(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6001895	B. WING		C 02/27/2025	
	PROVIDER OR SUPPLIER	3311 S. M	DRESS, CITY, SICHIGAN AV	STATE, ZIP CODE E .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 2/14/25/IL186468 12/25/24/IL186509 12/25/24/IL186510	ility Reported Incidents of:				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.3210t)					
	Section 300.610 R	esident 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 300.3210 (General				
	subjected to physic	e, neglect, exploitation, or				
	These requirements by:	s were not met as evidenced				

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

Electronically Signed 03/21/25

TITLE

PRINTED: 04/23/2025 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		С	
		IL6001895	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUTHV	VIEW MANOR		ICHIGAN AV), IL 60616	Е.		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	Based on interview facility failed ensure free of abuse for 3 reviewed for allegar 11 residents. These injuries, including b R8 and R11. Findings include: 2/14/25 incident inv. R5 is a 41 year old including School Di Cannabis Abuse. R facility on 7/30/19. I for Mental Status) s planned for includir maladaptive behave diagnosis. R5 has a inappropriate, atten 10/25/23 it was rep verbal altercation were ported to staff restowards staff. On 1 aggressive behavior redirected during quinvolved being physical behavior to verbal skills and ina appropriate languaginvolves use of professions.	and document review the ethe residents the right to be residents (R5, R8, R11) tions of abuse on a sample of etailures resulted in physical ruising and lacerations to R5,	S9999			

Illinois Department of Public Health

STATE FORM GESY11 If continuation sheet 2 of 10

IL6001895 B. WING	C ——— 02/27/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE.	
SOUTHVIEW MANOR CHICAGO, IL 60616	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
manipulative behavior which is disruptive, insensitive and/or disrespectful to staff and peers. This behavior is related to: A psychiatric disorder. Facility incident report shows that on 2/14/25, R5 was observed with a bruise to the right eye by a staff member, who promptly reported the observation to the PRSC. This information was then immediately communicated to the Administrator. In an initial interview, R5 stated that he was not experiencing any distress or discomfort. He initially claimed that his room mate had punched him but quickly changed his story to indicate that R7 is the one who struck him. No specific timeline for the incident was provided. An investigation has been initiated. R5's room has been changed, and close monitoring is now in place. R5 refused to report the allegations to law enforcement. At this time, R5 does not require medical attention. Facility incident report dated 2/19/25 shows conclusion including the following. After a thorough investigation in reference to the incident involving R5 and R7 the conflicting account provided by involved parties, it has been determined that the allegations of physical assault is substantiated. R5 2/14/25 Progress note shows NOTIFICATION NOTE: R5 was involved in a physical altercation with a fellow peer. R5 was punched in his right eye. The Charge nurse assessed R5 for injuries and bruises. Staff reported the incident to the abuse coordinator (Administrator). R5 had a room change as well because he was not getting along with is room mate. Writer counseled resident about seeking staff attention when he feels agitated. Resident was receptive to counseling and verbalized he will apply coping skills at all	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IL6001895	B. WING			C 27/2025	
	PROVIDER OR SUPPLIER	3311 S. M	DRESS, CITY, S ICHIGAN AVI D, IL 60616	TATE, ZIP CODE E.			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	times. Writer will condocument all progres R5 2/14/25 Progres assessment was contributed on the part of his hereduce swelling, an applied to prevent in headache, fatigue, resident's face is syntise food properly. Of medication was adrigarties were notified. Review of document hospital for evaluation on 2/25/25 at 10:50 argument with R7 at all I remember. We I am safe here. I did didn't have to go to on 2/25/25 at 11:25 when R5 came up to had to protect myse head to get him off issues with him since some food so we at on 2/25/25 at 12:25 was passing cigare floor patio when I satisfactor and readministrator and readministrator started.	est accordingly. It is note shows A head-to-toe ompleted, and it observed a power eye and shaved bruises ead. A cold pack is applied to discitracin ointment is infections. The resident denied drowsiness, or dizziness. The ammetrical, and he can chew eait balance. PRN pain ministered. All responsible discitrations are oknown and we don't fight. It is show R5 was not sent to on of the 1/14/25 incident. In it is are oknown and we don't fight. It is are oknown and we don't fight. It is are oknown and we don't fight. It is and so I punched him in the me. I have not had any other one and jumped up on me. I elf and so I punched him in the me. I have not had any other one. The other day he gave me re good. IPM V7 (Activity Aid) stated. I test to the residents on the 1st awn R5 had a left black eye. I opened and he said be was in mediately went to the eported it to him. The distance of the residents on I don't end after that. I am trained and	S9999				

Illinois Department of Public Health

STATE FORM GESY11 If continuation sheet 4 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6001895	B. WING		I	C 27/2025
	PROVIDER OR SUPPLIER	3311 S. M	ICHIGAN AVI	TATE, ZIP CODE E.		
		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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	Prevention Coordin Abuse Prevention C The abuse investigation 12/24/24 and R8 by the previous Adr Coordinator. I did a and R7 on the incid physical abuse to R staff are trained in a one inservice last w here. This training i	A V1 (Administrator/Abuse ator) stated I did not start as Coordinator until January 2025. Ation involving R10 and R11 and R9 12/25/24 was done inistrator/Abuse Prevention in investigation involving R5 ent of 2/14/25. I substantiated abuse prevention. I just had beek with most staff that work is necessary and is ongoing.				
	R8 is a 57 year old male with a diagnosis including Parkinsons Disease, Violent Behavior, Epilepsy, Schizophrenia, Heart Disease and Diabetes 2. R8 was first admitted to the facility on 7/19/17. R8 has a BIMS (Brief Interview for Mental Status) score of 14/15. R8 is care planned for including at risk for abuse /neglect based on comprehensive assessment as evidenced by history/current behavior of physical abuse or threatening physical aggression towards others, R8 has a diagnosis of mental illness. R8 has a history of jumping out of his chair and holding staff. R8 has had aggressive behaviors on 1/12/24, 1/14/24, 2/3/24, 9/4/24, 11/9/24 and on 12/25/24 when R8 was involved in physical altercation with R9 in the day room. R9 is a 84 year old male with a diagnosis including Congestive Heart Failure, Dementia, Heart Disease and Peripheral Heart Disease. R9 was first admitted on 2/3/23. R9 has a BIMS (Brief Interview for Mental Status) score of 1/15. R9's care plan includes that is at risk for abuse/neglect based on comprehensive					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6001895	B. WING			C 27/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
COLITIN		3311 S. M	ICHIGAN AVE			
5001HV	IEW MANOR	CHICAGO	, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
S9999	assessment as evidence in Residents were redically residents were redically assessment was confospital for a psychological evaluation and investigation was in Facility final report of sustained a cut about a cut about a cut and a cut about a cut and a cut	denced by his behavior. ident dated 12/25/24 shows volved in a physical altercation, 8 sustaining an injury. Both rected, and a full body empleted. R8 was sent to the ological evaluation and a att. R9 was also sent for a ation. The medical doctor, police were notified, and an	S9999			
	nursing station chain heard commotion in responded immedia nurse's aide in betwexplored nurse's aide situation, verbalized when he observed physical contact wit redirected and movassessed resident, upper eye brow. Wittreatment per facility	ss note shows writer was at ting on patient's care when he the dinning room. Writer ately to dining room observed ween two residents. Writer de knowledge about the dine was assisting a resident the particular patients having hone another. Resident was ed to hallway. Writer observed laceration to the left riter performed first aid y's protocol. Writer notified d resident to hospital ER for				

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STATE FORM 6899 GESY11 If continuation sheet 6 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6001895	B. WING		C 02/27/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SOUTHV	IEW MANOR		ICHIGAN AV , IL 60616	E.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	further evaluation.	Sister, notified.				
	issue a while back. aggravating me. He gave him a good sw away from me. Tha of it. I didn't hurt hin on his face. I am ok anymore.	7am R9 stated yes I had an R8 was coming up to me and put his hands on me and I wat in the head to get him t was it. The nurses took care in bad maybe just a small mark a now. I don't see him around				
	given first aid for the facility. I don't know	2 AM V2 (DON) stated R8 was e small cut to his eye at the r if R8 required stitches c come back to facility after al.				
	stated the incident I R8 receiving a sma that was treated at hospital for assessr	PPM V9 (Nurse Practitioner) between R8 and R9 resulted in Il laceration to the left eyebrow the facility. R8 was sent to the ment and psychological sent to another facility from				
	12/25/24 incident in	volving R10 and R11				
	including Schizophr Depressive Disorde a BIMS (Brief Interv of 12/15. R10 was f 11/14/22. R10 no lo R10 is care planned inappropriate social but not limited to ina may ask to borrow attempt to ask inap	d male with a diagnosis renia, Auditory Hallucinations, or and Heart Disease. R10 has view for Mental Status) score first admitted to the facility on onger resides at this facility. It for including demonstrates boundaries that may include appropriate touching of others, money from staff, visitors, may propriate questions. R10 was ital and did not return to				

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STATE FORM GESY11 If continuation sheet 7 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6001895	B. WING		02/2	7/2025
NAME OF				2747F 7ID 00DF	1 02/2	
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
SOUTHV	IEW MANOR		ICHIGAN AV , IL 60616	E.		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	including Schizophr Disease. R11 was f 12/7/08. R11 BIMS Status) score is 15/including a history of exhibits verbally/physis at risk for abuse/is comprehensive ass Facility final report is conclusion based of investigation of the R11. The conclusion physical altercation provocation. Witnes R11 without provocashe did not do anyth acknowledged that R11. R10 remains highly back in the that she feels safe is any feelings of emore R11's care plan and updated accordingly staff will continue to her. R11's 12/25/24 nurse activity room at Christian and an altercation between the two, a left upper eyebrow, pack applied. Resident					
	R11's 12/25/24 psyd	chosocial notes states It was				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		IL6001895	B. WING		C 02/27/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SOUTH	/IEW MANOR		ICHIGAN AV	E.		
	T		, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
\$9999	brought to writers a receiver of physical resident in the day party. Resident was to the top of left eye was given to send revaluation. Writer revaluation. Writer revaluation on the generated. Writer very document all progressive towards as per EMT, Left up tetanus shot given. This time. R10's 12/25/24 properturned from ER is as per EMT, Left up tetanus shot given. This time. R10's 12/25/24 properturned from ER is as per EMT, Left up tetanus shot given. This time. R10's 12/25/24 properturned from ER is as per EMT, Left up tetanus shot given. This time. R10's 12/25/24 properturned from ER is as per EMT, Left up tetanus shot given. The tetanus shot given. The tetanus shot given to writers attention aggressive towards Christmas party. Rephysical with a fem and separated the roder was given to psych evaluation. Writer was given to psych evaluation. Writer was given to psych evaluation. Writer was given to psych evaluation on the generated. Writer was document all progressive towards and the progressive towards for the properturned from the generated. Writer was given to psych evaluation. Writer was given to psych evaluation with the progressive towards and the progressive towards.	attention that resident was the aggression from a male room during the Christmas sobserved with bruise and cut as MD notified and an order resident to hospital for medical notified CPD; Officer - (Badge to the facility for further incident. Police Report was will continue to monitor and ess. Gress note states Resident in stable condition at 8:25pm; oper eyebrow cleansed and Resident has no c/o pain at a gress note shows PHYSICAL DTIFICATION: It was brought that resident was physically a female resident during the esident was observed being ale resident, staff intervened residents. MD notified and an send resident to hospital for vriter notified CPD; Officer eatched to the facility for further incident. Police Report was will continue to monitor and ess. The sician order note shows MD ER: Psychiatric physician of be discharged from the lated aggressive behaviors, individual in the facility is	S9999			

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On 2/25/25 at 11:0AM R11 stated on Christmas

STATE FORM GESY11 If continuation sheet 9 of 10

Illinois D	Department of Public	Health			1 Ortiviz	AITROVED
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		IL6001895			02/2	27/ 2025
NAME OF	PROVIDER OR SUPPLIER		1	STATE, ZIP CODE	1	
SOUTHV	/IEW MANOR		ICHIGAN AV	Е.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	day I was eating my knocked my tray of me in the eye and I had to go to hospita need any stitches. I am ok. I feel safe h issues. Facility policy titled Effective Date: 3/20 facility affirms the rifree from verbal, prineglect, exploitation property, involuntar This facility therefore	y meal. R10 came up and if the table. R10 then punched I got a cut to my left eyebrow. I all to get it looked at . I didn't I don't see him anymore and I here and had not had any more Guideline Name: Abuse 0/22 documents: Policy - This ight of our consumers to be hysical, sexual, mental abuse. In, misappropriation of ry seclusion. or mistreatment. The prohibits abuse, neglect, propriation of property, and	S9999			

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Illinois Department of Public Health STATE FORM

If continuation sheet 10 of 10 GESY11