STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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 Investigations: 2399071/IL166131 2399037/IL166082	S 000		
S9999	Final Observations Statement of Licensure Violations 1of 2: 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident 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 300.1210 General Requirements for Nursing and Personal Care 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 1 care needs of the resident. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations are not met as evidenced by: Based on observation, interview and record review the facility failed to utilize appropriate CPI technique by using excessive force while attempting to deescalate resident's behaviors and failed to prevent a resident-to-resident physical assault. This affected four of four residents (R1, R4, R3 R5) reviewed for abuse. This failure resulted in R1 being forced to the ground during CPI and R1 sustaining a right tibial plateau fracture. This failure also resulted in R5 being struck in the face by R3 with a closed fist unprovoked. Findings include: 1.R1 is 38 years old with diagnosis including but not limited to Major Depressive Disorder, Bipolar Disorder, Post Traumatic Stress Disorder, Schizoaffective Disorder, and Restlessness and Agitation. R1 is 67 inches tall and 148 pounds on 10/5/23. R1's cognitive Assessment dated 8/7/23 indicates he is cognitively intact. R1's Behavior assessment indicates he has suffered from hallucinations and delusions. On 11/1/23 at 11:10AM R1 was seen in the facility. R1 had been readmitted to the facility on the evening of 10/31/23. R1 seen his bed with right leg brace on. R1 was mumbling non-audible words. V4, R1 Family, at bedside. V4 said to the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 2 surveyor, R1 told me that they (staff) attacked him because they wouldn't let him go smoking. On 10/31/23 at 10:31AM V1, Security, said on 10/29/23 we were in the lobby, right in front of the desk. V1 said R1 was close enough to the desk and the structure post. V1 said R1 wanted to go for a smoke, smoke time was done. V1 said we was trying to redirect R1. V1 said he was going smoke, I said no don't go. V1 said V2, Security, saw R1 get aggressive. V1 said R1 jumped on my back, on my face, I was trying to shake him off my back. V1 said R1 "stumbled and fell." V1 said then "we secured him until [V15, Licensed Practical Nurse,] came down." V1 said R1 was on the floor on his back, V2 grabbed an arm and was holding R1's arms. R1 was still on the floor, swinging on the floor. V1 said R1 was kicking and V2 held R1's arm. V1 said I had to call V15 to come because R1 was not listening to us. V1 said R1 is laying on the floor and then when V15 came we sat R1 down. V1 said I didn't speak to V15, LPN. V1 said he helped lift R1 and put him in a chair. V1 said I had scratches on my back, they are gone now (10/31/23). V1 said I didn't want to go to a doctor. V1 said R1 was "poking my eyeball." (During interview R1 had no visible injury or scratch on his face.) V1 said R1 was not trying to get up. V1 said he heard R1 say his leg hurts while he was sitting in the chair. V1 said R1 had been out on that smoke break already. On 10/31/23 at 10:45AM V2, Security, said I used Critical Prevention Interventions (CPI) on Sunday (10/29/23). V2 said V1 and I were trying to redirect R1. V2 said R1 got verbally aggressive and as V1 went to walk away R1 attacked him. V2 said they were stumbling and fell to the floor, both went down to the ground. V2 said R1 was on the floor, and we tried to reach for his hands. V2	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 3 said I went for R1's left hand. V2 said V15 got called after R1 calmed down and was released from CPI. V2 said I went to the washroom and when I came back, he asked V13, LPN, to help get R1 up. V2 said R1 was sitting in a lobby chair. V2 said R1 kept saying he wanted a smoke. V2 was asked why he was holding R1's arm while R1 was on the floor and V2 said "I thought that was what I was supposed to do." V2 said there is no other witness, we were the receptionist that day. On 10/31/23 at 11:27AM V5, Director of Nursing, said I was told R1 was coming for a smoke break. V5 said only 2 security no one else was in the lobby. V5 said R1 was aggressive with V1, he was verbally aggressive, just talking and cussing at him. V5 said it was not R1's time to smoke he had to wait until it was his time. V5 said the residents were down here, lining up to go smoke. V5 said it happened at the front desk. V5 said she reported to the state agency what she was told, that R1 was walking backwards and fell. V5 said R1 got in front of everyone in line and R1 came to the desk. V5 said V1 was trying to redirect R1, V2, Security, seen it and stepped in to intervene. R1 grabbed V1 from behind. V2 stepped in to have R1 let V1 go. V5 said they stumbled back, and they fell back. V15, Nurse supervisor, LPN, came down to assess R1. V15 said R1 was having pain, they got R1 into a wheelchair to further assess. V5 said they notified me later that R1 went to the ER for the fracture. V5 said I did not watch the security video footage because it was a witnessed fall. V5 said I have been assigned to this investigation. V5 said when R1 was on the floor, he was still agitated, and they had to use CPI to calm him down. On 10/31/23 at 11:49AM V15, Nurse Supervisor/LPN, said I was doing my rounds and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 4 I was coming to the first floor and saw two security guards on the floor. V15 said R1, V1, and V2 were all on the floor. V15 said V1 and V2 were holding R1 on the floor. V15 said I did not receive a page or a phone call. V15 said either of V1 or V2 was yelling for help. V15 said there were no residents in the area or in smoke line. V15 said I told security to leave him alone and R1 complained of right leg pain. V15 said R1 was sitting on the floor, he wanted to get up, but R1 could not get up. V15 said I called for another nurse to get me a wheelchair. V15 said during assessment I noticed R1 was not able move his right knee, he usually moves around. V15 said I reported to V5, Director of Nursing, and V11, Chief Nursing Officer, that I saw 2 security holding R1 on the floor. V15 said V13, LPN, and I put R1 in the wheelchair. V15 said V13 and I lifted R1 to a wheelchair, then I took R1 to the unit, and we put R1 in the bed and EMTs picked him up. V15 said the hospital called and said R1 had a fracture right tibia. On 10/31/23 12:13PM V11, Chief Nursing Officer, said I did not watch the surveillance camera footage for R1's incident on 10/29/23. V11 said, from investigation, R1 jumped on a security guard. V11 said R1 fell backward, and security had him so he would not attack again. V11 said V15 heard them yelling and saw them sitting. V11 told security to step away, R1 was unable to stand up due to the pain in the leg, R1 was sent out for evaluation, and he has a fracture. V11 said everyone is trained on CPI. On 10/31/23 at 11:01AM the surveyor requested to view the surveillance camera footage from R1's fall on 10/29/23 and on the same day told by V7, Administrator, it was not available.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 5 On 10/31/23 at 1:29PM V13, LPN, said I was coming from my break, and I saw R1 sitting on the floor with security V1 and V2. V13 said V1 and V2 said R1 jumped on one of them. V13 said R1 said he could not go upstairs because of his leg. V13 said V15 was called to come and assess R1. V13 said when he saw R1 he was sitting up against a wall, (pointing to the wall on the east side of the desk). V13 said I don't remember where V1 and V2 were in position to R1. V13 said I don't know if R1 fell or was knocked down. V13 said if an individual is knocked down then another individual was involved. V13 said if a resident falls it, is an accident. V13 said when I left the floor R1 was on the floor and V15 was with him. On 11/1/23 at 10:08AM V17, CPI Instructor, said I teach all staff CPI, Crisis Prevention Intervention. V17 said I teach "holds" and decision making with role playing exercises. V17 said the purpose of CPI is to manage and minimize the harm from the behavior and the care, safety, and welfare of all involved. V17 said the 2 techniques I teach are standing and seated (V17 showed the surveyor the techniques from the training book). I only teach hold and stabilize. V17 provided the surveyor with portions of the CPI book. Included V17 pointed out on page 59 the Holding Skills he teaches. Holdings are seated, in a chair, and Standing positions, no skill for on the floor is shown. On 11/1/23 V14, CNA, said I have been trained on CPI. V14 said I would not hold a resident in a hold if he was on the floor, flat on his back. V14 said code grays are called for when resident behaviors are bad and not calming or behaviors escalating. V14 said with CPI we don't want to hurt anyone; we just want to manage the situation properly. V14 said if CPI is done properly, we	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 6 should not fall during CPI. V14 said if the patient fell, and is on the floor, there would be no need for more CPI. 11/7/23 11:47AM V9, Medical Director, (listed as primary on R1's face sheet) I saw R1 in the hospital. V9 said the kind of fracture R1 has is caused by falling on the knee. V9 said I was told he had an unwitnessed fall. V9 said R1 fell forward on the knee to cause a knee fracture, like his. V9 said R1 could not have fallen backwards to fracture the knee like this. V9 said I was not informed that CPI was performed on R1 the same day of the injury. R1's progress notes dated 10/29/23 at 5:00PM states writer made aware R1 at front desk lobby and without provocation started to punch a security guard. Progress note states R1 was walking backwards and fell onto the floor. No visible injury. R1 unable to bare weight on right knee. The facility Initial Incident Report dated 10/29/23 documents R1 was walking backwards, and he fell to the floor. R1 admitted to the hospital with Right Tibia Fracture. The final report dated 11/3/23 indicates R1 fell to the floor with V1. Report stated family and MD notified of the outcome of the investigation. R1's hospital Emergency Department Notes dated 10/29/23 documents R1 brought by EMS with right knee pain after a ground level fall. Patient state that he was "thrown to ground by a security guard." However, he is an unreliable historian. Per EMS the fall was unwitnessed. R1's CT of the lower right extremity indicates right tibial plateau fracture. Impression: comminuted	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 7 fracture of the proximal tibia extending to the articular surface involving the medial and lateral tibial plateaus as well as the tibial eminence. There is a comminuted intra-articular fracture involving the tibial eminence extending into the medial and lateral tibial plateaus. Additionally, there is an additional comminuted fracture through the proximal tibial metadiaphysis without significant displacement. There is a moderate suprapatellar effusion. Document from CPI instruction book provided by the facility titled Safety Interventions Holding Skills, page 59, includes images for Principals of Holding in a seated position and Principle of holding in a standing position. Additionally, document from the book titled The CPI Crisis Development Model states 3. Safety interventions: Definition restrictive strategies to maximize safety and minimize harm. Initial Incident report provided to state agency: 2. R4 diagnosis include but are not limited to Schizophrenia, Schizoaffective Disorder, Anxiety Disorder, and Delusional Disorder. According to the facility Report sent to the state agency on 10/22/23 R4 had a physical altercation with a peer (R6). R4 was placed on one-to-one supervision with staff. On 11/1/23 at 1:17PM V3, Security, said I was assigned to one-to-one supervision with R4. V3 said I used CPI on R4. V3 said we call a code Gray when they have a behavior episode we can't control. V3 said we always have a second staff to assist with CPI. V3 said I had to do CPI with R4. V3 said R4 "launched his arm and he hit me." V3 said "I had to put him on the ground." V3 said	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 8 assistance came after R4 was on the floor. Progress notes R4 engaged in physical aggression with staff. The top of the progress note provided by the facility in light blue ink states Staff Member V20, Security, "arm hold." 3. R3 is 43 years old with diagnosis including but are not limited to Schizoaffective Disorder, Psychosis, and Anxiety. R5 is 64 years old with diagnosis including but are not limited to Schizoaffective Disorder, Bipolar type, Conduct Disorder, On 10/31/23 at 10:45AM V2, Security, said I used CPI on R3 on Thursday (10/26/23). On 11/1/23 at 10:59AM R3 seen in his room but R3 would not speak to the surveyor. On 11/1/23 at 11:01AM V12, Nurse, said I didn't see anything with R5. V12 said all I saw was security escorting R5 out of the dining room. On 11/1/23 the surveyor met R5 in his room. R5 alert with confusion or delusions. R5 was not able to give interview related to the incident on 10/26/23 with R4. On 11/1/23 at 1:17PM V3, Security, said the incident with R3 and R5 started at breakfast, we heard a commotion. V3 said I saw R3 was using both fists, throwing punches, but not hitting hard, on R5's face. V3 said R3 made contact with R5's face. V3 said I saw R3 hit R5 "like 4 hits" in the face, before we intervened. Progress notes dated 10/26/23 documents R3 was in the dining room and made physical	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 9 contact with his peer at the table. Progress Notes dated 10/26/23 for R5 documents resident was sitting in the dining room and peer came into physical contact with him. R5 states his peer brushed up against him. R5 and his peer was separated. Administrator and Director of Nursing notified. On 11/1/23 at 2:19PM V7, Administrator, said a Code Gray is called when a resident behavior cannot be de-escalated. V7 said after CPI is used myself, social services and the Director of Nursing need to be made aware that CPI was used so we can determine if we need to investigate further. V7 said with R3 a code was not called. I was in the building. V7 said the incident for CPI was "something about a chair." V7 said R3 did not hurt anyone staff intervened before he could do anything. V7 said I was told no physical contact with a peer was made. V7 said I would have reported it as an alleged incident to report if contact had been made. The facility undated Crisis prevention Intervention (CPI) Policy and Procedure states staff are trained on core principles of the class. A. Care: Demonstrating respect, dignity, and empathy. B. Welfare: acting in the person's best interest. C. Safety: protecting rights, safeguarding vulnerable people, reducing, or managing risk to minimize injury or harm. D. Security: maintaining safe, effective, harmonious, and therapeutic relationships that rely on collaboration. The facility Abuse Policy dated 6/27/23 states the facility is doing all that is within its control to prevent and reduce the risk of abuse incidences	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 10 to the residents of City View Multi Care Center. Staff shall have ongoing training on the Abuse Policy. The facility has developed and operationalize policies and procedure for protection of residents and prevention of abuse. Identification, investigation, and reporting of abuse, neglect, and mistreatment. Train employees such as CPI. (A) Statement of Licensure Violations 2 of 2: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1220b)3) Section 300.610 Resident 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 11 but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care a) 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) 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 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. Section 300.1220 Supervision of Nursing	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 12 Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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. 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. These Regulations are not met as evidenced by: Based on interview and record review the facility failed to follow physician referral orders for unilateral inguinal hernia. Failed to follow orders and schedule gastroenterologist appointment for rectal bleeding for six months. Failed to complete a comprehensive assessment after complaint of rectal bleeding, failed to test for occult stool. This affected one of three residents (R2) reviewed for quality of care. This failure resulted in R2 having a delay in evaluation of rectal bleeding and hernia repair surgery, from 4.14.23 to 10.19.23. On 10.19.23 R2 was sent to the local hospital to be evaluated, treated for hernia repair. R2 secondary diagnosis was diagnosed with 5.0 cm rectal tumor with metastasis to the regional lymph nodes, liver, and lungs. Findings include:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 13 R2 face sheet shows diagnosis of malignant neoplasm of rectum, cognitive communication deficit, weakness. On 11.1.23 at 2:38pm R2 observed in his room, resting in bed, R2 observed to be in good spirits, R2 said he had surgery, and he has staples in his stomach (abdomen). R2 said he has never refused to go for the surgery referral, he has never refused to have surgery for his hernia. R2 said he never refused to go to appointment to see why he was rectal bleeding, R2 said he wanted to know what was going on with him. R2 said he had blood coming from his rectum when he pooped, R2 said he did tell the nurse at the facility. R2 was not able to recall name of nurse. R2 progress notes dated 3.22.23 denotes resident observed this morning when taking shower with scrotal swelling and bleeding from rectum area. MD (medical doctor) made aware and instructed to schedule resident for Urologist. Appointment scheduler made aware. R2 progress notes dated 4.8.23 denotes in-part the patient approached the nursing station with complaint of bleeding hemorrhoids after a bowel movement. V19 (Medical Doctor) paged this AM to inform and receive further orders, awaiting a return call. Endorsed to morning shift nurse, please follow up with MD for further orders. R2 progress note dated 4.14.23 denotes resident went to Neurology appointment. Resident came back with referral for surgery to (hospital name noted) due to scrotum hernia. R2 after summary visit dated 4.14.23 denotes in-part surgery referral, expires 7.14.23, referred	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 14 to (hospital name) hospital affiliated (physician name noted). R2 referral script dated 4.14.23 denotes in-part R2 name, address of nursing home, surgery referral, associated diagnosis, unilateral inguinal hernia without obstruction or gangrene, recurrence not specified. Instructions: referred to (hospital name) affiliated provider (physician name noted). R2 progress note dated 8.7.23 denotes in-part staff informed writer resident noted with blood on clothing. Writer asked resident has he had any bleeding or hurt anywhere resident stated I am not hurt; I have been bleeding when I move my bowels for a few days now. Writer informed resident to call staff in washroom next time has a bowel movement to collect specimen. Np (nurse practitioner) informed with new orders CBC, occult blood at this time. Resident up ambulating throughout unit without difficulty, no apparent difficulty, no apparent distress/discomfort noted. Resident compliant with medication regimen, good appetite at mealtimes, hydrated well. Writer will continue to monitor resident status at this time, needs met. R2 evaluation for hernia report dated 10.18.23 denotes in-part examination: the abdomen is soft and flat with well healed vertical midline incision. Examination of the groins revealed budging on the right side fairly large but reducible with the patient lying flat clearly contains viscus. No obvious hernia on the left side, penis and testicle is normal. No peripheral edema. assessment non recurrent unilateral inguinal hernia without obstruction or gangrene, at least a right inguinal hernia containing bowel. Once the patient left, I was able to retrieve his old records including a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 15 CT from 2020 when he had his perforated appendicitis. There was clear right inguinal hernia at that time with intestine in it. There was a fat containing inguinal hernia on the left said at the same time. At this point even the patient verifies his only complaint is on the right side and the left inguinal hernia is not necessarily clinically apparent. I would certainly recommend repair of the right inguinal hernia and consideration the left at the same time. The patient per records at the hospital at least is non distension all and I have called and left a message with his mother hopefully she will call me back I would recommend an open repair because of his extensive lower abdominal surgery in the past, given his history as well. Review of R2 progress from all discipline presented by V5 (Director of nursing) from 3.22.23 through 10.18.23, there is no documentation noted that R2 refused to have hernia surgery, there is no documentation that R2 refused to go to gastrointestinal consult appointment. R2 physician order sheet (POS) dated 4.14.23 denotes in-part Urologist consult for swollen scrotum and rectal bleeding. POS dated 8.7.23 denotes CBC, occult blood. POS dated 9.11.23 denotes order for Urologist consult for swollen scrotum. GI consult rectal bleeding. Surgical consult hernia (hospital name noted). POS dated 9.21.23 occult blood stool specimen. POS dated 10.4.23 denotes stool specimen for low hemoglobin, repeat CBC 10.18.23. Review of R2 care plan, there is no plan of care in place for R2 refusal for hernia surgery, no plan of care for R2 refusal to go to surgery referral consult. Review of R2 progress notes, there is no	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 16 documentation noted from 3.22.23 to 10.19.23 denoting that R2 refused hernia surgery. On 11.7.23 at 10:50am V21 (appointment scheduler) said she was aware that R2 needed an appointment for surgery in April 2023, but she couldn't get to schedule the appointment because she had so many appointments to be made, she had 200 appointments. V21 said she doesn't have documentation that she needed to schedule 200 appointments in April 2023. V21 said she was made aware in September 2023 that R2 needed another appointment for surgery, and she scheduled the appointment for 10.26.23 but R2 went out to the hospital and had surgery, so he missed that appointment. V21 said she should schedule all recommended appointments for the residents. V21 said she did not inform V5 (Director of Nursing) that she needed help scheduling appointments for the 200 residents that needed appointment in April 2023. V21 said V5 is her direct supervisor. V21 said she supposed to prioritize scheduling surgery appointment, V21 said she didn't get to schedule R2's appointment before she was terminated from her position in May 2023. V21 said her last day of work was at the end of April. On 11.1.23 at 12:28pm V5 (Director of nursing) said R2 went to see the surgeon on 10.18.23, V5 said that was R2's first appointment for surgery referral, V5 said they found a facility that takes same day appointments. V5 verified that R2 was referred to see the surgeon for hernia repair on 4.14.23. V5 said the physician gave orders on 9.11.23. V5 was asked why wasn't R2's appointment scheduled on 9.12.23, 9.13.23, 9.14.23 etc., if the clinic takes same day appointments. V5 did not give a response. V5 said R2's appointment was made on 10.18.23. V5	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 17 said she is not aware of R2 refusing to go for surgery or surgery consult or GI consult/appointment. V5 said R2 complained of his hemorrhoids bleeding, V5 was asked, if R2 had a diagnosis of hemorrhoids, V5 reviewed R2's factsheet and said, no. V5 was asked who assessed R2 to determine if he had hemorrhoids. V5 did not give response. V5 was asked what's the treatment plan was if R2 complained of having hemorrhoids. V5 was asked was R2 assessed to determine what was he describing as hemorrhoids. V5 did not give a response. R2's face sheet reviewed with V5, R2 did not have diagnosis of hemorrhoids. On 11.3.23 at 11:45am V5 said R2's scrotal ultrasound was not completed. V5 said R2's occult stool test was not completed on 8.7.23, 9.21.23, and 10.4.23. V5 said one of the occult tests was done but it wasn't valid, and it was not repeated by staff. V5 said the nurse did not document and she can't make them document. On 11.7.23 at 1:11pm V5 said V21 should prioritize appointments, scheduling surgeries and emergency dental appointments first. V5 said V21 did not have 200 appointments to be scheduled in April 2023. On 11.1.23 at 3:10pm V9 (Medical Director) said he has tried to get R2 to go to his appointment/consult several times and R2 refuses. V9 said R2's swollen scrotum was down to R2's knee. V9 said he did not document R2's refusal any of those times. V9 said he doesn't know how many times R2 refused. V9 said the plan was to get R2's family involved when he refused. V9 said he did not document the plan to get R2's family involved when R2 refused. V9 said he did not get R2's family involved in March when R2 refused. V9 said R2's family was involved in October and that's who took R2 to the hospital. V9 was asked who discussed risk and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 18 benefits of surgery with R2, and risk and benefits of going to GI appointment with R2. V9 said R2 would not understand because of his mental illness. V9 was asked if they tried to get R2's family involved in March since R2 would not understand. V9 was asked if he got the nurse, the director of nursing, the assistant director of nursing, or the social worker involved to assist with documenting R2's multiple refusals, and to get R2's family involved since R2's swollen scrotum was down to R2's knees and needed surgery. V9 said he forgot to document, it's all on him, he was responsible. On 11.3.23 at 1:36pm V6 (social services) said R2 was on his caseload prior to R2's readmission on 10.28.23, V6 said he was never made aware that R2 refused surgery or refused to go to GI appointment or GI referral. V6 said no one told him R2 needed surgery and he refused in April, or October. V6 said no one informed him that R2's family needed to be contact or involved because R2 is refusing surgery or GI consult. R2's hospital records dated 10.19.23 denotes in-part R2 present to ED (emergency department) via walk in with daughter from City View. V9 (Medical Director) instructed patient to come to ED for hernia surgery. R2 hospital records dated 10.19.23 denotes active diagnosis rectal bleed and s/p (status post) hernia repair 10.20.23, CT chest abdomen pelvis with contrast final result, impression preparation of colon was fair, rectal mass 5.0 cm (centimeters) from anal verge, likely malignant partially obstructing tumor in the proximal rectum in the mid rectum and in the distal rectum. Biopsied. CT impression rectal bleeding and partially obstructing rectal tumor with metastasis to regional lymph nodes, liver, and lungs.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 19 Facility policy titled physician/physician assistant/ nurse practitioner/clinical nurse specialist visits with review date of 2.5.23 denotes in-part the purpose to ensure that all residents receive the care and services that meet their medical and psychosocial needs. To ensure that all residents are seen regularly by attending physician, physician assistant, nurse practitioner or clinical nurse specialist for review of the resident medical condition, corresponding drug regimen, and overall medical management of the resident. Facility care plan policy and procedures denotes in-part each resident will have a comprehensive assessment completed that will assist in the development of an individualized plan of care that will include goals and interventions aimed to improve or maintain the resident's highest level of function, prevent decline, decrease risk of complications of medical conditions, medication, and diagnosis, decrease risk of injury or to promote comfort and end of life. The resident rights for people in the long-term care denotes in-part your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis, condition, or payment source. You must not be abused, neglected, or exploited by anyone - financially, physically, verbally, mentally, or sexually. Your facility must provide services to keep your physical and mental health, at their highest practical levels. You may participate in developing a person-centered care plan which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009948	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITY VIEW MULTICARE CENTER	5825 WEST CERMAK ROAD CICERO, IL 60804

(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	Continued From page 20 reasonable arrangements to meet your needs and choices. You may be informed, in advance, of changes to the plan of care. You should receive the services and/or items included in the plan of care. (A)	S9999		