PRINTED: 02/14/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING IL6001895 12/26/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3311 S. MICHIGAN AVE. **SOUTHVIEW MANOR** CHICAGO, IL 60616 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY S 000 S 000 **Initial Comments** Complaint Investigation #2389825/IL167078; 2388582/IL165511 Investigation of Facility Reported Incidents of: 9/22/23/IL165499 10/7/23/IL165778 10/23/23/IL166483 S9999 Final Observations S9999 Statement of Licensure Violations 300.3210a) 300.3210t) 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. These regulations were not met as evidenced by: Based on record review and interview the facility

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

10. This failure resulted in R7 sustaining a

laceration bite wound to R7's finger that R7 reported was painful. R7 was sent to the local

failed to ensure residents remained free from abuse for six of nine residents (R3, R4, R5, R6, R7, R8) reviewed for abuse on the sample list of

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

OMU511

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

NAME OF PROVIDER OR SUPPLIER

(X2) MULTIPLE CONSTRUCTION A. BUILDING: ____

(X3) DATE SURVEY COMPLETED

> С 12/26/2023

IL6001895

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING _

SOUTHVI	EW MANOR	3311 S. MICHIGA CHICAGO, IL 600			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFOR	BY FULL PF	ID REFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
PREFIX	Continued From page 1 emergency department for treatment of wound and returned with orders for an a ointment twice daily to R7's finger until whealed and an oral antibiotic twice daily days. Finding Include: 1. R7's Behavior Note dated 9/22/23 at reads: Resident observed on floor with gouring physical altercation. Residents set Left hand noted bleeding. Resident stateme." Upon assessment laceration noted ring finger. Resident expressed pain. Fit cleaned with antiseptic and wrapped wit MD made aware new order for resident out to the hospital for further evaluation. R7's Daily Note dated 9/23/23 at 12:33p Returned from hospital emergency roon new orders for antibiotic Augmentin 875 (milligrams) twice a day until healed and to with primary care physician as needed. noted with small amount of swelling, no bleeding, able to move all fingers wnl (well-inserted).	syfull RMATION) S99 the finger Intibiotic RMATION 2:39pm Recer, Reparated Red, "He bit I to left I to left I to left I to left I to be sent I to be sent I to be sent I to be sent I to left I to	REFIX FAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
	normal limits), denies pain at present, re OTA (open to air). On 12/19/23 at 11:50 am, V7, LPN (Lice Practical Nurse) stated she worked at the for over a year and has taken care of RI from time to time. V7 stated R7 was adrew months ago from another facility. V7 for the most part R7 kept to himself and bother anyone. V7 stated R8 is labite and unpredictable at times. V7 stated when upset or being overly aggressive they have redirect him to calm down. V7 stated R7 were roommates for about a week before	ensed le facility 7 and R8 nitted a 7 stated did not lid can be R8 is lave to 7 and R8			

Illinois Department of Public Health

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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 CORREC	TION	IDENTIFICATION NUMBER:	A, BUILDING;		COMPLETED	
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		IL6001895			12/2	6/2023
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SOUTHVIEW MANO)R	CHICAGO,				
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incident day shift stated whaving a lunch R stated a were be pulled to and nei stated a had a be called to hosp the hos was apponent on his find the control of the control	It and had pass when she saw any dispute of 17 and R8 were suddenly hear oth on the floothern a part and ther would say after assessing ite impression he doctor who ital. V7 stated pital with order the came out of swas finger to be on the resident of the parated by was the pital with order pita	stated V7 was working the seed morning meds. V7 R7 and R8 they were not argument. V7 stated after at back to their room. V7 d a commotion and they ar wrestling. V7 stated she d asked them what happen, why they were fighting. V7 g them V7 noticed that R7 on his finger. V7 stated V7 ordered R7 and R8 be sent when R7 came back from ar for antibiotic ointment that week to the bite impression of the was in a room getting when the incident occurred V16 stated V16 was told of the other resident's room, botten by R8. V16 stated R7 and R8 for antibiotic ointment that week to the bite impression of the other resident's room, botten by R8. V16 stated R7 and R8 for and R8 for V15 stated she did not be of the incident, only that arated. V15 stated they were as cleaning R7 finger with stated 9/22/2023 2:35 pm are don the floor with peer cation. Resident bit peer's barated and assisted back to ician made aware with	S9999			

Illinois Department of Public Health

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Illinois Department of Public Health

ILB001885 B. WING C PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 331 S. MICHIGAN AVE. CHCAGO, L. 69815 SUTTIVIEW MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 331 S. MICHIGAN AVE. CHCAGO, L. 69815 SUPPLIED GEACH-DEPTICAL VISUATE REPRESED BY PIAL. REQULATORY OR LSC IDENTIFYING INFORMATION REQULATORY OR LSC IDENTIFYING INFORMATION RBS Daily Note dated 9/22/2023 10:54 pm reads: Per outgoing nurse, resident bit another realdent's finger, and outgoing nurse reported that MD ordered resident to the hospital. Ambulance 2 paramedics arrived on floor at 10:45pm and care was transferred to paramedics. Resident left floor with paramedics to the hospital. RB's Daily Note dated 9/22/2023 at 11:43 reads: Admitted to hospital, Dx aggressive behavior. 2. On 12/19/23 at 10:10 am, V12, LPN (Licensed Practical Nurse) stated she had just finished passing medications and the residents had finished eating breakfast. V12 stated she locked up from the nurse's station into the dining room and saw R3 and R4 punching each other. V12 stated they were immediately separated and assessed them for injuries which neither had. V12 stated they were immediately separated and assessed them for injuries withon either had. V12 stated they were immediately separated and assessed them for injuries withon either had. V12 stated they was continued and R3 was sent to the hospital because he was the monitored. V12 stated has worked at the facility for three months and R3 and R4 never gotten into any physical altercation until that morning. V13 (Certified Nurse Aide) stated on 12/19/23 at 10:20 am she was doing rounds and while walking past the dining saw R3 bying to hit R4. V13 stated differ X1 kR A, R4 tried to hit R3 back but he missed. V13 stated did not see any bruises on R3 or R4 after they were separated. V13 stated the was represed the manuface on your separate them before any more punches could be trown. V13 stated they were separated. V13 stated they were separated. V13 stated they were separated. V13 stated they wer	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 3311 S. MICHIGAN AVE. CHICAGO, IL. 68816 CAG. 10 DEPERT CHICAGO, THE CRITERIA MAYE. CHICAGO, IL. 68816 CROSS-REFERENCED OF PLAIL, PREFIX TAG. CROSS-REFERENCED OF INC. ASPROPMATE CROSS-REFERENCED OF TAG. R8'S Dally Note dated 9/22/2023 10:54 pm reads: Per outgoing nurse, resident bit another resident's finger, and outgoing nurse reported that MD crofered resident to be sent to hospital Ambulance 2 paramedics arrived on floor at 10-45 pm and care was transferred to paramedics. Resident left floor with paramedics to the hospital. R8'S Dally Note dated 9/23/2023 at 11:43 reads: Admitted to Hospital, Dx aggressive behavior. 2. On 12/19/23 at 10:10 am, V12, LPN (Licensed Practical Nurse) stated she had just finished passing medications and the residents had finished eating breakfast. V12 stated she looked up from the nurse's station into the dining room and saw R3 and R4 punching each other. V12 stated they were immediately separated and assessed them for injuries which neither had. V12 stated they were immediately separated and assessed them for injuries which neither had. V12 stated they switched R4 to another unit where he was monitored. V12 stated and R3 and R4 never gotten into any physical altercation until that morning. V13 (Certified Nurse Aide) stated on 12/19/23 at 10:20 am she was doing rounds and while walking past the drining saw R3 brying to hit R4. V13 stated fire was acted on the resident on the speries on the missed. V13 stated dien vere able separate them before any more punches could be thrown. V13 stated did not see any bruises on			II RAA1895	B. WING		1	
SOUTHVIEW MANOR 3311 S. MICHIGAN AVE. CHICAGO, IL. 69818 SUMMARY SIATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLUL, PREPIX TAG COntinued From page 3 orders received to send R8 to hospital for psychiatric evaluation. R8's Daily Note dated 9/22/2023 10:54 pm reads: Per outgoing nurse, resident bit another resident's finger, and outgoing nurse reported that MD ordered resident to be sent to hospital. Ambulance 2 paramedics arrived on floor at 10.45pm and care was transferred to paramedics. Resident left floor with paramedics to the hospital. R8's Daily Note dated 9/23/2023 at 11:43 reads: Admitted to Hospital, Dx aggressive behavior. 2. On 12/19/23 at 10:10 am, V12, LPN (Licensed Practical Nurse) stated she had just finished passing medications and the residents had finished eating breakfast. V12 stated she looked up from the nurse's station into the diming room and saw R3 and R4 punching seach other. V12 stated they were immediately separated and assessed them for injuries which neither had. V12 stated the doctor notified and R3 was sent to the hospital because he was the aggressor, V12 stated they were immediately separated and assessed them for injuries which neither had. V12 stated the worked at the facility for three months and R3 and R4 never gotten into any physical altercation until that moming. V13 (Certified Nurse Aide) stated on 12/19/23 at 10:20 am she was doing rounds and while walking past the dining saw R3 rying to hit R4. V13 stated dre were able separate them before any more punches could be thrown. V13 stated did not see any bruises on	NAME OF D	201/1959 09 01/09/159				12/2	16/2023
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Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ____

(X3) DATE SURVEY COMPLETED

> С 12/26/2023

IL6001895

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING ____

NAME OF PROVIDER OR SUPPLIER

3311 S. MICHIGAN AVE.

SOUTHVII	EW MANOR	3311 S. MICI CHICAGO, I			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	REGULATORY OR LSC IDENTIFYING INFORMA	king on and R4 25 am aurse's lining room ag his aration, vital orders aluation am ard a aed aed aed aed aed aed aed aed aed		CROSS-REFERENCED TO THE APPROPRIATE	
	altercation with co-peer. He punched co-pe the face while having an argument. Action: Resident was separated from co-peer. The psychiatrist was informed, and an order wa	:)			

Illinois Department of Public Health

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 IL6001895 12/26/2023 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 5 S9999 given to send the resident to the hospital for psychiatric evaluation, he was counseled and encouraged to participate in a psychosocial group, Response: Resident stated, "Co-peer pointed his finger at my face while walking in the hallway, then I was in the dining room, he told me to move out of the way and started talking nonsense, so, we started fighting. R3's Daily Skilled Note dated 10/23/2023 6:55 pm reads: Nurse called from hospital for additional information about the resident. He also stated the resident is admitted for aggressive behavior. R3's Psychosocial Note dated 10/30/2023 3:01 pm reads: Readmission Note: Resident returned from the hospital today due to his aggressive behavior with co-peer. He's alert, orientated x 3, able to make his needs known. On 12/19/23 at 10:50 am, R4 stated that R3 hit him and R4 hit R3 back. On 12/19/23 at 10:35 am, V1 (Administrator) stated the facility can monitor the residents with cameras. V1 stated any allegation of abuse is filled out on the incident form then the preliminary sent to IDPH within 24 hours. V1 stated she reported R3 and R4's physical altercation to the State Survey Agency, but no one was injured, V1 also stated the facility would like to remain free of abuse. 3. On 12/19/23 at 11:05 am, V5, CNA (Certified Nurse Aide) stated on she was working the floor and both R5 and R6 were fine watching tv in the room. V5 stated they both came out room with no problem then went their separate ways. V5 stated

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STATE FORM

then R5 walked towards R6 and tapped R6 on his buttocks. V5 stated R6 told R5 to leave him alone

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R5 's Behavior Note dated 10/7/2023 08:05 am reads: It was reported resident was walking alongside co-peer in the hallway when he hit the co-peer on his behind. The situation escalated into a physical altercation; staff members

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injured.

when R5 and R6 had altercation, but no one was

The facility's abuse prevention policy denotes affirms the right of our residents to be free from

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