	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6001895	B. WING		C 03/15/2024	
	PROVIDER OR SUPPLIE	R STREET A	DDRESS, CITY, S		1 00/	
SOUTHV	IEW MANOR	CHICAG	O, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Facility Reported	Incident of 02/10/2024/IL17018	9			
S9999	Final Observation	S	S9999			
	Statement of Lice	nsure Violations:				
	300.1210b) 300.3240a) 300.4040a)1)					
	Section 300.1210 Nursing and Perso	General Requirements for onal Care				
	care and services practicable physic well-being of the r each resident's co plan. Adequate an care and personal resident to meet th care needs of the	v shall provide the necessary to attain or maintain the highes al, mental, and psychological esident, in accordance with mprehensive resident care id properly supervised nursing care shall be provided to each ne total nursing and personal resident. Restorative measures minimum, the following				
	Section 300.3240	Abuse and Neglect				
	employee or agen	licensee, administrator, t of a facility shall not abuse or (Section 2-107 of the Act)				
	Section 300.4040 Facilities Subject t	General Requirements for o Subpart S				
	program of the fac	atric rehabilitation services ility shall provide the following d by facility residents under				
Dis Departr	ment of Public Health					
	ally Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	INATURE	TITLE		(X6) DATE

STATE FORM

If continuation sheet 1 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		COM	E SURVEY PLETED
		IL6001895	B. WING		03/	15/2024
	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
			ICHIGAN AVE			
SOUTHV	EW MANOR	CHICAGO	D, IL 60616			
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From p	age 1	S9999			
	support and therap	f continuous supervision, peutic interventions;				
		were not met as evidence by:				
	failed to protect a sexual relationship a resident out for personal residenc	w and record review, the facility resident from engaging in a b with a staff member who took dinner, the movies, and to his e unsupervised. This failure the residents (R6) reviewed for				
	abuse in a total sa reasonable person and humiliated by	ample of fourteen residents. A n would have felt dehumanized having someone with authority em incentive for sex.				
	Findings include:					
	are but not limited disorder, unspecif substance or kno continuous spasn R6's BIMS (Brief	d male. R6's medical diagnose I to schizophrenia, anxiety fied psychosis not due to a wn physiological condition, and ns with muscle contractions. Interview for Mental Status) , notes R6 is alert.				
	Psychosocial note was reported to s of an abuse from taken to the assis was informed sta	es dated 02/15/2024 notes it taff resident made an allegatior a staff member. R6 was quickly tant administrator. Resident ff member was sent home and	n y			
	safety and well-be reminded he is in can talk openly to and the Chicago Police Department investigation. Res	v. Resident was insured his eing is the priority. Resident wa a judgement free zone, and he o a staff member of his choosing Police Department. Chicago ht (CPD) started an sident has been taken to local waiting for resident to return to				

STATE FORM

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If continuation sheet 2 of 8

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY
			A. BUILDING:			
8 4		IL6001895	B. WING		03/	C / 15/2024
AME OF F	PROVIDER OR SUPPLIE	R STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		3311 S. M	ICHIGAN AV	E.		
OUTHV	IEW MANOR	CHICAG	O, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLE DATE
S9999	Continued From p	page 2	S9999			
	Staff member atternet member; however, number listed. A simonitor and docur Daily notes dated discharge instruct safe sex. Writer or information on exunit stated that Resex (sic) and refur On 3/12/2024, at Administrator) statalking to another overheard him sa purchased an out expensive outfit. The stated the bought it for him thim into the office conversation. I as He stated from V' asked him why he he really likes him asked what the far at the movies and did not say what the far at the administrator. He what happened.	02/15/2024 notes Per tions Resident was educated on alled local hospital to get more amination done on Resident. Ef- esident said he had a consented sed further examination. 11:32 AM, V6 (Assistant ted, "I ran into R6 while he was resident in the hallway. I y that another employee fit that he had on. It was an The other resident asked him e would buy him an expensive nat he really liked him and o wear to the movies. I called a I sat down with him and had a ked him where he got the outfit. 15 (Former Housekeeper). I e would buy this outfit. He said a and wants to return the favor. I wor was. He said that they were I had inappropriate contact. He he inappropriate contact was. they were in a relationship. I ministrator and informed the did not go into verbal details of I interviewed V15. He denied all				
	the accusations. If residents because On 3/12/2024, at been here for eigh	He stated he does things for the e they are in need." 12:45 PM, R6 stated, "I have ht years. I left with a staff first saw V15, I was doing work				

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TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C	
		IL6001895	B. WING		03/	15/2024
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	IEW MANOR		IICHIGAN AVE), 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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETE DATE
\$9999	here in the facility. something. He was in the facility. Like rooms with an alco transsexual. He too manager stated it we pass. When we we then we smoked s throwing up in the do anything. Nothind dropped me off at morning, and I car anyone here that the On 3/12/2024, at 2 Nursing) stated, "F was supposed to be I think the staff ap (Psychiatric Rehall somehow the form to be taken out the called me, but I di supposed to be for was the first time. staff to take R6 to with V15. In the m V7 (Licensed Prace was uncomfortabl fifth floor and talk approached R6, h away to not agitat assistant adminis going to be fired." On 3/12/2024, at came in for my sh aide. We walked asked the aide will went out on pass	I asked him if I could help with s paying me to do things here to hang curtains and spray shol bottle. I believe he was ok me out on a pass. His was fine to take me out on ent to go get food and soda and ome weed in his house. I kept room. He did not force me to ng else happened and he the facility. We left in the ne back at night. I did not tell his happened." 2:03 PM, V5 (Director of From my understanding, R6 be taken out for good behavior. proached the PRSD bilitation Services Director) and ner administrator approved R6 e facility. The nurse said she d not pick up. It was just r a movie and restaurant. This The second time it was for the watch the super bowl. It was iorning, I called the nurse back. ctical Nurse) expressed that sh e with it. I had to go up to the to R6. The first time I ne was guarded so I walked e him. R6 was in the office with trator. He did ask if V15 was	e			

TATEMENT O	artment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		ESURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
1600		IL6001895	B. WING		C 03/15/2024	
AME OF PRO	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	E, ZIP CODE		
			ICHIGAN AVE.			
OUTHVIEW	MANOR	CHICAGO	, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
S9999 C	ontinued From p	age 4	S9999			
st wi ba po as ar l c V ar O Pr pa ho m	raight to his roor ith. The man was now R6 went out as in the front of ack. The second osted on that floc sked myself wha nd he looked dru called my directo 15 took R6 out. I nd do not know w n 3/13/2024, at 1 ractical Nurse) si ass for an hour, a burs. R6 did not l y experience, I h	he went out on pass. He went h. I knew the man that R6 was an employee here. I did not of the facility with V15. V15 the building and R6 was in the time this occurred, I was or, I saw R6 with V15 again. I t was going on. I looked at R6 nk. V15 left. I looked at R6 and r of nursing. I do not know why saw V15 came back with R6 what happened." I 2:05 PM, V10 (Licensed tated, "Some residents get a and this was a pass for three have an independent pass. In lave never seen staff take staurant or the movie."				
Ad su lu lo lu pr da as ou m qu se So re hij fa	dministrator) stat uper bowl, V15 a nch. V15 had be ng time. I said it nch. R6 is alert, oblems. I was no ays by anyone at sked, I did go to at and had not be ade a mistake b ualifications for a be anything. I thir ervices Rehabilit wiewed this and ghly unusual for cility. Normally, i bocial. V15 and R6 sychosocial. The	2:13 PM, V2 (Former ted, "A couple of weeks before sked if he could take R6 to en employed at the facility for a was alright for them to go to has no behaviors, and no ot notified of any concerns for the facility. The first time I was R6. R6 stated he wanted to go een out in years. I probably y saying yes. R6 met the n independent pass. I did not hk V12 (Former Psychiatric ation Services Coordinator) stated it was alright. It was V15 to take R6 out of the t would be activities or psych 6 went to the nurse and nurse and psychosocial signed r approved the one time. I was				

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED C	
		IL6001895	B. WING		03/15/2024	
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
			ICHIGAN AV	Ε.		
SOUTHV	IEW MANOR	CHICAGO), IL 60616			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 5	S9999			
29999	not told about what There was nothing health record. Norr about notifying me the building. I saw He did not say any Therefore, I was m immediate supervit told me I approved took a resident to g returned to the fac On 3/13/2024, at 1 Supervisor) stated favorites. After the V15 would go to th Activities and psyc but not staff. R6 w got his clothes and R6 how his outing close. He said tha went to watch mov finding out V15 and Sunday when V15 Services Rehibition signed off on the p talked to V15. He saying he did. He a restaurant, and else. He wanted m The nurse ended V15 was bringing different clothes of facility. I think R6 10:30 PM."	t happened until Wednesday. documented in the electronic nally, staff was pretty good about what was occurring in R6 on Monday and Tuesday. thing. I was suspended. ot part of the investigation. My sor suspended me because he I a pass for an employee who go out for the super bowl. R6	t t d d d			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	E SURVEY PLETED C
		IL6001895	B. WING		03/	15/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		3311 S. I	MICHIGAN AVE.			
OUTHV	IEW MANOR	CHICAG	O, IL 60616			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 6	S9999			
	attendance, and ha	ave good behavior. The				4
		get an independent pass. The				
		the psychiatrist as well. The				
		also gives permission. It is				
		son. Usually, if a resident				
		o out to see a movie or to a				
		Il have a family member or				
		e pass. The facility has activity				
		e not had any outings. I asked				
		this one case scenario. V2	1			
	gave me the ok to	write the pass. V15 came to				
	me, and he asked	me if he can take R6 out for a				
		I told V15 to let me talk to the				
		cally, we do not do this. The				12
		ad a case where staff has				
		esident out. I went to V2. She				
		gave me the ok to sign the				
		ly two to three days between.				
		o out on pass, staff typically do				
	•	residents. Each pass is a				
		s. It could be a day pass or				
		back by 10:00 PM. When I er 2023, R6 did not have pass.				
		pendent pass, nor did he ask				
		id the two different passes with				
		ferent passes for two different				1
		as a time frame for him to				
		0 PM. The former administrato	r			
		vas appropriate for this pass."				
	On 3/13/2024, at 2	2:33 PM, V15 stated, "I am				
		authorized by V2 and V3 to				
		overheard conversation when				
		talking. V12 stated that I can				
		couple of hours. V3 got the				
		her boss. I went to get a				
		3. V3 told me it was alright as	12 0 2 2			
		in several hours. I asked that				
		ot of residents. I wanted to take	e			
	and and of muchanis	rites. I took R6 out to the movi				

STATE FORM

If continuation sheet 7 of 8

STATEMEN	inois Department of Public Health TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED C
		IL6001895	B. WING		03/15/2024	
	PROVIDER OR SUPPLIER	3311 S. M	dress, city, s Ichigan ave D, Il 60616	TATE, ZIP CODE E.		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	theater and out to PM. The first time the second time fo off work at 3:00 PM than 10:15 PM or 1 crossed the lines of physical, or anal set thought of him like no drugs. R6 did n because it was ma party. I was never from my heart as a anything. I was go favorite residents of female resident that she was not feeling not have trust fund dollars so he would On 03/14/2024, the	eat. R6 was back before 10:20 he did not go to my house but r a super bowl gathering. I got A. I brought him back no later 10:20 PM. R6 and I never of intimacy. There was no oral, ex. I never touched him or that; none of that. There were ot indulge in any alcohol ide clear that this was not a his lover. Everything I did was a little brother. R6 did not have ing to take each one of my but each week. There was a at I was going to take out, but g well. On trust fund day R6 did I at all. I would give him \$5.00 d not feel left out."	\$9999			

STATE FORM