Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	E	IL6009948	B. WING			C 09/09/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CITY VIE	W MULTICARE CENT	ER 5825 WES	ST CERMAK IL 60804	ROAD			
(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 APPROPRIED TO THE	O BE	(X5) COMPLETE DATE	
S 000	Initial Comments	- ···	S 000				
	Complaint Investiga 2295788/IL149352 2296743/IL150477 2296706/IL150432	ations:		·.			
	06-21-2022/IL14818	ility Reported Incident of 37 ility Reported Incident of					
	07-28-2022/IL14966	34 ility Reported Incident of	9.				
S9999	Final Observations		S9999				
	Statement of Licens 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)3)6) 300.1220b)3)	cure Violation 1 of 2:					
-	300.3240e)	esident Care Policies					
,	procedures governing facility. The written	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy					
	Committee consistir administrator, the ac medical advisory co of nursing and other	ng of at least the dvisory physician or the mmittee, and representatives services in the facility. The	• • • • • • • • • • • • • • • • • • • •				
	The written policies the facility and shall	with the Act and this Part. shall be followed in operating be reviewed at least annually ocumented by written, signed of the meeting.		Attachment A Statement of Licensure Violations			
	ment of Public Health	ER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE	TITLE		X6) DATE	

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(X6) DATE

Illinois E	Department of Public	Health	ri.	42	FOR	MAPPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DA <sup>1</sup>	TE SURVEY
		I STATE OF THE STA	A. BUILDING:		CON	MPLETED
		   IL6009948	B. WING	,		C
NAME OF	PROVIDER OR SUPPLIER		DDESC OTTY		09	/09/2022
		E004 14/m	ST CERMAK	STATE, ZIP CODE		
CITYVIE	W MULTICARE CENT		IL 60804	NOAD		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	JULIA BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	Section 300.1210 ( Nursing and Persor	General Requirements for nal Care				
	facility, with the part the resident's guard	sive Resident Care Plan. A icipation of the resident and ian or representative, as velop and implement a		₹.	æ	
	comprehensive care includes measurabl meet the resident's	e plan for each resident that e objectives and timetables to medical, nursing, and mental eeds that are identified in the		•		
	resident's comprehe allow the resident to practicable level of i	ensive assessment, which attain or maintain the highest ndependent functioning, and				
	restrictive setting ba needs. The assess	e planning to the least sed on the resident's care ment shall be developed with on of the resident and the				
1	resident's guardian	or representative, as 3-202.2a of the Act)				
	b) The facility s	hall provide the necessary attain or maintain the highest				
	practicable physical, well-being of the res	mental, and psychological ident, in accordance with prehensive resident care				
	plan. Adequate and p care and personal ca	properly supervised nursing are shall be provided to each				*
1	care needs of the re measures shall inclu	de, at a minimum, the				
	following procedures  b) Each direct c			單	E)	·
ā	and be knowledgeab espective resident c	are-giying staff shall review le about his or her residents' are plan.				
r	l) Pursuant to so pursing care shall income of Public Health	ubsection (a), general clude, at a minimum, the				

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
		IL6009948	B. WING		C 09/09/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
CITY VIE	EW MULTICARE CENT	TER 5825 WES	ST CERMAN	( ROAD	
(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 SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ge 2	S9999	30	
	following and shall be seven-day-a-week be	be practiced on a 24-hour, basis:			
23 25	resident's condition, emotional changes, determining care re- further medical eval	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the ecord.			
lai	to assure that the re as free of accident h nursing personnel s	ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.			
	Section 300.1220 S Services	Supervision of Nursing			
	b) The DON sh nursing services of t	nall supervise and oversee the the facility, including:			
	plan for each resider comprehensive asse and goals to be accor- and personal care at Personnel, represen nursing, activities, di modalities as are ord be involved in the pre- plan. The plan shall reviewed and modified needed as indicated	an up-to-date resident care nt based on the resident's essment, individual needs omplished, physician's orders, nd nursing needs. hting other services such as ietary, and such other dered by the physician, shall reparation of the resident care be in writing and shall be ed in keeping with the care by the resident's condition. viewed at least every three	च <u>त</u>		

Illinois Department of Public Health

Section 300.3240 Abuse and Neglect

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	3:		PLETED
		1				С
		IL6009948	B. WING			09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		00/2022
		5825 WES	ST CERMAN			
CITY VIE	W MULTICARE CENT	CICERO		ROAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	- N	44.00
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	ID BE	(X5) COMPLETE
TAG	REGULATURI UKL	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
60000	Continued From no	2	00000			
S9999	Continued From pa	ge 3	S9999			
						1
		vestigation of a report of				
		f a resident indicates, based		·		
		nce, that another resident of				!
the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most						
		d placement for the resident,	-			
3		ety of that resident as well as				
8		esidents and employees of				
	the facility. (Section	3-612 of the Act)				
						·
	These Regulations	are not met as evidenced by:			-	l
	Danad on intentions	a and according for the			ļ	
		s, and record reviews, the w their abuse policy and				
		sexual assault and resident				
		assault. This failure affected				
		33, R4, R36, R23, R28) of 8				
		These failures resulted in				
		gation of rape being sent to				
		be assessed and diagnosed				
		al rectal tears and dark				
		ding bruising to distal vaginal			- 1	
1	opening.					
	Findings Include:					
	r indingo infoldado.				ĺ	
35	Facility reported inci	ident dated 6/15/22 reads in				
	part: R11 alleged in	appropriate contact by R21.				
	Conclusion: R11 sta	ited that R11 went into R21's		,		
		ision and did not anticipate				
		ourse with R21. R11 stated				
		egan kissing and that they				
		21's bed. R11 stated she did				
		ercourse with R21. R11				
#	mormed stair the ne	ext morning that R11 did not purse with R21. R11 was sent				
		uation and returned the same				
	day with no new ord					
ole Depart	ment of Public Health	010.				14.4

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		SURVEY
			A. BUILDING	3:		PLETED
		IL6009948	B. WING			C 09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CITY VIE	W MULTICARE CENT	ER 5825 WES	T CERMAN	( ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	LID BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	intercourse with R1	d and denies having sexual 1. The facility is unable to egation made by R11.				
-	reads in part: reside alleged abuse recei	e dated 6/15/2022 at 9:00AM, ent reported this AM to staff ved from peer. Per resident "I last night and was touched				
2.	complaint: possible 12:12PM body asse abrasions to anus, r sexual assault 6/14/	riewed and read in part: stated sexual assault. 6/15/22 at ssment reads in part: edness to vaginal area, '22, type of assault-anal untary intercourse/sexual ontraceptive used by				
	penetration: no, skir inspection: abrasion part: upon examinat area, small tears no and external area, s when anus was swa Room: pelvic exam	n inspection: abrasion, genital 1. 6/15/22 at 1:39PM reads in ion redness noted to vaginal ted to rectal area in internal mall blood noted on swab ibbed. 6/15/22 Emergency shows dark redness to to distal vaginal opening, also				
	has multiple externa bleeding.	I rectal tears without				
	part: Criminal Sexua (Nurse) related that by R21. R11 related and asked R21 if R2 room. Once inside R bed and R21 alleged mouth. R21 then ren underwear and vagii R21's penis. R11 did	6/15/22 at 12:05PM, reads in all Assault Investigation. V59 R11 claimed R11 was raped that R11 had messaged R21 and the R11 to go to his R21's room, the two sat on the R11's room, the two sat on the R11's shorts and really penetrated R11 with I not say to stop or put up any began to anally penetrate				

PRINTED: 11/21/2022 PC. 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: C B. WING IL6009948 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 R11 causing R11 pain where R11 then stated for R21 to stop. R11 stated R11 did not tell R21 to stop or prior to R21 penetrating R11 sexually, R11 stated R11 was once raped when R11 was younger so R11 just froze and did not say anything because R11 did not want R21 to hurt R11 physically. R21 stated that R11 agreed to go to R21's room to watch TV and further stated that R21 and R11 only watched television and that they did not have sex. R21 also stated that they did not kiss or did anything sexually. Sexual assault kit picked up by the local police and turned into the lab. Results are still pending. Results not yet available at this time. On 9/7/22 at 12:00PM, V59 (nurse) stated that V59 remembers the time when R11 reported the incident that happened on 6/14/22. V59 cannot remember the complete details but remembers that R11 reported to her that R11 was raped by R21. On 8/26/22 at 1:30PM, V1 (Administrator) stated that R11 reported to the nurse that R11 was raped and stated it was a black man, and then mentioned the name of R21. Before the police came and before sending R11 out to the hospital, R11 was able to give more details about watching television and kissing with R21. Further investigation R11 reported that she went to R21's room, watched television, but it was not R11's

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intention to have sex with R21.

Both residents have been discharged.

R11 and R21 are both not available for interview.

Facility reported incident dated 7/14/22 reads in part: R22 was physical towards co-peer R33. Conclusion: Per staff, they witnessed R22

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I AND PLAN UP CURRECTION I IDENTIFICATION NUMBER: I				(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6009948	B. WING		_		С	
NAME OF	DDOVIDED OD SUDSUIES					09/	09/2022	
IVAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE	.54			
CITY VIE	W MULTICARE CENT	ER S825 WES	ST CERMAI IL 60804	K ROAD				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CO)			(EACH CORRECT CROSS-REFERENC	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)			
S9999	Continued From page	ge 6	S9999					
22	wandering the dining staff was trying to re	g room during mealtime as edirect R22 to his table, R22 ands and accidentally bumped			, th		24	
	initial date of 1/6/21 The resident has a hand verbal), inappro R22's history include others, threatening haggression. R22's care plan intel 72 hours well-being	for aggressive behavior with and revision date of 7/8/22), nistory of aggression (physical priate, and attention-seeking, es conflicts/altercations with behavior and verbal/physical rventions: Place resident on checks in order to monitor vior changes and document						
	Remove resident fro Motivate resident to	om triggering environment. exercise safety (initiated n 8/31/22). Staff will monitor vior and redirect as					· .	
	incident. V20 stated assigned on the floor reported to V20 that unit pacing and accide R22 was walking with R33. The nurse immediately. The nurse simmediately. The nurse sessment on R33, was placed on one-to immediately. The incident wand it was part of the	I that V20 investigated the that V20 asked the nurse r what happened. The nurse R22 was walking around the dentally bumped into R33. In his hands flaring and hit ediately attended to the separated residents recompleted an no injury or pain noted. R22 poone monitoring ident was reported to Cicero was a physical altercation, seven types of abuse, and it to be free from abuse. We ur part to report and					· · · · · · · · · · · · · · · · · · ·	

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PRINTED: 11/21/2022

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: C IL6009948 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 S9999 Continued From page 7 R22 has the behavior of flaring his hands. R33 was in a wheelchair, in the hallway when R22 passed by and accidentally hit R33. R22 has history of accidentally hitting other residents. V20 stated I cannot recall how many but more than one incident. During this incident, other staff were providing care with other residents and did not witness the resident-to-resident physical altercation. Only the nurse observed this incident. Prior to this incident, R22 was placed on one-to-one monitoring multiple times because of R22's aggressive behavior. When V20 was questioned about the location of the conflicts (reported to the state agency (SA)) V20 stated the incident happened in the hallway. V20 then stated "I apologize, if the final report says dining room, then that was where the incident happened. We have lots of incidents and I probably confused it with another incident". On 8/26/22, V23 (Dementia Care Coordinator) stated "I was in the facility the day of the incident. I believe it was the nurse that informed me that R33 reported to the nurse that R22 hit him. R33 is able to report if someone hit him. I believe R22 has a history of hitting other residents. I know we do close monitoring for R22 because of R22's aggressive behavior. This incident happened it the hallway, around the corner from R33's room. If someone hit R33, I know R33 is able to report it to staff. This is the first time I heard R33 report that a resident hit him. R33 did not have any other

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physical abuse allegation except for this incident. R33 was not hurt, no injuries and no reported pain. We are closely monitoring R22. V23 stated R22 has the tendency to swing R22's arms and

hit others unintentional and unprovoked.

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STATEMENT OF DEFICIENCIES (X1) PR

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
		,	A. BUILDING:		1	
		IL6009948	B. WING			C 09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
CITY VIE	EW MULTICARE CENT	TER 5825 WES	ST CERMAK	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  YMUST 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
S9999	On 8/30/22 at 12:20 ago someone hit hir Per R33, he was wa room. R33 noticed I room, then R22 got staff can get to R22 was just walking evwatching R22 at the was not expecting the stated R22 hit me in warm for a while an hit me, but the pain R33 have not been	DPM, R33 stated that 3 months m on the back of the head. atching television in the dining R22 walking in the dining close to R33, and before the R, R22 already hit R33. R22 erywhere, and no one was a time. R33 stated that R33 hat R22 would hit R33. R33 in the head and my ear was ad painful at the time of the he went away. Since the incident close to R22.	S9999		23	
	doing rounds in the front of R33's room pointing at R22 who of the washroom. R head" and I asked F muffled and walked pain and no injury. I the incident to the awanders on the unit have not seen R22's walking. I am not aw hitting another residis alert and oriented something happens the time the incident	PM, V50 (LPN) stated "I was morning and R33 met me in and reported to me while at the time was coming out 33 stated "R22 hit me in the R22 what happened, R22 just away. I assessed R33, no monitored R33 then reported dministrator immediately. R22 majority of the time, but I is hand swinging when ware of any history of R22 lent prior to this incident R33 and able to report if to R33. It was shift change at thappened, and I am pretty were doing patient care, there		#3		
	3/1/21, reads in part to prohibit and preve exploitation, mistrea of resident property resident in the facility	rogram with a revised date of the tresident abuse, neglect, and a crime against a y. The following procedures and an employee or agent				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6009948	B. WING	·		C 09/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		
CITY VIE	W MULTICARE CENT	EK .	ST CERMAK IL 60804	ROAD		
(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 APPLICATION OF THE APPLICATI	ULD BF	(X5) COMPLET DATE
S9999	becomes aware of or of an allegation of a resident by a 30 R4 has the diagnos altered mental status dated of zero which indicate plan initiated a documents: Comprepast trauma and or increase R4's suscepresents with an altecommunicate related	abuse or neglect of a resident, of suspected abuse or neglect or party.  es of schizophrenia and is. R4's Brief Interview for it 8/15/22 documents a score ites severe impairment. R4's not revised on 2/21/22 ehensive assessment reveals other factors that may eptibility to abuse/neglect. R4 eration in ability to it of to mental illness as	S9999			
	she will communica	PM, R4 was unable to report	8			
	was assessed to be place and time, state standing at R4's becout. R27 hit R4 in th times. R4 tried to fig	PM, R26 (R4's roommate) who alert and oriented to person ed R27 entered our room, dside. R4 asked R27 to get e face and head multiple tht back. R27 stopped hitting left our room. I informed staff.				*
	was impulsive and d and R27 have cogni to report what happe impulsive and physic	e director (PRSD) stated, R27 lifficult to deescalate. Both R4 tive delays and were unable en. R27 has a history of being cally/verbally aggressive. R27 ggressive without any		*		
		M, V20 (assistant I, R27 was standing at R4's ng to redirect R27. R27			21	

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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 С IL6009948 B. WING 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 made physical contact with R4. Nursing Note dated 7/29/22 documents: Resident (R4) received physical contact from her co-peer (R27) inside her room as per witness by roommate (R26). Observed resident (R4) had a small superficial scratch on her face. Incident report dated 7/29/22 documents: R4 received physical contact from co-peer (R27). R27 was physically aggressive towards peer (R4). Witness R26. Abuse Prevention Program revised 3/1/21 documents: It is the policy of this facility to prohibit and prevent resident abuse, neglect and exploitation, mistreatment and misappropriation of resident property and a crime against a resident in the facility. #4 Physical Abuse: Hitting. slapping, punching and kicking. R36 has the diagnosis of schizoaffective disorder and cognitive communication deficit. R36's brief interview for mental status dated 8/29/22 documents a score of fifteen which indicates cognitively intact. On 8/24/22 at 3:32PM, V17 (PRSD) stated, R27 is impulsive, physically and verbally aggressive. On 9/7/22 at 2:36PM, R36 was unable to articulate what happened related to the altercation with R27. On 9/7/22 at 3:16PM, V61 psychiatric rehabilitation services coordinator (PRSC) stated. I did a wellbeing check on R36. I asked R36 if she was ok, related to an alleged physical altercation with a co-peer (R27).

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On 9/7/22 at 3:32PM, V21 (nurse) stated, R27

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 IL6009948 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO. IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 was supposed to have hit R36. R27 has mental illness, unpredictable thoughts and actions. Sometimes things happen with the residents that is out of our/staff control. The incident with R27 and R36 that was unpredictable. I was called by staff (unable to recall who) to assess the situation. V21 stated use my charting as my factual statement. I assessed both R36 and R27 after an alleged physical altercation for alterations in skin. Incident report dated 7/21/22 documents: R36 allegedly received physical contact from peer (R27). No witnesses. Nursing note dated 7/21/22 documents: R36 observed within bedroom allegedly received physical contact from R27. Reportable dated 7/25/22 documents: R27 had physical contact towards her co-peer (R36). On 8/26/22 at 11:56AM, R23 who was assessed to be alert to person, place and time stated, I was hit by a staff member who was tall, ball head and black. I was sleeping and he (unknown staff) hit me. He monitored the hallway. On 8/30/22 at 3:14PM, V20 (assistant administrator) stated. R23 is alert and orient to person, place and time. R23 reported to V53 (nurse) that someone came into his room and hit him in the eye. R23 was unable to report who hit him and did not give a description. R23 has never accused anyone of hitting him prior to this incident. R23 has never hit himself. On 9/1/22 at 9:45AM, V53 (nurse) stated, I saw R23 come out his room with a black eye. R23's injury was consistent with being hit. R23 did not have any other injuries Nursing note dated 7/24/2022 documents: Resident (R23) was noted with swelling and

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discoloration to left side of his face. Resident

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	Section 300.610 Re	sident Care Policies				
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING IL6009948 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5825 WEST CERMAK ROAD CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 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 Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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

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PRINTED: 11/21/2022 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 IL6009948 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD CITY VIEW MULTICARE CENTER** CICERO, IL 60804 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 14 S9999 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: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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. Section 300.1220 Supervision of Nursing Services The DON shall supervise and oversee the nursing services of the facility, including: Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs

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S9999  Continued From page 15 and goals to be accomplished, physician's orders, and personal care and nursing needs. Personal care a		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY IPLETED
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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 IL6009948 B. WING 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD CITY VIEW MULTICARE CENTER CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 16 S9999 documents: R23 was a moderate risk. On 8/30/22 at 4:36PM, V35 (nurse) stated, I heard R29 screaming at 6:30AM. I ran to the dining room. R23 was hanging from a pipe with a belt tightly around his neck and the other end around the pipe. The belt gave away from the pipe causing R23 to fall to the ground, R23 was unresponsive. At the time of the incident the dining room was not being monitored by staff. On 8/31/22 at 10:52AM, V17 psychiatric rehabilitation service director (PRSD) stated, the facility placement assessment summary is used to determine psychosocial needs. R23's high level for self-injurious behavior both recent and remote and a history of wanting to hurt himself should have been a red flag. I would have processed R23 to determine if his self-injurious behavior was active or passive. Moderate risk on the screening assessments dated 7/21/22 would indicate R23 needed close observation which entails a staff member within R23's area to visually watch/monitor R23. There aren't any nursing notes that document R23 was being monitored closely. R23 was at risk for self-harm due to a history of self-destructive behavior including suicidal thought and suicidal actions. severe mental illness and recent aggressive/agitated behaviors, V17 stated residents should not be in the dining room without supervision. On 9/1/22 at 9:58AM, R29 stated, I saw R23 hanging from the pipe with a belt around his neck. R23 fell to the floor. I called the staff to hurry to come into the dining room. We did not have a monitor in the dining room.

On 9/1/22 at 10:02AM, R31 and R32 where

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related to being challenged by mental illness. Problems: are manifested by verbal and physical abusive behaviors when agitated, alleged

On 8/31/22 at 10:55AM, V17 (PRSD) stated, R27 has poor boundaries, difficulty redirecting, and refusal to process with staff. R27 is impulsive and

behavior towards peers.

actions where all of sudden.

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: \_ C IL6009948 B. WING 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 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**) S9999 Continued From page 18 S9999 On 9/7/22 at 3:32PM, V21 (nurse) stated, R27 has a mental illness, unpredictable thoughts and actions and sometimes things happen with the residents that are out of our/staff control. The incident with R27 and R36 was unpredictable. I was called by staff (unable to recall which staff) to assess the situation. Incident report dated 7/21/22 documents: R36 allegedly received physical contact from peer (R27). No witnesses. Final Reportable dated 7/25/22 documents: R27 had physical contact towards her co-peer (R36). On 8/24/22 at 3:41PM, R26 (R4's roommate) who was assessed to be alert and oriented to person place and time, stated R27 entered our room. standing at R4's bedside. R4 asked R27 to get out. R27 hit R4 in the face and head multiple times. R4 tried to fight back. R27 stopped hitting R4 on her own and left our room. On 8/24/22 at 3:21PM, V17 psychiatric rehabilitation director (PRSD) stated, R27 was impulsive and difficult to deescalate. R27 has a history of being impulsive and physically/verbally aggressive. R27 became physically aggressive without any warning towards R4. On 8/24/22 at 3:30PM, V20 (assistant administrator) stated, R27 was standing at R4's bedside. R4 was trying to redirect R27. R27 made physical contact with R4. Incident report dated 7/29/22 documents: R4 received physical contact from co-peer (R27). R27 was physically aggressive towards peer (R4). Witness R26.

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Standard supervision and monitoring dated 2/2/22 documents: This guideline emphasizes a proactive intervention promoting enhanced

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some of R16's personal belongings. R28 was

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Illinois Department of Public Health

STATE FORM

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: \_ IL6009948 B. WING 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 21 S9999 exercise safety (initiated 11/27/21, revision on 8/31/22). Staff will monitor for aggressive behavior and redirect as necessary. Abuse and Neglect indicates: Resident is noted to have been the target of aggression from peers and to display inappropriate behaviors and aggression such as throwing things while in on the unit. These behaviors are unprovoked and unpredictable (initial date of 1/6/21 and revision on 5/12/22). Interventions: Staff will remain available for any behavioral changes (initiated 8/20/22 and revision 8/31/22). Place on 72-hour wellbeing checks when the target of aggression to further monitor any changes (imitated 11/11/21 and revision on12/5/21). Remove resident from triggering environment. Motivate resident to exercise safety. Place on 1:1 supervision (date initiated 8/20/22 and revision on 8/31/22) Staff will immediately intervene if observing resident and see signs of abuse/neglect (initiated 1/11/21 and revision on 11/22/21). On 8/26/22 at 9:45AM, V20 (Assistant Administrator) stated that V20 investigated the incident. V20 stated that V20 asked the nurse assigned on the floor what happened. The nurse reported to V20 that R22 was walking around the unit pacing and accidentally bumped into R33. R22 was walking with his hands flaring and hit R33. The nurse immediately attended to the situation. The nurse separated the residents immediately. The nurse completed an assessment on R33, no injury or pain noted. R22 was placed on one-to-one monitoring immediately. The incident was reported to Cicero police. V20 stated the incident was physical altercation, and it was part of the 7 types of abuse, and it is the residents right to be free from abuse. V20 stated we did our diligence on our part to report and investigate the incident. R22 is

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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 IL6009948 09/09/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5825 WEST CERMAK ROAD** CITY VIEW MULTICARE CENTER **CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 1D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 22 S9999 noted to have the behavior of flaring his hands. V20 stated R33 was in a wheelchair in the hallway and R22 passed by and accidentally hit R33. R22 has history of accidentally hitting other residents, I cannot recall how many but more than one incident. During this incident, other staff were providing care to other residents and did not witness the resident-to-resident physical altercation. Only the nurse observed this incident. Prior to this incident, R22 was placed on one-to-one monitoring multiple times because of R22's aggressive behavior. When V20 was questioned about the location conflicts (reported to the state agency (SA)) and interview. V20 stated that incident happened in the hallway, V20 stated "I apologize, if the final report says dining room, then that was where the incident happened. We have lots of incidents and I probably confused it with another incident". On 8/26/22, V23 (Dementia Care Coordinator) stated "I was in the facility the day of the incident. I believe it was the nurse that informed me that R33 reported to the nurse that R22 hit him. R33 is able to report if someone hit him. I believe R22 has a history of hitting other residents. I know we do close monitoring for R22 because of R22's aggressive behavior. The incident happened it the hallway, around the corner from R33's room. If someone hit R33, I know R33 is able to report it to staff. This is the first time I heard R33 report that a resident hit him. R33 did not have any other physical abuse allegation except for this incident. R33 was not hurt, no injuries and no reported pain. We are closely monitoring R22 and redirecting R22. Sometimes R22 has the tendency to swing R22's arms and hit others unintentional and unprovoked.

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY		-
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	/, STATE, ZIP CODE		00,502.5	-
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	24:	<del></del>	_
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\$9999	Continued From page	ge 23	S9999	11			
	On 8/30/22 at 12:20	PM, R33 stated that 3 months					
	ago someone hit hir	n on the back of the head.					
	Per R33, he was wa	tching television in the dining		lav		ſ	
	room, near the telev	vision. R33 noticed R22		00			
	walking in the dining	room, then R22 got close to		***			
- 2	had already bit mo /	staff could get to R22, R22 R33). R22 was just walking					
	everwhere and no	one was watching R22 at the					
	time. R33 stated tha	it R33 was not expecting that					ļ
	R22 would hit R33. I	R22 hit me in the head and					
10	my ear was warm fo	r a while and painful at the		0.		0.3	ű
-	time of the incident t	out the pain went away. Since					
i	the incident R33 has	not been close to R22.					
- 1	0.0550						
İ	On 9/7/22 at 12:45P	M, V2 (Director of Nursing)		55			
ľ	stated "I was not par	t of the investigation. An		29			Į
i	abuse allegation usu	ally goes to the a wanderer. If R22 is having					ľ
	hehaviors such as no	ot redirectable or altercation	20	¥2			ı
	with someone either	verbal of physical, or if R22				9	ı
	becomes aggressive	with staff we will do a			9.5		ı
	one-to-one supervisi	on. We will keep R22 on			1		J
	one-to-one monitorin	ig for as long as R22			ĺ		ı
	presents aggressive				-		ı
ŀ	0.000000				i		ı
	On 8/26/22 at 2:15Pf	M, V50 (LPN) stated "I was					ı
	front of P33's room o	norning and R33 met me in and reported to me while		i			I
	nointing at R22 who	at the time was coming out					l
	of the washroom R3	3 stated "R22 hit me in the				i	l
	head" and I asked R	22 what happened, R22 just				100	
	muffled and walked a	away. I assessed R33, no					l
	pain and no injury we	re noted. I assessed R33					
	and then reported it to	o the administrator					ı
	immediately. I observ	e R22 wandering on the unit					
[ ]	majority of the time b	ut have not seen R22's hand					
	swinging when walkir	ng. I am not aware of any					l
[ ]	nistory of K22 hitting	another resident prior to this					
	incident K33 is alert a	and oriented and able to					
[ ]	report if something ha	appens to R33. It was shift					ı

PRINTED: 11/21/2022 FORM APPROVED

	Department of Public	Health		** - * )	FORM	MAPPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY
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CITYVIE	W MULTICARE CENT	ER 5825 WES	ST CERMAK IL 60804	ROAD		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD RE	(X5) COMPLETE DATE
S9999	Continued From page	ge 24	S9999			
	change at the time to am pretty sure the co care, there are no w	he incident happened, and I ther staff were doing patient itnesses".				
	ambulating the hallwadding from the din the hallway where R stayed in the hallwaddine and went back was no staff member monitoring R22 at the observed in the hallwaddine of the hallwaddine of the hallwaddine from the din hallwaddine from the din hallwaddine from the din hallwaddine from the din the hallwaddine from the din hallwaddine from the din the started waddine from the din the from the from the din the hallwaddine from the din the from the from the din the from the from the din the from th	M, R22 was observed to be vay. R22 was observed ing room area to the end of 22's room is located. R22 y, paused for a short period of into the dining room. There is redirecting the resident or at time. Other residents are vay and dining room area. beserved in the nurse's at of a computer.  I, R22 was observed againing room to the end of the ed would pausing for a short liking back to the dining room. erved walking the hallway aff to visually monitor the fithe hallway, close to R22's				
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