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 B. WING IL6001895 04/10/2024 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 ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2482049/IL170843 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1010h) 300.1010i) 300.1210b) 300.1210d)3)4)A) 300.2210a)7)8) 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 300.1010 Medical Care Policies The facility shall notify the resident's h) physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or Illinois Department of Public Health

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

Electronically Signed

TITLE

(X6) DATE 05/03/24

PRINTED: 05/15/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6001895 04/10/2024 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 (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures. Section 300.1210 General Requirements for Nursing and Personal Care 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. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for

Illinois Department of Public Health

further medical evaluation and treatment shall be made by nursing staff and recorded in the

4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

resident's medical record.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6001895 B. WING 04/10/2024 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 Each resident shall have proper daily A) personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. Section 300.2210 Maintenance Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. 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. These requirements were not met as evidenced by: Based upon observation, interview, and record review the facility failed to ensure that one of three sampled residents (R3) remained free from bed bug bites and failed to ensure that medications to relieve itching and/or inflammation were prescribed timely. These failures resulted in R3 sustaining multiple bed bug bites on the hands, arms, feet, legs, abdomen, and severe itching which resulted in open bleeding wounds and scarring. Findings include:

Illinois Department of Public Health STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001895 04/10/2024 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) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 On 11/8/23, the facility was cited by IDPH (Illinois Department of Public Health) for failing to ensure that a resident remained free from bug bites and failing to ensure that medications to relieve inflammation and/or pain were prescribed. On 3/13/24, IDPH received allegations that the facility has a bed bug infestation and R3 has bug bites all over the body. Facility staff is aware, and nothing is being done. R3's (3/11/24) BIMS (Brief Interview Mental Status) determined a score of 13 (cognition intact). On 4/2/24 (roughly 3 weeks after the allegation was received) at 1:22pm, R3 stated "I had bed bugs all over my legs and feet they been biting me on my arms too. I pulled some scabs off." Open bleeding and scabbed wounds were observed on R3's forearms. Small circular red raised (inflamed) areas were also noted on R3's hands, legs, and feet. Small circular scarred areas were noted on R3's abdomen. Surveyor inquired if the physician prescribed treatment for R3's bug bites R3 responded "No." On 4/2/24 at 1:35pm, surveyor inquired about the appearance of R3's skin V5 (Licensed Practical Nurse) inspected R3's lower extremities and stated, "Look like he might a had some bites there." R3 responded "They itch but I don't have itching cream." V5 inspected R3's abdomen and stated. "Maybe a couple there, some old ones." V5 inspected R3's upper extremities and stated "Looks like you been scratching them. Look like open spots but he might a scratched em. I need to call the doctor." R3's (March-April 1, 2024) progress notes

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6001895 04/10/2024 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 (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 exclude bed bug bites and skin assessments. R3's (4/2/24) progress notes affirm at 1:54pm, Doctor was called (after Surveyor inquiry). Orders for Bacitracin and Hydrocortisone "for itch" were prescribed. On 4/10/24 at 1:39pm, surveyor inquired about staff requirements for resident change in condition V13 (Medical Director) stated "They're supposed to call the doctor." Surveyor inquired about potential harm to a resident exposed to bed bugs V13 responded "The problem with a bed bug issue is that they need to call the company to eliminate the bed bugs. If they (bed bugs) don't get eliminated; bites, itching, scratching, infection can happen and if it gets severe it could be sepsis." The (3/2021) change in condition policy states change in condition is defined as: an incident that involves the resident which results in injury and requires physician intervention. A need to alter treatment. Procedure: call physician at the time the change occurs. (B)