PRINTED: 10/23/2023 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 IL6001895 B. WING 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. SOUTHVIEW MANOR CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Investigation of Facility Reported Incident of July 8, 2023/IL162164 Investigation of Facility Reported Incident of July 20, 2023/IL162745 Investigation of Facility Reported Incident of July 26, 2023/IL162747 S9999 Final Observations S9999 Statement of Licensure Violations 300.3210 a) 300.3210 t) 300.3240 a) Section 300.3210 General No resident shall be deprived of any rights, benefits, or privileges guaranteed by law. the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of a facility. (Section 2-101 of the Act) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, Attachment A employee or agent of a facility shall not abuse or Statement of Licensure Violations neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidenced by: 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 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6001895 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. SOUTHVIEW MANOR CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 1 S9999 Based on observation, interviews, and record review the facility failed to provide a safe environment for two (R2 and R5) residents who were victims of physical aggression by (R1 and R6) that resulted in injury, failed to ensure steps was taken to determine if (R5) has the capacity to consent to sexual activity and failed to protect (R7) from verbal and physical aggression by a staff member for 3 of 7 residents (R2, R5, and R7) reviewed for Abuse on the sample list of nine. Findings include: R1 is 67 years old, with medical diagnosis of schizophrenia and schizoaffective disorder. initially admitted on 1/1/2021. R2 is 63 years old, with medical diagnosis of schizoaffective disorder, initially admitted on 9/11/2020. R1 was seen on 8/15/2023 at 11:20 AM, R1 was in bed, alert and able to answer questions but did not elaborate when asked. When R1 was asked about the incident between him and R2, R1 stated, "I cannot remember, I do not have any friends, ' R2 was seen on 8/15/2023 at 11:28 AM. R2 was in his room standing near his door alert and able to express his thoughts during conversation. When asked about R1, R2 said, "I don't know, it was not about me, but I left (R1) alone. The white guy I want him to leave me alone. (R1) jumped up when we were taking and started acting crazy. I let it go and do not bother him anymore." R2 stated, "I do not want to talk about it anymore." R1 and R2 were seen currently on the same floor. R1 notes by V3 (Licensed Practical Nurse) dated 7/8/2023, documents, R1 called R2 "(racial slur)"

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6001895 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 2 S9999 and physically assaulted R2 that resulted to a cut on lips of R2. On 8/16/2023 at 12:00 PM, V4 (Psychiatric Rehabilitation Service Councilor) stated, "I was just informed by (V3 Licensed Practical Nurse) about the incident. Yes, the statement of (R1) saying "(racial slur)" is in my way, was a racist statement. "V4 and V11 (Psychiatric Rehabilitation Service Director) were asked if it was a safe environment for R1 and R2 to be on the same floor? V11 stated, "I don't think it bothers them (R1 and R2), but there was no available room in the building. You have to remember that facility is under construction on the 2nd floor. (per census report dated 8/14/2023) there are 32 empty rooms in facility), V1 (Administrator) stated, "I understand what you mean that there is a risk of the same incident to reoccur, but I cannot segregate all whites from black, if resident chooses to stay on that floor, we cannot transfer that resident. Yes, even if it involves safety of another resident. We cannot force a resident to transfer into another floor." On 8/16/2023 at 12:58 PM V3 (Licensed Practical) Nurse) stated, "What I remember, (R1) was walking towards the nurses station, (R2) near the pantry. Then, (R1) said, "get out of my way (racial slur)." (R1) swung with a cane, I think it was a quad cane. I did not see if he hit (R2) with the cane but there was blood on the top (of R2's) right lip. (R1) has an up and down behavior. Sometimes (R1) is calm and other times (R1) is aggressive, both (R1) and (R2) are ambulatory. So, they see each other often on the floor. If that happens to me, I will definite feel that that person is being racist to me."

Illinois Department of Public Health

2) R5 is 62 years old, with medical diagnosis of

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6001895 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 3 S9999 bipolar and schizoaffective disorder, initially admitted on 12/5/2016. R6 is 57 years old, with medical diagnosis of schizoaffective disorder, initially admitted on 2/24/2020. R5 was seen on 8/15/2023 at 12:50 PM in her room with swollen lower lips. R5 was alert, able to verbalize but hard to catch up and understand during conversation. R5 jumps from one topic to another, and answers questions not related to topic. R5 said, "I know (R6) before I came in this facility. They tried to rob me or make me do drugs. I live in this facility for 18 years." When asked who she is referring to when she said. "They." R5 answered but not to the question. R5 mentioned about her old home and different persons and names. When asked about R6, R5 said, "Yes, (R6) hit me, he tried to rape me for money. (R6) is raping me every day. Yes, he raped me today. Everyday." R5 said, "(R6) raped me before I came in this facility." There are many statements R5 stated but was not understood by writer. R5 was seen up and about moving through hallways in different floors. R6 was seen on 8/15/2023 at 1:35 PM R6 stated, "I know (R5), we got into disagreement, but it was an accident where I hit her (R5) on her mouth, It happened on her (R5's) floor; we got into it. Yeah! We got into a disagreement, so I accidentally hit (R5's) mouth. Yes, there was blood on (R5's) mouth, and (R5) went to see a doctor. I always go down to visit her on (R5's) floor. I was there last week that I saw (R5). (R5) is my girlfriend. (R5) is my girlfriend until now. I was here for 18 years, and I know (R5) before I came here." R6 was asked what he meant accidental? Did he hit R5

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6001895 B. WING 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. SOUTHVIEW MANOR CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (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 4 S9999 because they have an argument? R6 stated. "Yes, I hit (R5) because we had an argument." On 8/16/2023 at 1:32 PM, V15 (Licensed Practical Nurse) stated, "I don't know what really happened. They got into an argument and (R6) hit (R5). (R6) can be really aggressive at times. (R6) at times are off to himself. (R5) and (R6) together. I think they are aggressive. They have mutual understanding, but they are not married. Most of the time I can see them smoking." On 8/16/2023 at 2:05 PM. V10 (Psychiatric Rehabilitation Service Councilor) stated, "(R6) is under me but (R5) is not my resident. I think they were dating or have mutual understanding in their relationship. (R6) said he accidentally hit (R5). They had an argument when (R6) hit (R5). I spoke to (R6) and told (R6) he has to respect boundaries." On 8/16/23 at 2:15 PM, while with V10, R5 came to the room and said, "You got to help me I need to go to the hospital." R5 was asked why she needs to go the hospital. R5 stated, "I was raped." R5 was asked to repeat what she said. R5 said again, "I was raped." R5 was asked by who or when but did not elaborate about her rape allegation. R5 was talking different topics and said that she was hungry. R5 did not respond to questions related to R6. R5 was asked if she has a boyfriend? R5 stated, "No, I don't have a boyfriend." R5 spoke about multiple topics and failed to provide information about R6 on whether or not they have relationship. On 8/16/2023 at 5:21 PM, V8 (Psychiatric Rehabilitation Service Councilor) stated, "Yes, (R5) is my resident. (R5) and (R6), they are in a relationship. They are couple and has physical

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:			COMP		
IL6001895		B. WING			C 08/18/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
SOUTHVIEW MANOR 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	
59999	Continued From page 5		S9999				
0	and sexual relationship for a long 6 years. I wasn't there when (the incident) happened. I informed the administrator (V1)."			7.			
Œ	(R6) have continuin relationship. (R5) st not able to keep her (Administrator) state determine (R5's) ab best thing to do is to and see (R5) and (R5) and them both together. (R5) said that she withings like that, (R5) as a profession."	ed, "we cannot really illity to give consent. I think the have a psychiatrist come (R6) individually and then see I was informed by (V1)0 that was raped. (R5) always says has a history of soliciting sex					
	manifested by: Delu irrational/bizarre tho	ughts, inability to perceive kiety, impaired insight,			pS.		
all	stated, "I did not file Agency because for doing. And we alrea 7/26 (referring to the	9 PM, V1 (Administrator) an initial report to the State me it is a pattern that (R5) is dy filed a report before on incident where R6 hit R5 on d to bleeding of R5's lips).		8		į	
		d with medical diagnosis of schizoaffective disorder, 9/2/2022.					
	in the dining room n Nursing Assistant). V residents need to go then took a tissue pa	5/2023 at 11:58 AM standing ear a cart of V2 (Certified V2 said in a loud voice "All be eat in their rooms!" R7 aper and wrap the food (off put the food in his pocket.					

PRINTED: 10/23/2023 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 IL6001895 B. WING 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. SOUTHVIEW MANOR CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 V2 then grabbed R7's left shoulder, forcibly pulled R7's shoulder to get access to R7's pocket. V2 then took the food out of R7's pocket and screamed at R7, "You don't take away anything form anyone! "R7 tried to say something when V2 then screamed at R7. "Go to your room! " R7 exited the dining room. When interviewed about the incident V2 stated, "I did not push (R7), he was taking biscuit that belongs to (R8). (R7) took a tissue and took the biscuit of (R8)." On 8/15/2023 at 12:25 PM, R7 was in his room. R7 stated, "I got a biscuit and they got mad at me. I put it back if they tell me to, but they got mad. I want to eat the biscuit because I am hungry." R7 was asked if he ate his lunch. R7 showed his lunch tray without any food remaining on the tray. On 8/15/2023 at 2:32 PM. V1 was informed about the incident. V1 stated, "we do not tolerate staff actions like these. At times it is the manner how staff speaks to the residents. I will investigate this incident so that proper action will be given to those involved. Staff do not need to act in that manner." Per plan of care, R7 is at risk for abuse and neglect based on comprehensive assessment. And medical diagnosis of schizoaffective disorder and schizophrenia. R7 will be treated with respect and dignity free from mistreatment while residing in the facility. The plan is to assure R7 that he is in a safe and secure environment with caring professionals. The facility's abuse policy dated March 2021, documents: This facility affirms the right of our residents to be

PRINTED: 10/23/2023 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 IL6001895 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect. exploitations, misappropriation of property, 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, exploitation. misappropriation of property and mistreatment of residents. This will be done by establishing an environment that promotes resident sensitivity, resident security and protection and prevent mistreatment. This facility is committed to protecting our residents from abuse, neglect, exploitation. misappropriation of property and mistreating by anyone including, but not limited to facility staff. other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members of legal guardians, friends, or any other individuals. (B)