

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>40987</p> <p>Based on interview and record review, the facility failed to protect R2's right to be free from physical abuse as evidenced by R2 being transferred to an acute care hospital with a diagnosis of fracture of the left 7th rib and a right wrist fracture of the distal ulna. This failure applies to one (R2) of four residents reviewed for physical abuse.</p> <p>Findings include:</p> <p>R2 was in the hospital at the time of this survey. 6/22/2021 at 12:51 PM, a telephone interview was conducted with R2 regarding the incident that took place at the facility on the night of 6/20/21-6/21/21. R2 stated, I was new there, only 2 days. I didn't know nobody there. The man was sitting behind the desk, he was African American with brown skin. He hit me in the stomach with his face. Then twisted my wrist and fractured it. Nobody saw it, it was only him and me. He was mad at me the day before because I said I didn't want to stay there. I pushed the button on the wall to call 911. I didn't get his name. None of the people had name tags on or it was turned around. It happened about 2 or 3 in the morning. When I got up the next day to tell someone he was gone already. I talked to two women who were behind the desk. When I told them, they called 911? I'm not going back there. R2 was very confused about the timeframe of the events and could not give a clear time as to when incident occurred or specific time of when he actually reported the incident.</p> <p>Nursing progress note documents that V8 LPN (Licensed Practical Nurse) received report from R2 on 6/20/21 at 10:30 PM stating someone hit him and told him to stay in his room. V8 LPN completed a head to toe assessment observing discoloration to the right rib cage and swelling to the right hand and wrist. R2 complained of pain to hand and wrist but refused pain medication. V8 LPN notified R2's physician; order received for stat portable x-rays. Police report filed by V8 on 6/20/21 at 11:50 PM; reviewed, family notified.</p> <p>Progress notes from 6/21/21 at 02:48 AM indicate: V8 LPN notified R2's physician with the x-ray results. Mild distracted oblique fracture in the distal diaphysis of the ulna and mildly displaced right lateral 10th rib fracture. Received orders to send R2 to the hospital.</p> <p>Review of R2's care plan indicates he was not assessed at risk for abuse.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>6/23/21 at 1:18 PM V5 ADON was interviewed regarding the abuse investigation. V5 ADON stated, Our investigation is still open, we are still interviewing staff that was on the floor. We have not identified the alleged perpetrator, but we have suspended a staff V3 LPN due to the description of the allegation. It is still under investigation.</p> <p>Review of R2's hospital records indicate:</p> <p>Review of the 6/21/21 CT (Computed Tomography) Scan of the wrist indicates: isolated distal ulnar fracture with minimal displacement.</p> <p>Review of the 6/21/21 x-ray of the rib's bilateral chest indicates fracture of the left anterolateral seventh rib.</p> <p>Review of the 6/21/21 x-ray of the right wrist indicates fracture of the distal ulna.</p> <p>6/23/21 at 2:01 PM, V8 LPN stated, R2 came to me around 11PM and he said his hand was hurting and he pulled up his shirt and his side was discolored. His hand was swollen. He was holding his hand down, but he was able to move his fingers. I asked him if he wanted anything for pain because I didn't know what was going on. He said this man did it to me, it was the doctor who did it. R2 said the man who worked behind the desk with the same color uniform as you did it. A lot of the residents call the male staff doctors here. R2 said the man grabbed him by his arm and took him in the room and told him not to come out again, then head butted him in his side.</p> <p>6/23/21 at 2:18 PM, V9 stated, it was later at night when I heard R2 tell the nurse someone did something to him. I was in the hallway monitoring. He said the doctor that works in the morning did it.</p> <p>6/23/21 at 2:59 PM, V6 (Assistant Administrator) stated, R2 stated someone hit him. The resident said it was a doctor. He said the doctor had on blue. We didn't have any doctors in the facility that day. We discussed it with the team and nursing staff initiated our investigation getting social services involved doing well being checks. We interviewed V8 LPN who was his nurse that night and she provided more details that R2 said it was a man. He was sitting behind the nursing station and wears blue. With the new information V8 LPN provided, the nurse in question was suspended pending the investigation.</p> <p>6/24/21 at 12:06 PM, V14 (Physician) stated, The CT (computed tomography) scan and x-rays both showed R2 had wrist and rib fractures. The treatment for the wrist is a special type of splint and for the rib fracture the treatment is conservative with pain medication. Abuse can cause this type of fracture. The rib fracture can also happen if someone hit him.</p> <p>The revised 01/2019 Abuse Prevention Program states:</p> <p>Policy: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility.</p> <p>Procedure:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Any alleged violations involving mistreatment, abuse, neglect, exploitation, misappropriation of resident property, any injuries of unknown origin, or reasonable suspicion of a crime against a resident MUST be reported to the Administrator or Director of Nursing. The Administrator is the Abuse Coordinator of the facility.</p> <p>I. Pre-employment screening of potential employees.</p> <p>II. Pre-Admission screening of potential residents.</p> <p>III. Orientation and Training of Employees-</p> <p>-Sensitivity of resident rights and resident needs.</p> <p>-Staff obligations to prevent and report abuse, neglect, exploitation, mistreatment, any crime against abuse prevention.</p> <p>-How to assess, prevent, and manage aggressive, violent, and/or catastrophic reactions of residents in a way that protects both residents and staff.</p> <p>-How to recognize and deal with burnout, frustration and stress that may lead to inappropriate responses or abusive reactions to residents.</p> <p>-What constitutes abuse (physical, mental, sexual, verbal), neglect, exploitation, mistreatment, and misappropriation of resident property.</p> <p>IV. Reporting- employees are required to immediately report any incident, allegation or suspicion of potential abuse, neglect, exploitation, misappropriation of resident property, mistreatment or a crime against a resident they observe, hear about, or suspect to the Administrator if available or an immediate supervisor who must immediately report it to the Administrator.</p> <p>V. Identification of Allegations/Internal Reporting Requirements</p> <p>VI. Investigation- Any incident or allegation involving abuse, neglect, exploitation, misappropriation of resident property, or a crime against a resident will result in an abuse investigation.</p> <p>VII. Protection of Residents- The facility will take steps to prevent mistreatment while the investigation is underway.</p> <p>Prevention- The facility desires to prevent involving abuse, neglect, exploitation, misappropriation of resident property, or a crime against a resident by establishing a resident-sensitive and resident-secure environment.</p> <p>Based on interview and record review, the facility failed to protect resident's rights to be free from mental abuse as evidenced by staff witnessed speaking inappropriately to residents. This failure resulted in the residents expressing feelings of fear and sadness. This failure applied to four (R3, R4, R5 & R6) residents reviewed for abuse.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Findings include:</p> <p>6/24/21 at 9:47 AM, V5 (ADON) stated, I was notified the next day from the administration. V13 Assistant PRSC (Psychiatric Rehabilitation Services Coordinator) was called to the unit to find out why the residents were having so many behaviors on that day to see what was going on. She became verbally aggressive towards the residents. V13 was terminated for violating the abuse policy.</p> <p>6/24/21 at 9:59 AM, V6 (Assistant Administrator) stated, I was notified by V11 (Central Supply Manager). V11 said she witnessed V13 being verbally inappropriate with the residents. V13 was screaming and shouting and making threats to the residents on the unit. V13 was sent home immediately and the managers interviewed the residents to find out if anyone had been affected by her behavior. We had a conversation with the residents and there were four residents that were affected. All four consistently stated they didn't understand why V13 was talking to them like that and that they did not like how she spoke to them. R5 stated he was worried he would not get his pass to see his family. V13 was terminated for verbal abuse. V13 admitted to the conversation but not how she spoke to the residents.</p> <p>6/24/21 at 10:37 AM, R5 stated, she (V13) was hostile and volatile when she addressed everyone. I got scared because she said she would shut down everything on the unit. I was scared that I was going to lose my privileges of socializing on the unit and not be able to smoke or be able to use my pass to see my family.</p> <p>6/24/21 at 10:26 AM, R3 stated, V13 said she would shut down the whole floor, that she did it once and would do it again. She would shut down the smoking for the whole floor based on the actions of one person. She was yelling. Everybody on the floor could hear what she was saying. The staff just fail to communicate and have a lack of understanding. R3 was asked how V13 yelling made him feel. R3 stated, I just ignored her because based on something I say the staff will stick me with needles and send me out to the hospital.</p> <p>6/24/21 at 10:49 AM, R4 stated, V13 came up to the floor saying if the floor gets out of hand again, we would not be able to smoke. She was yelling and screaming. I think V13 would have retaliated. It made me feel sad when she was raising her voice at me. I thought she would punish us all because she said she would. Personally, I got scared that whole day. Some of us look up to the staff and I think we have the right to get treated with respect and dignity. We feel let down because this is a person who we go to when we need something.</p> <p>6/24/21 at 10:54 AM, R6 stated, V13 came up to the floor to find out what was going on. She said she would shut the whole unit's smoking down. We wrote statements about her. Her voice got louder and louder when she was talking. I felt kind of bad because she was going to shut down the smoking. I think she should have done something about the people who were doing it. She was trying to punish everybody. I felt it was unfair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>6/24/21 at 11:21 AM, V11 stated, I heard the commotion on 7th floor and thought something was going on with the residents and that's when I caught V13's voice. She was just screaming at the top of her lungs! She called the residents out of their room. She kept hitting the top of the nurse's station with her hand and telling them to cut down the radio. She told them to shut up and act like they have some sense. I will shut the whole 7th floor smoking down and no one will smoke. I've done it before and will do it again. She said she would not come up to the 7th floor again. She was talking to the residents like they were her children. I went to my administrators V6 and V14 and told them what happened. I could tell that R3 was upset. Her yelling was making the situation worse, she was stirring up the residents instead of asking them what was going on. R6 was agitated. R4 and R5 were all agitated.</p> <p>6/24/21 at 1:00 PM, reviewed V13's Assistant PRSC Abuse Prevention Program Policy & Procedure form signed and dated on 2/20/20.</p> <p>Review of the Employee Disciplinary Action form signed by V6 dated 6/15/21 indicates: V13 failed to follow facility category 1 number 1 policy of verbal abuse. As a result, the employee will be terminated without rehire privileges.</p> <p>The revised 01/2019 Abuse Prevention Program states:</p> <p>Policy: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility.</p> <p>Procedure:</p> <p>Any alleged violations involving mistreatment, abuse, neglect, exploitation, misappropriation of resident property, any injuries of unknown origin, or reasonable suspicion of a crime against a resident MUST be reported to the Administrator or Director of Nursing. The Administrator is the Abuse Coordinator of the facility.</p> <p>I. Pre-employment screening of potential employees.</p> <p>II. Pre-Admission screening of potential residents.</p> <p>III. Orientation and Training of Employees-</p> <p>-Sensitivity of resident rights and resident needs.</p> <p>-Staff obligations to prevent and report abuse, neglect, exploitation, mistreatment, any crime against the resident, theft and how to distinguish theft from lost items and willful abuse from insensitive staff actions that should be corrected through counseling and additional training. Staff should report their knowledge of allegations without fear of reprisal.</p> <p>-Dementia management and resident abuse prevention.</p> <p>-How to assess, prevent, and manage aggressive, violent, and/or catastrophic reactions of residents in a way that protects both residents and staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>-How to recognize and deal with burnout, frustration and stress that may lead to inappropriate responses or abusive reactions to residents.</p> <p>-What constitutes abuse (physical, mental, sexual, verbal), neglect, exploitation, mistreatment, and misappropriation of resident property.</p> <p>IV. Reporting- employees are required to immediately report any incident, allegation or suspicion of potential abuse, neglect, exploitation, misappropriation of resident property, mistreatment or a crime against a resident they observe, hear about, or suspect to the Administrator if available or an immediate supervisor who must immediately report it to the Administrator.</p> <p>V. Identification of Allegations/Internal Reporting Requirements</p> <p>VI. Investigation- Any incident or allegation involving abuse, neglect, exploitation, misappropriation of resident property, or a crime against a resident will result in an abuse investigation.</p> <p>VII. Protection of Residents- The facility will take steps to prevent mistreatment while the investigation is underway.</p> <p>Prevention- The facility desires to prevent involving abuse, neglect, exploitation, misappropriation of resident property, or a crime against a resident by establishing a resident-sensitive and resident-secure environment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40920</p> <p>Based on interview and record review, the facility failed to follow their abuse investigation protocol by failing to interview staff member alleged to have abused a resident and failed to conduct and document an assessment of a resident who made an allegation of abuse from a staff member. This failure affected one (R11) of three residents reviewed for abuse reporting.</p> <p>Findings include:</p> <p>R11 is a [AGE] year-old of female who was admitted to the facility on [DATE], with past medical history including, but not limited to Schizophrenia, Major depressive disorder, anxiety disorder, chronic obstructive pulmonary disease, spinal stenosis, hyperlipidemia, essential primary hypertension, restless leg syndrome, etc.</p> <p>During the investigation on 6/28/2021 at 12:47PM, R11 was observed in her room, awake, alert and oriented and said that she is doing okay but waiting for an update on a dermatology appointment. R11 said that she was just moved from the 4th floor to the 6th floor because the staff up there are no good. She also said that she remembered the incident with a staff (security guard), they were having an argument, R11 had a cup of water, threw a small amount of it on the staff who grabbed her hand forcefully and dragged her to a chair and sat her down. R11 added that her arm was sore for a couple of days, she reported the incident to the social worker.</p> <p>Review of facility assessment screening for indicators of aggressive and or /harmful behavior for R11 dated 1/30/2021 documented a minimal risk for aggression. Care plan for R11 dated 5/10/2021 did not show any focus, goals or interventions for aggressive or harmful behavior.</p> <p>On 6/28/2021 at 1:30PM V6 (Assistant Administrator) said that the abuse allegation between R11 and staff (V22) was not substantiated because the social worker interviewed the resident and she said that she ran out of cigarette, wanted to smoke and the staff will not let her and she made the allegation . V6 said that she was the one who conducted the investigation, but she never spoke to the resident, just went by what the social worker told her, she added that she interviewed other residents and staff, and the staff member is back at work. V6 did not mention anything regarding resident throwing water at staff and did not interview the accused staff either.</p> <p>On 6/28/2021 at 1:50PM, V22 said that he works as a security on the 4th floor, the day of the incident, R11 was aggravated because she did not have any cigarette, she came to him and he verified from the smoke monitor that resident does not have any cigarette, she became agitated and aggressive, charging at him, he grabbed resident by the hand, performed CPI by blocking her and escorted her to a desk. He was informed the following day that he was being suspended pending an investigation, and he was called back to work after two days by a staff in human resources. V22 was asked if anyone interviewed him about the incident and he said no.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/03/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/29/2021 at 11:48AM, V19 (Social Services) said that she helps with gathering witness statements during an investigation, she works on the 4th floor and is familiar with R11. Resident told V19 that a staff roughed her up when removing her from the dining room. She reported the allegation to the administrator. V19 said that she did not interview the staff member involved but interviewed the nurse who told her that resident was upset and threw a cup of water at staff and she was redirected to the nursing station, the administrator was informed that the resident threw a cup of water at staff. V19 added that all staff are trained on abuse and how to deal with an agitated resident.</p> <p>On 6/28/2021 at 1:27PM, V28 (LPN) said that she works on the 4th floor, she is familiar with R11 who use to be on that floor but recently moved to another floor. R11 is very anxious, can be verbally aggressive towards staff but not physical. The day of the incident, R11 was verbally aggressive towards staff and was disrupting the smoking line, security guard was telling her to go to her room and she heard the staff saying stop throwing water, and she saw the security guard bring resident to the nursing station. Resident did not report any pain, she assessed her and there were no injuries. Surveyor pointed out to V28 that her progress note did not show any documentation of any type of assessment of the resident and she said, Well maybe I did not assess her, resident did not complain of anything.</p> <p>Document presented by V2 (DON) titled, Abuse Prevention, (revision date of 01/2019) includes: .the charge nurse must complete an incident report and obtain a written, signed and dated statement from the person reporting the incident. If a resident is unable to sign, the statement will be witnessed. Under reporting, the same document states that the nursing supervisor is responsible for assessing the resident, reviewing the documentation and reporting to the administrator.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40920</p> <p>Based on interview and record review, the facility failed to adequately supervise and have interventions in place for a resident who was assessed to be at risk for falls and required staff assistance with all Activities of Daily Living (ADLs), including mobility. This failure affected one (R10) of three residents reviewed for falls and resulted in R10 being hospitalized with a pelvic and proximal humerus fracture as a result of a fall.</p> <p>Findings include:</p> <p>R10 is an [AGE] year old male who was admitted to the facility on [DATE] with past medical history including, but not limited to chronic kidney failure, cardiac arrhythmia, acute kidney failure unspecified, Type 2 diabetes, Benign prostatic hyperplasia, hypomagnesemia, dementia in other diseases classified elsewhere, adult failure to thrive, essential primary hypertension, difficulty walking, weakness, other lack of coordination, etc.</p> <p>Nurse's progress note on 6/5/2021, R10 reported that he fell on his left side in the bathroom, was unable to raise his left arm and complained of severe pain to the left arm, Tylenol was given for pain, physician was contacted and ordered to send resident to the emergency room for further evaluation. R10 was sent to the hospital where an x-ray revealed a pelvic fracture and proximal humerus fracture.</p> <p>Review of admission record for R10 shows that he was admitted with weakness and unsteady gait and had a score of 7 in a facility fall risk assessment dated [DATE].</p> <p>Facility Minimum Data Set (MDS) assessment dated [DATE] coded R10 as follows:</p> <p>Section C (Cognition), BIMS (Brief Interview for Mental Status) score of 01</p> <p>Section G (Functional Status) coded as 3/2 - indicating extensive assistance needed with one-person physical assist for bed mobility, transfer, walk in room, walk in corridor toilet use and personal hygiene, and under mobility device</p> <p>Section H (Bladder and Bowel) documents that R10 is frequently incontinent of bowel and bladder.</p> <p>Facility functional abilities assessment for R10 dated 3/11/2021 also documented that R10 requires substantial/maximal assistance for toileting hygiene, oral hygiene, dressing, toilet transfer, walking 10 feet, etc.</p> <p>Review of R10's comprehensive care plans do not list any interventions related to falls, prior to the fall that occurred on 6/5/21. Care plan was updated on 6/5/21 to with a focus for risk for falls r/t cognitive impairment and includes intervention of a walker for ambulation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145850	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2021
NAME OF PROVIDER OR SUPPLIER City View Multicare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5825 West Cermak Road Cicero, IL 60804	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>6/29/2021 at 1:09 PM, V27 (C.N.A) stated that she works as a floater but familiar with resident, R10 is quiet and nice, does not ask for much, very co-operative, resident was dependent on staff for ADLS, wears an incontinence brief and is incontinent of bowel and bladder. R10 cannot walk by himself due to unsteadiness of his feet, requires staff assistance and supervision. V27 added that she was not present when R10 fell and does not know exactly what happened.</p> <p>6/29/2021 at 2:30PM, V25 (MDS Coordinator) said that R10 needs help with ambulation, he is limited when he gets up and has to be monitored, R10 wears an incontinence brief due to incontinence of bowel and bladder and requires staff supervision for ambulation and physical assist for other ADLs. R10 is a fall risk but the only intervention he had was monitoring and restorative program, he does not have any assistive device like a walker bed alarm or wheelchair. PT was supposed to assess resident and give their recommendations. V25 added that all they can do is try to prevent falls, R10 had an unsteady gait, and was in a room with the bathroom located outside his room in the hallway.</p> <p>6/30/2021 at 12:32PM, V30 (Doctor of physical therapy and evaluation) stated that R10 came in for evaluation, was able to walk on balance, did not need assistive device upon admission, though resident was high risk for falls, but he walks upon supervision and cueing. R10 was discharged with recommendation for stand by assist and occasional verbal cues for safety awareness while turning, for safe maneuvering in small spaces and for implementation of safety techniques in order to increase independence and safety in room and to prepare to walk to dine for meals. V30 added that R10 was on a dementia unit and was supposed to be supervised by staff.</p> <p>Facility document titled, Fall Prevention and Management Program (undated), states that the facility is committed to safety and maximizing each resident's physical, mental and psychosocial well-being. The purpose of the fall prevention program is to provide residents with an interdisciplinary approach to assess risk for falls and to provide appropriate interventions to prevent falls.</p>		