did not call him yesterday. He came in yesterday (6/20/2023) to work. I informed him today (6/21/23) that he is suspended around 10:30am or 11:00am."</p> <p>On 06/21/2023 at 4:54pm, V1 (Assistant Administrator) stated, "If mistreatment is chosen in the reportable, the policy is still to suspend the alleged perpetrator pending investigation. Suspension begins upon knowledge of the allegation because we (facility) want to ensure safety of the resident. We (facility) don't take allegation lightly."</p> <p>On 06/22/2023 at 9:30am, V13 (Certified Nursing Assistant) stated, "I worked night shift last Tuesday on 06/20/2023. I received a call from on 06/21/2023 at 2:18pm saying that I am suspended pending investigation"</p> <p>The (06/19/2023) Facility Midnight census report documented there were 123 residents at the facility</p> <p>The (undated) Facility provided Policy and Procedure titled Call Light documented, in part "Purpose: to respond to residents request and needs in a timely and courteous manner. Policy:</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>All call lights will be answered within 3 to 5 minutes. Standards: 1. All resident shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 2. All staff should assist in answering call lights. Staff members shall go to resident room to respond to call system and promptly cancel the call light when the room is entered. 4. Request shall be responded to in a courteous and professional manner. Procedure. 1. Answer light (signal) promptly. 2. Be courteous when entering room. 4. listen to resident's request. Do not make him feel that you are too busy to help.</p> <p>The (undated) Abuse Prevention Program - Policy documented, in part "Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. Purpose: the purpose of this policy and the abuse prevention program is to describe the process for identification, assessment, and protection of residents from abuse, neglect, misappropriation of property, and exploitation. This will be accomplished by: Immediately protecting residents 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; Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a license, employee or agent. Mental abuse is also the use of verbal or nonverbal conduct which causes or has the potential to cause the resident experience humiliation, intimidation, fear, shame, agitation, or</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/22/2023
NAME OF PROVIDER OR SUPPLIER PARK VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE
S9999	Continued From page 10 degradation. This includes but is not limited to harassing a resident; mocking, insulting, or ridiculing; yelling or hovering over a resident, the indent intimidate; threats of deprivation; and isolation." The (undated) Abuse Prevention Program Facility Procedures documented, in part "Procedures for Prevention. V. Protection of residents. Employees of this facility who have been accused of abuse, neglect or mistreatment will be removed from resident contact immediately until the results of the investigation have been reviewed by the administrator or designee. Employees accused of possible abuse, neglect or misappropriation of property shall not complete the shift as a direct care provider to residents." The (adopted 1/20) Abuse Prevention Program Preliminary Incident Investigation Report procedure documented, in part "The individual alleged to have committed the incident (staff) have been removed from resident contact and will remain so until a conclusion is reached concerning the allegation in order to prevent potential incidents while the investigation is in process." (B)	S9999		