

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
--	---

(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 2286089/IL149717	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.690a) 300.690b) 300.690c) 300.1210b) 300.1210d)6) 300.1220b)2)3) 300.3100d)2) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>d) 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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
--	---

(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 3</p> <p>Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3100 General Building Requirements</p> <p>d) Doors and Windows</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observations, interviews and record review the facility failed to follow their abuse and elopement policy to ensure the safety of (R4) 1 resident reviewed for elopement. This failure resulted in R4 missing from the facility over 16 hours in extreme temperatures of 85+ degree</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
--	---

(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>weather and 50% humidity. R4 being found by the local police and escorted to the local ER (Emergency Room) at 3:30 am on 08/01/2022 where R4 was subsequently admitted.</p> <p>Findings Include:</p> <p>R4 is a 76 year old diagnosed with Alzheimer's, Schizophrenia and identified as a wanderer was not assessed as an elopement risk.</p> <p>On 7/31/2022 at approximately 7:30 am, V8 (Certified Nursing Assistant-CNA) said she went downstairs to get some laundry and saw R4 sitting by the elevator on the first floor. I told R4 to go back upstairs to get ready to eat breakfast. After breakfast was over, we noticed R4 had not come up to eat her food because it was still in the 3rd floor dining room and untouched. We looked around on the 3rd floor and then the second floor and could not find R4 anywhere. We called the floors to tell everyone to look under beds and closets for R4, we were not able to find her.</p> <p>Surveyor asked V8 approximately how much time passed from when she saw R4 and breakfast was over. V8 said approximately 1 ½ hours. Surveyor asked V8 did they call a Code PINK (an alert to announce an elopement) when R4 was not found in the building. V8 stated "We did not call a code PINK because we were not sure that R4 had eloped." We were asked by management where we thought R4 might go. We told them she liked going downtown or to church.</p> <p>On 8/5/22 at 11:37 am, V17 (Receptionist) " I started work at 7:55am, I arrived to work, and no one was at the front desk. I saw V11(Psychosocial Rehabilitative Service Assistant-PRSA) was sitting in one of the chairs</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>in the lobby. Surveyor asked V17 if V11 was asleep in the chair. V17 said she really didn't pay any attention. Surveyor asked V17 if V11 left after V17 began her shift. V17 said no, V11 always works a double shift on Saturday nights until 2:30 pm on Sunday afternoons." V17 said I got a call after 9:30 am from V9 (nurse) who asked me to send R4 upstairs. V17 stated, I asked V11 if he could tell R4 to go upstairs. V11 said he looked in the first floor back dining room and did not see R4 in there. I just assumed that R4 had went back upstairs. About 10:30 am, everyone came downstairs into the lobby looking for R4, this was when I realized R4 was not in the building. Surveyor asked V17 if a Code PINK was called, V17 said no everyone just came down to the lobby looking for R4.</p> <p>During a phone interview with V9 (Nurse) on 8/4/22 at 10:31 am, surveyor asked V9 when the last time was, she saw R4. V9 stated "I did my initial rounds at approximately 8:15 am because I was late for work. R4 was not on the unit when I did my rounds. V8 told me she saw R4 when she went down to the laundry and told R4 to come upstairs to eat breakfast. V8 said that was around 7:30 am." I finished my rounds and passed my medications, I assumed R4 had come upstairs. I asked V8 where was R4, the staff looked in the dining room and saw that R4's tray was untouched. Surveyor asked V9 approximately what time did she finish with her med pass, V9 said around 9:58 am. V9 said I called the front desk to tell them to send R4 upstairs, they checked and said R4 was not downstairs. I looked around the unit and did not see R4 anywhere. I went to talk to V10 (Manager on Duty-MOD) to let her know we were not able to find R4. We were told to check again, and we all started looking in all the rooms and on all the</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>units, we did not find R4 in the building. Surveyor asked V9 did they call a Code PINK when R4 was not found in the building. V9 stated "We did not call a code PINK because we were not sure that R4 had eloped." V12 (Psychosocial Rehabilitative Service Coordinator - PRSC) got in his car to drive around and see if he could find R4, he was not able to find her.</p> <p>During interview with V12 (Psychosocial Rehabilitative Service Assistant-PRSA) on 8/4/22 at 6:00 pm, V12 stated "I got in my car and drove around the neighborhood and then I drove downtown to look around for R4 and did not find her." Surveyor asked V12 what time it was when he went to look for R4. V12 stated "around 10:30 am or so, I got out of my car and walked around to see if I could see R4. I did not find her, after while I came back to the facility because it was crowded due to an event downtown." Surveyor asked V12 why the facility didn't call a code PINK once they knew R4 was not in the building. V12 said we just started looking around the building for her and then I jumped in my car to look around the neighborhood and downtown area.</p> <p>On 8/4/22 at 11:27 am during a interview with V4 (Psychosocial Rehabilitative Service Director -PRSD), V4 said she received a call around 10:30 am, and V15 (Psychosocial Rehabilitative Service Coordinator) said R4 was missing. I told him to make sure they do a thorough search and a head count and to look around the building. V15 said they did a head count and searched everywhere. I told V15 to go into the street to search for her.</p> <p>I got another call at about 10:50 am-11:00 am from V13 (Psychosocial Rehabilitative Service Coordinator), V13 called to tell me the situation, she wanted to know if they should call the police.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>I told her to call the police and R4's family. The police were called at approximately 10:45 am and notified that R4 was missing. R4 was found wandering the streets by the local police at approximately 12:15 am on 8/1/2022. The Police took R4 to the local hospital for evaluation.</p> <p>Hospital Records: Page # 20- R4 was escorted and arrived at the local ER (Emergency Room) at 3:30 am on 08/01/2022. R4 was assessed in the Emergency room and admitted to the hospital with a diagnosis of Rhabdomyolysis while walking (A serious heat-related illness that can cause permanent disability or death due to very high levels of Potassium in the bloodstream). Patient was given IV fluids and medication that helped normalize her kidney function. The onset was likely due to patient not eating/drinking well and walking around in the sun. Patient was in an active Delusional state, requesting staff not to dismember them and hearing voices. Unable to perform a (ROS) review of systems due to patient medical status. As of 08/05/2022 R4 was still under the care of the local hospital.</p> <p>During the survey period on 7/29/22 and 8/3/2022, surveyor observed residents coming off the elevator and opening the front door to the lobby, they were watching to see if staff was looking at them. There were several people coming and going. The next set of doors leads from the lobby to the street. Surveyor asked V1 (Administrator) why the front doors are not secured with a buzzer or something to alarm that residents are trying to leave the building. V1 said we have buzzers on the side doors only. Surveyor asked V1 how the facility can ensure the safety of residents at night from people walking in off the streets. V1 stated "the outside of the door is locked at night, but the residents can open the</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>doors from the inside and leave. V1 said we have staff in the lobby at night to monitor the doors.</p> <p>During a phone call with V14 (family) on 8/3/22 at 9:42 am, V14 stated her family was called by the facility on Sunday morning 7/31/22 at around 10:50 am. They were told that R4 went missing but not a time frame. When V14 (Power of Attorney-POA) called the facility back she was told that the nurse (V9) went out looking for the resident. We were called on 8/1/22 between around 4:00am-5:00 am and was told the police found her wandering on Michigan Ave. V14 said the Policeman told them R4 stated she saw V11 (Psychosocial Rehabilitative Service Aide) sitting in a chair asleep, so she walked out the front door.</p> <p>During an interview with V1 (Administrator) on 8/3/22 at 11:07 am, Surveyor asked V1 for the reportable incident involving R4 and the elopement. V1 stated "I was told by my Administration that we do not need to report an Elopement to IDPH (Illinois Department of Public Health). Surveyor asked V1 if an investigation was completed regarding the Elopement. V1 said of course. V1 said she spoke with the family of the resident around 12:15 am, and she was told that the Police located R4 in Downtown Chicago trying to attend church. The resident was taken to Northwestern Hospital for evaluation. Surveyor requested to speak with V11, V1 stated V11 was terminated. Two call attempts were made with voicemail messages left on 8/4/22 at 9:29 am and 8/5/22 at 11:42 am, V11 did not return surveyor's calls.</p> <p>V1 said the family of R4 shared with her that the resident (R4) had a conversation with the detective and R4 stated that when she came to</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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>the lobby around 7am, she noticed the older man (V11) asleep in the corner in a chair. That is when she decided to leave out the front door. V1 presented the Police Report.</p> <p>Record Reviews</p> <p>Abuse Assessment dated 05/03/2022 by V18 (Social Services) #4 - Does resident have current history of social inappropriate behaviors such as (yelling, screaming, wandering in public etc.) This section was documented as YES.</p> <p>The Minimum Data Sets (MDS) dated - May 4, 2022, Feb. 2, 2022, Nov. 2, 2022, Aug. 5, 2021, and July 21, 2021, in Section E (Behaviors) noted: Resident significantly disrupts care or living environment and intrudes on privacy or activity of others.</p> <p>The most recent Annual MDS for 5/4/2022, R4 BIMS (Brief Interview for Mental Status) score was 14 out of 15. Resident can recall information. R4 was noted as NO for wandering. R4 has behaviors that can disrupt her care and others. R4's ADLs (Activities for Daily Living) are noted as a 1/1 for Supervision and set-up only except Personal Hygiene that is a 2/2 = Limited Assist with one-person physical. Continent of Bowel and Bladder.</p> <p>Progress Notes:</p> <p>Care Plan - Review of R4's care plan for the last 2 years did not address that R4 wanders in and out of other places including residents' room as documented on the MDS's - Section E (Behaviors). Social Services noted R4's is not easily directed and becomes agitated when told not to wander or hang around the exit doors.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
---	---

(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 10</p> <p>Facility's Policy: Abuse Prevention Program - Revised 2/2017-</p> <p>Policy</p> <p>This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, misappropriation of property or mistreatment and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, misappropriation of property or mistreatment and mistreatment of residents.</p> <p>This will be done by:</p> <p>Section V. Internal Reporting and Requirements and Identification of Allegations:</p> <p>Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours of the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.</p> <p>Facility's Policy: Elopement vs. Unauthorized /Unplanned Discharge Policy and Procedure - Revised 11/12019- Policy:</p> <p>Staff will make every effort to respect the dignity and independence of all residents of the facility as well as their right to self-determination by honoring all requests to be discharged, most</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/05/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. CHICAGO, IL 60616
--	---

(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 11</p> <p>residents are voluntarily admitted to the facility. This will be done in a manner that also respects the facility's responsibility to maintain safety conditions of the resident and the facilities legal responsibility.</p> <p>Procedure</p> <p>An elopement attempt/exit seeking incident is defined as a resident who is not alert, oriented to at least two, has a legal guardian or active power of attorney and/or is an immediate threat to him/herself or others and attempts to flee the facility is successful.</p> <p>An unauthorized/unplanned discharge is defined as a resident who is alert, oriented, is their own person/decision maker, not an immediate threat to him/herself or others and is making the decision to leave the facility, not return from day program/community appointments while away from the facility, not to the facility while out on pass away from the facility, without a proper discharge order.</p> <p>(A)</p>	S9999		