STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41758 Based on interview and record review, the facility failed to follow their abuse policy by keeping residents free from abuse to include verbal, mental and physical attacks this affected 4 of 4 (R6, R7, R17, R11) residents all reviewed for allegations of abuse. Findings Include: 1. R6 has a diagnosis of Schizophrenia, Dementia and Traumatic Brain Injury. R6's Minimum Data Set Section C (cognitive patterns) dated 8/16/21 documents a score of eleven which indicated moderate impairment. R6's Care plan dated 8/9/21 documents: Aggression: R6 has intermittent episodes of yelling and being verbally aggressive towards others. R7 has a diagnosis of Schizoaffective Disorder, Bipolar Type, Dementia. R7's Minimum Data Set Section C (cognitive patterns) dated 10/6/21 documents a score of zero which indicates severe impairment. R7's Care plan dated 1/30/20 Abuse and Neglect documents: R7 has been a target of aggression from a peer. On 11/19/21 at 1:20 p.m., R7 who responded to his name, did not answer any questions asked. On 11/19/21 at 2:55 p.m., R6 who was assessed to be alert and oriented to name, was unable to report what happened. On 11/23/21 at 1:29 p.m., V29 (CNA) stated, R6 started fussing with R7 without provocation. R6 told R7, he was going to f**k R7 up. R6 was agitated from early. On 11/23/21 at 1:40 p.m., V23 (Nursing Supervisor) stated, R6 has random verbal outbursts. R6 and R7 had a verbal altercation. R7 was in the hallway minding his business. R6 yelled, I'm going to f**k you up [NAME]. Nursing note dated 11/14/21 documents, R7 alleged that peer was verbally inappropriate, R6 cursed me many times. R6 was alleged to be verbally inappropriate to R7. Verbal Incident dated 11/14/21 documents: R7 alleged R6 was verbally inappropriate with him. R6 cursed me many times. R7 was oriented to situation. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 - Minimal harm or potential for actual harm Residents Affected - Some	Abuse Prevention Policy Revised 3/26/21. The facility will not tolerate resident abuse or mistreatment or crimes against a resident. Verbal Abuse: Any use of oral, written or gestured language that includes disparaging and derogatory term to residents within their hearing distance, to describe resident, regardless of their age, ability to comprehend or disability. 2. R16 has the diagnosis of Schizoaffective Disorder. Minimum Data Set Section C (cognitive patterns) dated 9/27/21 documents a score of nine indicated moderate impairment. Nursing note dated 10/31/21 documents: R16 allegedly made physical contact with peer. R16 stated, I don't like him R17. Physical Incident dated 10/31/21 documents: R16 was combative and impulsive R17 had the diagnosis of Schizoaffective Disorder and Bipolar. Minimum Data Set Section C (cognitive patterns) dated 9/27/21 documents a score of fourteen which indicated cognitively intact. Care plan dated 2/4/21 Abuse: documents: R17 was the target of aggression due to being involved in peer confrontation. Nursing note dated 10/31/21 documents: R17 stated, R16 just hit me. On 11/23/21 at 12:00 p.m., R16 who was assessed to be alert to person, place and time stated, I hit R17. On 11/23/21 at 12:35 p.m., R17 who was assessed to be alert to person, place and time, stated, R16 hit me in my ear. I was upset. I don't know why R16 hit me. There was staff in the dining room. I don't feel safe getting hit in the ear. On 11/23/21 at 1:40 p.m., V23 (Social Service) stated, R17 reported that R16 hit him. It was a random act. On 11/23/21 at 2:48 p.m., V24 (Nurse) stated, R17 report that R16 allegedly hit him. R17 never reported anyone hitting him before. Reportable Incident dated 10/31/21 documents: R16 allegedly made physical contact with R17. R16 reports, she made contact because she does not like R17. R17 said, I don't know why R16 made contact, it came out of nowhere. R16 made contact before staff could intervene. 3. R15 has the diagnosis of Schizophrenia, Bipolar and Dementia. Minimum Data Set Section C (cognitive patterns) dated 9/27/21 documents a score of nine indicating moderate impairment. R 15's Care plan dated 6/20/21 documents: Physical aggression towards peer: R15 exhibited physical aggression towards peer. Reportable incident dated 10/30/21 documents: R15 unprompted made physical contact with R6 for no apparent reason. R6 has a diagnosis of Schizophrenia, Dementia and Traumatic Brain Injury. Minimum Data Set Section C (cognitive patterns) dated 8/16/21 documents a score of eleven which indicates moderate impairment. R6's Care plan dated 10/30/21 documents: R6 was the target of aggression from a peer. On 11/19/21 at 2:55 p.m., R6 who was alert to person, was unable to report what happen. On 11/23/21 at 1:16 p.m., R15 who was assessed to be alert to person, place and time said, I hit R6 because R6 called me a black cockroach. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 - Minimal harm or potential for actual harm Residents Affected - Some	On 11/23/21 at 1:22 p.m., V31 (CNA) stated, R15 hit R6 without any provocation. On 11/23/21 at 1:40 p.m., V23 (Social Service) stated, R15 has dementia. R15 hit R6. R15 has behavior of hitting co-peers. 4. R11 was admitted to the facility on [DATE] with a diagnosis of Paraplegia, muscle weakness, lack of coordination, weakness, and essential Hypertension. R11's Brief Interview for Mental Status dated 8/13/21 documents a score of 15/15 which indicates cognitively intact. On 11/19/21 at 12:02 p.m., R11 who was alert and oriented at time of interview stated, he was by the elevator when R18 just came out of nowhere and slapped R11 across his face. R11 stated his face was hurting but there was no bruising or swelling. On 11/23/21 at 10:24 a.m., V11 (Business Office Manager) stated she witnessed R18 come up to R11 and slap R11 across the face with an open hand. R18 did not say anything to R11 before or after the incident. V11 stated it was a hard smack, you heard it when it happened. Facility reportable incident dated 11/2/21 documents: R18 stated that he made physical contact with R11 because R11 would not stop saying inappropriate things to him. R11 stated that he was not bothering R18. Staff in the area stated that R18 did make physical contact with R11 before staff could intervene. Abuse Prevention Policy Revised 3/26/21. The facility will not tolerate resident abuse or mistreatment or crimes against a resident. Abuse: The willful infliction of injury. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical Abuse: Hitting, slapping, pinching, kicking, etc.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38796 Based on interview and record review the facility failed to call 911 to get emergency medical assistance in a timely manner, for a resident with a continuous decline in his/her physical status which lead to a drastic change after having a change in condition. This applies to 1 of 1 resident (R1) who experienced a change in condition. This failure put R1's life in danger and was identified as an immediate jeopardy situation that began on 10/19/2021 and was removed on 11/15/2021. V10 (Administrator) was informed of the Immediate Jeopardy on 11/10/21 at 12:09 p.m. However, the deficiency remains at a level 2 harm until the facility can evaluate the effectiveness of the in-services given to the facility staff members. Findings include: 1. R1's face sheet indicated R1 was a [AGE] year-old resident who was admitted to the nursing facility on 09/05/2020. R1's face sheet also indicated R1 had diagnoses of Bipolar Disorder current episodes mixed, moderate, Major Depressive Disorder recurrent, unspecified Suicidal Ideations, type 2 Diabetes, Fibromyalgia, Lumbago with Sciatic, Hyperlipidemia, Hypertension, other Psychoactive Substance Abuse with unspecified Psychoactive Substance Induced Disorder, Schizophrenia unspecified. R1's progress notes dated 10/19/21 at 2:20 p.m., documented by V1(Nurse) indicated: resident noted to be lethargic and slow to respond with Generalized Weakness. Resident observed snoring in Postictal state but doesn't have history of Seizures. vitals taken V/S (Vital Signs): T (Temperature) 96.8, P (Pulse) 63, R (Respirations) 20, BP (Blood Pressure) 96/60, Spo2 (Oxygen Saturation) 94% on Room Air. Nurse Practitioner informed and received order to transfer resident out to hospital for medical evaluation. V6 (Director of Nursing) informed, family contact informed and spoke to son. Ambulance Service called for pick up and given 1-hour ETA (Expected time of Arrival). Will continue to monitor. R1's progress notes dated 10/19/2021, documented by V2 (Nurse), shows at 2:35p.m. resident in bed, with head of bed up. SPO2 95% with oxygen (O2) at 2L. V/S: BP-98/61, T-97.0, P-68, R-20. Resident responsive to verbal stimuli, will continue to monitor closely with staff on hand. Awaiting ambulance. At 2:50 p.m. resident remains in bed, continues to respond to verbal and tactile stimuli but sleeping and snoring. Head of bed at 45 degrees. No SOB (shortness of breath) noted. SPO2 94-95% oxygen at 2L, V/S: T-96.7, P-60, R-20, staff on hand awaiting ambulance pick up. At 3:05 p.m. resident closely monitored by staff. Resident continues to be lethargic. V/S: BP-98/61, T-96.7, P-60, R-22, resident appears stable. SPO2 94% with O2 at 2L. At 3:20 p.m. resident observed sleeping and snoring, O2 ongoing, SPO2 91%V/S: BP-96/61, T-97.3, P-58, R-22, CNA (Certified Nursing Assistant) assigned to stay by resident. Will continue to monitor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	At 3:40 p.m. called Elite Ambulance, spoke with representative regarding past ETA and nurse was informed resident will be picked up in 45 minutes. Resident SPO2 85% with oxygen at 2 liters, and heart rate dropping from 45 to 35. Oxygen increased to 3 Liters. At 3:50 p.m. resident SPO2 85% with oxygen at 2 liters, and heart rate dropping from 45 to 35. Oxygen increased to 3 Liters, and SPO2 increased to 91%, heart rate continues to drop to 26. 911 called. Resident still lethargic and slow to respond and snoring. Awaiting paramedics. Staff by bedside. Elite ambulance cancelled. At 4:10 p.m., 911 team here, report given. Resident taken to hospital. At 11:00 p.m., called hospital for status. Resident admitted to ICU (Intensive Care Unit) with diagnosis of Overdose. Supervisor notified; belongings packed. From the documentation in R1's medical record it took the staff from 2:20 p.m. to 4:10 p.m. to get medical emergency team to the facility to evaluate and transport R1 to the hospital after the identification of R1's change of condition. 2. The following staff members were interviewed regarding R1's change of condition on 10/19/2021: On 10/27/2021 at 11:01a.m., V1 (Nurse) said she was covering for V2 (Nurse) when she was summons to R1's room because something was wrong with R1. V1 stated she observed R1 sitting on the side of the bed, when she asked R1 how she was doing R1 responded I'm okay. V1 stated R1 spoke in a very slow manner. V1 said R1 then tried to stand up, however, R1 sat back down on the bed and she assisted R1 into a lying position. V1 stated R1 began to fall asleep and snore very loudly at a regular pace. R1 presented in a postictal state as if she had a seizure, however, when she checked R1's records, R1 did not have any medical history of Seizure Disorder. V1 stated she assessed R1's vital signs and they were stable. V1 stated she called V5 (Nurse Practitioner) and made him aware of her assessments, R1's vitals, and R1's current condition. V1 stated when V2 (Nurse) came back from her break and assessed R1, she mentioned R1 was not at her base line. V1 stated she has seen R1 with her purse, R1 would have her purse in the bottom of her walker (walker that had basket at bottom). V1 stated she last saw R1 about an hour prior to being summons to R1's room. On 10/27/2021 at 11:53 a.m., V2 (Nurse) stated on 10/19/21 when she came back from her lunch break, V1 reported R1's condition to her. V2 stated when she assessed R1, R1 was laying in the bed, R1 would open her eyes when her name was called, but was not verbal, V2 stated R1 would move her leg a little when asked. V2 said she continued to assess R1's vital signs while waiting for the ambulance to transport R1 to the hospital. V2 stated R1's vital signs were stable initially. V2 stated after one hour of waiting for the ambulance, she followed up and that's when she was given another hour for the ETA. V2 stated she continued to assess R1's vital signs and when she noticed R1's heart rate drop from 45 to 35 that's when she called 911 for emergency care. V2 stated she was not aware that R1 had a diagnosis of Suicidal Ideations. On 10/28/21 at 2:02p.m., V5 (Nurse Practitioner) stated he received one call and the nurse stated that R1 was lethargic but was still moving her head or something like that, and also R1's vitals were a little below her base line, and that's why he gave the order to send to CF hospital. V5 stated he did not receive a follow up call related to R1's status. V5 stated the nurse did not inform him that R1's oxygen saturation dropped, he did not give an order to place R1 on oxygen, and he was not made aware that R1's heart rate had dropped. V5 was not made aware that R1 presented in a postictal state. V5 stated if he was made aware of all the changes in condition for R1, he would have sent her out 911 for further medical evaluation for the decline. V5 continued to say he only received one call, but maybe the collaborating physician was notified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. R1's hospital records date of 10/19/2021 at 7:39 p.m., documented in-part: patient endorsed SI (Suicidal Ideation). Patient reports taking 20-30 tabs of Amlodipine of unknown dosage. Patient states the Amlodipine is her medication that's in her purse and had it before going to the NH (Nursing home). MD (Medical Doctor) and Pharmacy aware, poison control being contacted. At 8:42 p.m., in brief, patient [AGE] year-old female patient with PMH (Past Medical History) of Bipolar, Major Depression, Schizophrenia, type 2 Diabetes, Fibromyalgia, HLD (Hyperlipidemia), HTN (Hypertension) who presented to ED (Emergency Department) after she was found to be altered at the nursing home. Upon arrival to the ED there was questionable concerns that the patient had taken another residents medication. She was given Narcan for possible Opioids use and started on IV fluids as her BP (Blood Pressure) was 76/52. At the time of ED (Emergency Department) arrival, per ED nurse and attending, minimal information was obtained from the patient as she was drowsy but still arouse-able to tactile stimulation. Upon examination, patient was more alert although drowsy throughout my encounter. When asked for purpose of her ED visit, she stated that she wanted to kill herself. When asked how she tried to do so she mentioned she had taken about 20 pills of Amlodipine. ED Nurse and attending were notified. After further questioning she mentioned that she had these pills before arriving to the nursing home in her purse. (R1) ED H&P (History & Physical) assessment showed: Acute Toxic Encephalopathy secondary to ingestion of multiple tablets of Amlodipine, suicide attempt from Amlodipine overdose, shock most likely secondary to Cardiogenic from Amlodipine overdose, Hypoxia possibly secondary to Atypical Pneumonia versus Pulmonary Edema from fluid resuscitation, Electrolyte Imbalance, and type 2 Diabetes with Hyperglycemia. 4. On 11/02/2021, a phone conference with E1 (Administrator) was held to discuss the survey teams concerns for the late response to act on R1's change of condition. After the discussion the facility provided documentation from V16 (Physician) dated 11/02/2021 indicating he was in direct contact with V5 (Nurse Practitioner) as it was reported 14:20 hours (2:20 p.m.). V16 (Physician) documented: I was notified of the initial assessment and vitals for the patient and was in agreement with sending the patient to a local medical center as the patient's condition at the initial assessment did not warrant a 911 emergency call. I was contacted (no time given) by the nurse (not named) at the facility that there was a deviation from the initial assessment that was provided to my Nurse Practitioner and then I gave the order for the resident to be sent to the hospital 911. This second, contact with the medical doctor was not documented in the resident's medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 11/9/2021 at 10:35 a.m., V16 (Physician) stated V5 (Nurse Practitioner) received the initial call regarding R1 change in condition. V16 stated V5 communicated with him and they agreed that R1 should be sent to CF hospital for evaluation. V16 said he informed V5 that he would be the contact person for R1 at that point. V16 said the nurse did contact him several times before the 911 call at 3:50p.m, V16 stated he does not remember specific times. V16 stated 911 should be called when a resident has a drastic change of condition. V16 described a drastic change in condition could be when a person's pulse is going below 40, oxygen very low of 75% to 80% and blood pressure of 70/50. V16 said R1's condition at 2:20p.m was not drastic, that's why R1 was going to be transported to CF hospital. R1's progress notes dated 10/19/21 at 3:20p.m, V16 stated oxygen saturation of 91% is okay for a patient that smokes, he would be concerned if the oxygen saturation was 70%-75% for someone that smokes. V16 said heart rate of 58 is okay. R1's progress notes date 10/19/21 at 3:40p.m reviewed with V16, V16 said oxygen saturation of 85% could indicate multiple things, one could possibly be an intracerebral bleed and a heart rate of 35 is bad but not drastic, V16 stated that's why he gave orders to send R1 to hospital so that she could be evaluated, but the ambulance took their time. V16 stated at 3:40 p.m., he was informed of R1's condition and he directed the nurse to keep him informed, if the resident condition does not improve to call 911, and at 3:50 p.m. the nurse called 911 because the heart rate dropped to 26. V16 stated the nurses did a marvelous job, V16 stated it was okay for the nurse to wait for Elite Ambulance to transport a resident to the hospital for evaluation unless the patient has a drastic change and R1 had a drastic change at 3:50 p.m. and that's when the nurse called 911. When asked does he expect the nurse to call 911 at 3:40 p.m. when the heart rate is 35 and oxygen saturation is 85%, V16 stated the nurse cannot call 911 unless the physician gives directives. V16 stated at 3:40 p.m. he gave directives to the nurse to keep him informed and if R1's condition does not improve to call 911 and that's when the nurse called 911 at 3:50 p.m. Facility policy Titled Change in Resident's Condition or Status dated 06/26/2011 shows in-part the purpose is to ensure that the resident's attending physician and representative is notified of change in resident's condition and/ or status. The nurse will notify resident's attending physician when there is a significant change in the resident's physical, mental and psychosocial status. Deemed necessary or appropriate in the best interest of the resident. A significant change of condition is a decline or improvement in the resident status that will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions, impact more than one area of the resident health status, and review and revision to the care plan. Except in medical emergencies, notification will be made within 24 hours of a change occurring in the resident condition or status. During medical emergencies such as unstable vital signs, respiratory distress, uncontrolled bleeding and unresponsiveness 911 will be notified for transport to the hospital. The surveyor confirmed via observation, record review and interview facility did the following to remove the immediacy: Education: Will be provided by Regional Nurse Consultant's and Medical Director. Immediate Notification to MD, NP, or 911 Education that has been Provided (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1) Medical Director did in-service relating to changes in condition, professional standards of care responsibility and expectations of the licensed and registered nursing staff. 11/10/21 2) In-service Licensed and Registered Nurses on calling 911 services. 3) In-service the Licensed and Registered Nurses on utilizing their professional nursing judgement in relation to changes in condition and continued decline. 4) DONs will In-service the staff who are directly involved in care of residents, CNA's, psych techs ,social service staff and nurses on changes in condition relating to the residents' baseline. This is ongoing to be Completed by Monday, [DATE] 5) DON's provided separate in-service relating to 911 use and changes of conditions notification to Physicians professional judgement. This is Ongoing completed by Monday 11/15/21 Policy and Procedure 1) Change of Condition Current 2) Utilization of 911 services this is not a new policy it is an education that was enhanced to give direction to Nurses relating to 911 criteria: Immediate Notification to 911 then to MD for continuity of care Any symptom, sign or apparent discomfort that is: Acute or Sudden in onset, and: A Marked Change (i.e., more severe) in relation to usual symptoms and signs, or Unrelieved by measures already prescribed Non-Immediate Notification to MD or NP New or worsening symptoms that do not meet above criteria

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38796 Based on interview and record review the facility failed to have a method or system in place that detects when a resident has unauthorized medications or contraband in her possession, failed to have individualize care plan interventions to monitor for behavior changes, failed to provide therapeutic programming for a resident with mental illness to prevent self-harm and failed to follow their policy and ensure that all residents belongings are accounted for. This applies to 1 of 4 residents (R1) reviewed for supervision. As a result, R1 was discovered to have taken an unspecified amount of previously prescribed medications that she had in her possession while admitted in the facility. This was identified as an immediate jeopardy situation that began on [DATE] and was removed on [DATE]. V10 (Administrator) was informed of the immediate jeopardy on [DATE] at 12:20 p.m. However, the deficiency remains at a level 2 harm until the facility can evaluate the effectiveness of the in-services given to the facility staff members. Findings include: Findings include: 1. According to the face sheet R1 a [AGE] year-old resident was admitted to the nursing facility on [DATE]. R1 face sheet also indicated R1 had diagnosis of Bipolar Disorder current episodes mixed, moderate, Major Depressive Disorder recurrent, unspecified Suicidal Ideations, type 2 Diabetes, Fibromyalgia, Lumbago with Sciatic, Hyperlipidemia, Hypertension, other Psychoactive Substance Abuse with unspecified Psychoactive Substance Induced Disorder, Schizophrenia unspecified. R1's death certificate dated [DATE] listed R1's cause of death as Amlodipine and probable Lisinopril and Duloxetine toxicity, manner of death is suicide with the date of injury [DATE], place of injury shows nursing home, description of how injury occurred is ingested combined drugs, dated pronounced is [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's POS (Physician Order Sheet) dated [DATE] included physician orders for Acetaminophen tablet give 650 milligrams by mouth every 4 hours as needed for pain, Atorvastatin Calcium tablet 20 milligrams give 1 tablet by mouth at bedtime for Cholesterol, Baclofen tablet 10 milligrams give 1 tablet by mouth two times a day for Spasm, Cymbalta capsule delayed release particles 30 milligrams (Duloxetine) give one capsule one time a day related to Major Depression recurrent unspecified, Glimepiride tablet 2 milligram give 1 tablet by mouth two times day related to type 2 Diabetes, Hydralazine HCl tablet 25 milligrams give 1 tablet by mouth in the morning for Hypertension, Lisinopril tablet 30 milligrams give one tablet by mouth one time a day for Hypertension, Magnesium Hydroxide Suspension 2400/milligrams/10 milliliters give 30 milliliters by mouth every 24 hours as needed for Constipation, Metformin HCl tablet 500 milligrams give 1 tablet by mouth two times a day for DM2 (Diabetes type 2), Mylanta Suspension [DATE] milligrams/5 milliliters (Aluminum Hydroxide & Magnesium Hydroxide-Simethicone) give 30 milliliters by mouth every 4 hours as need for Dyspepsia, and Seroquel tablet 200 milligram give one tablet by mouth two times a day for behavior disturbance. R1's POS does not show physician orders for Amlodipine medications. Review of R1's MAR (Medication Administration Record) dated [DATE]-[DATE], does not show any documentation of May keep at bedside Facility policy Titled Medication Storage in the Facility with no date noted showed in-part that medication and biological are stored safely and properly following the manufacture or supplier recommendations. The medication supply is assessable only to license nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Facility policy Titled Medication Self-Administration no date noted shows in-part the purpose is to provide procedures for determining if the resident can safely self-administer and store medication in their room. Bedside storage of prescription and non-prescription drugs is permitted when the assessment demonstrate the practice is safe. Non-prescription drugs, bearing the manufactures label which may be stored in the resident room include Petroleum Jelly, Talcum Powder, toothpaste, cold cream, lip balm, make-up, and baby oil. Non- prescription medication stored in resident room will be documented on the medication record. Prescription medications stored in the resident room should be written on the medication record May keep at bedside. 2. R1's progress notes dated [DATE] at 2:20 p.m. documented by V1(nurse) indicated: resident noted to be lethargic and slowly to respond with generalized weakness. Resident observed snoring in postictal state but doesn't have history of Seizures. Vitals taken V/S (Vital Signs) T-96.8, P-63, R-20, BP-,d+[DATE]. Spo2 (oxygen saturation) 94% on Room Air. Nurse Practitioner informed and received order to transfer resident out to hospital for medical evaluation. V6 (Director of Nursing) informed, family contact informed and spoke to son. Ambulance Service called for pick up and given 1-hour ETA (Expected time of Arrival). Will continue to monitor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1 progress notes dated [DATE] documented by V2 shows at 2:35p.m resident in bed, with head of bed up. SPO2 95% with oxygen at 2L. V/S (vital signs), BP (blood pressure) ,d+[DATE], T (temperature) 97.0, P (pulse) 68, R (Respirations) 20. Resident responsive to verbal stimuli, will continue to monitor closely with staff on hand. Awaiting ambulance. At 2:50p.m resident remains in bed. Continues to respond to verbal and tactile stimuli but sleeping and snoring. Head of bed at 45 degrees. No sob noted. SPO2 ,d+[DATE]% oxygen at 2L. V/S, T 96.7, P 60, R 20. Staff on hand. Awaiting ambulance pick up. At 3:05p.m resident closely monitored by staff. Resident continues to be lethargic. V/S ,d+[DATE], T 96.7, P 60, R 22. Resident appears stable. SPO2 94% with O2 at 2L. At 3:20p.m resident observed sleeping and snoring. O2 (oxygen) ongoing. SPO2 91%. V/S, BP ,d+[DATE], T 97.3, P 58, R 22. CNA assigned to stay by resident. Will continue to monitor. At 3:40p.m called Elite ambulance, spoke with representative regarding past ETA and nurse was informed resident will be picked up in 45 minutes. Resident SPO2 85% with oxygen at 2 liters, and heart rate dropping from 45 to 35. Oxygen increased to 3 Liters. At 3:50p.m resident SPO2 85% with oxygen at 2 liters, and heart rate dropping from 45 to 35. Oxygen increased to 3 Liters, and SPO2 increased to 91% and heart rate continues to drop to 26. 911 called. Resident still lethargic and slow to respond, and snoring. Awaiting paramedics. Staff by bedside. Elite ambulance cancelled. At 4:10 p.m., 911 team here, report given. Resident taken to hospital. At 11:00p.m called hospital for status. Resident admitted to ICU (Intensive Care Unit) with diagnosis of Overdose. Supervisor notified. Belongings packed. On [DATE] at 11:01a.m. V1 (Nurse) said she was covering for V2 (Nurse) when she was summons to R1's room because something was wrong with R1 V1 said she observed R1 sitting on the side of the bed, when she asked R1 how she was doing R1 responded I'm okay V1 said R1 spoke in a very slow manner. V1 said R1 then tried to stand up however R1 went sat back down on the bed and she assisted R1 into a lying position. V1 said R1 began to fall asleep and snore very loudly at a regular pace. R1 present in a postictal state as if she'd had a seizure, however when she checked R1 records R1 did not have any medical history of seizures disorder. V1 said she assessed R1 vital signs, and they were stable, V1 said she called V5 (Nurse Practitioner) and made him aware of her assessments, R1 vitals and R1 current condition. V1 said when V2 (Nurse) came back from her break and assessed R1, she mentioned R1 was not at her base line. V1 said she has seen R1 with her purse, R1 would have her purse in the bottom of her walker (walker that had basket at bottom). V1 said she last saw R1 about an hour prior to being summons to R1's room. On [DATE] at 11:53a.m. V2 (Nurse) said on [DATE] when she came back from her lunch break, V1 reported R1 condition to her. V2 said when she assessed R1, R1 was laying in the bed, R1 would open her eyes when her name was called, but was not verbal, V2 said R1 would move her leg a little when asked. V2 said she continued to assess R1 vital signs while waiting for the ambulance to transport R1 to the hospital. V2 said R1 vital signs were stable initially. V2 said after one hour of waiting for the ambulance, she followed up and that's when she was given another hour for the ETA. V2 said she continued to assess R1 vital signs and when she noticed R1 heart rate drop from 45 to 35 that's when she called 911 for emergency care. V2 said she was not aware that R1 had diagnosis of suicidal ideations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's progress notes dated [DATE] at 2:20 p.m., documented by V1(Nurse) indicated: resident noted to be lethargic and slow to respond with Generalized Weakness. Resident observed snoring in Postictal state but doesn't have history of Seizures. vitals taken V/S (Vital Signs): T (Temperature) 96.8, P (Pulse) 63, R (Respirations) 20, BP (Blood Pressure) ,d+[DATE], Spo2 (Oxygen Saturation) 94% on Room Air. Nurse Practitioner informed and received order to transfer resident out to hospital for medical evaluation. V6 (Director of Nursing) informed, family contact informed and spoke to son. Ambulance Service called for pick up and given 1-hour ETA (Expected time of Arrival). Will continue to monitor. R1's progress notes dated [DATE], documented by V2 (Nurse), shows at 2:35p.m. resident in bed, with head of bed up. SPO2 95% with oxygen (O2) at 2L. V/S: BP-,d+[DATE], T-97.0, P-68, R-20. Resident responsive to verbal stimuli, will continue to monitor closely with staff on hand. Awaiting ambulance. At 2:50 p.m. resident remains in bed, continues to respond to verbal and tactile stimuli but sleeping and snoring. Head of bed at 45 degrees. No SOB (shortness of breath) noted. SPO2 ,d+[DATE]% oxygen at 2L, V/S: T-96.7, P-60, R-20, staff on hand awaiting ambulance pick up. At 3:05 p.m. resident closely monitored by staff. Resident continues to be lethargic. V/S: BP-,d+[DATE], T-96. 7, P-60, R-22, resident appears stable. SPO2 94% with O2 at 2L. At 3:20 p.m. resident observed sleeping and snoring, O2 ongoing, SPO2 91% V/S: BP-,d+[DATE], T-97.3, P-58, R-22, CNA (Certified Nursing Assistant) assigned to stay by resident. Will continue to monitor. At 3:40 p.m. called Elite Ambulance, spoke with representative regarding past ETA and nurse was informed resident will be picked up in 45 minutes. Resident SPO2 85% with oxygen at 2 liters, and heart rate dropping from 45 to 35. Oxygen increased to 3 Liters. At 3:50 p.m. resident SPO2 85% with oxygen at 2 liters, and heart rate dropping from 45 to 35. Oxygen increased to 3 Liters, and SPO2 increased to 91%, heart rate continues to drop to 26. 911 called. Resident still lethargic and slow to respond and snoring. Awaiting paramedics. Staff by bedside. Elite ambulance cancelled. At 4:10 p.m., 911 team here, report given. Resident taken to hospital. At 11:00 p.m., called hospital for status. Resident admitted to ICU (Intensive Care Unit) with diagnosis of Overdose. Supervisor notified; belongings packed. From the documentation in R1's medical record it took the staff from 2:20 p.m. to 4:10 p.m. to get medical emergency team to the facility to evaluate and transport R1 to the hospital after the identification of R1's change of condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. R1's hospital records date of [DATE] at 7:39 p.m., documented in-part: patient endorsed SI (Suicidal Ideation). Patient reports taking ,d+[DATE] tabs of Amlodipine of unknown dosage. Patient states the Amlodipine is her medication that's in her purse and had it before going to the NH (Nursing home). MD (Medical Doctor) and Pharmacy aware, poison control being contacted. At 8:42 p.m., in brief, patient [AGE] year-old female patient with PMH (Past Medical History) of Bipolar, Major Depression, Schizophrenia, type 2 Diabetes, Fibromyalgia, HLD (Hyperlipidemia), HTN (Hypertension) who presented to ED (Emergency Department) after she was found to be altered at the nursing home. Upon arrival to the ED there was questionable concerns that the patient had taken another residents medication. She was given Narcan for possible Opioids use and started on IV fluids as her BP (Blood Pressure) was ,d+[DATE]. At the time of ED (Emergency Department) arrival, per ED nurse and attending, minimal information was obtained from the patient as she was drowsy but still arouse-able to tactile stimulation. Upon examination, patient was more alert although drowsy throughout my encounter. When asked for purpose of her ED visit, she stated that she wanted to kill herself. When asked how she tried to do so she mentioned she had taken about 20 pills of Amlodipine. ED Nurse and attending were notified. After further questioning she mentioned that she had these pills before arriving to the nursing home in her purse. (R1) ED H&P (History & Physical) assessment showed: Acute Toxic Encephalopathy secondary to ingestion of multiple tablets of Amlodipine, suicide attempt from Amlodipine overdose, shock most likely secondary to Cardiogenic from Amlodipine overdose, Hypoxia possibly secondary to Atypical Pneumonia versus Pulmonary Edema from fluid resuscitation, Electrolyte Imbalance, and type 2 Diabetes with Hyperglycemia. 4. On [DATE] at 2:23 p.m. V3 (Social Worker) stated R1 was on her caseload, and she has never seen R1 with a purse however when R1's family picked up R1's belongings, she observed some clothing, a black purse, and a laptop, V3 also stated R1 had a debit card while at the facility but does not know if the debit card was with R1's belongings. On [DATE] at 3:26 p.m. V8 (Laundry Aide) stated she did the inventory of R1's items (V8 reviewed the 2 inventory documents and verified her signature). V8 stated the process is that residents' belongings come to laundry first, V8 stated if contraband is found she would get the nurse or security involved, if there's medication she would notify the nurse, if there's sharps, glass, weapons or anything a resident can use to hurt themselves or others she would notify security. V8 reviewed R1's inventory sheet and stated there is no purse or medication documented on the 2-inventory sheets there must wasn't one in R1's belongings. V8 stated she only gets the bags of belongings, if a resident has something on their person, she will not inventory those items, and she would not see those items because it would go to the unit with the resident and the nurse would inventory the items. On [DATE] at 4:01p.m V12 (Nurse) said he was the nurse that assessed R1 upon her admission and it's been a while since the admission, but he does not think he saw a purse. On [DATE] at 11:50a.m V9 (Activity Director) stated she has seen R1 with a purse, and R1 keeps her purse at the bottom of her walker (walker that has a basket at the bottom). On [DATE] at 2:23p.m. V3 (Social Worker) stated R1 was on her caseload, and she has never seen R1 with a purse however when R1's family picked up R1 belongings, she observed some clothing, a black purse, and a laptop, V3 also stated R1 had a debit card while at the facility but does not know if the debit card was with R1 belongings. Review of R1's inventory personal items, dated [DATE] and [DATE], there is no documentation of R1's purse noted nor is there documentation of the pills that R1 admitted to having in her purse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 8:50a.m V6 (R1's Family member) stated the facility contacted him on [DATE] and informed him that R1 would be sent to the hospital because her blood pressure was low and R1's sugar was high. V6 stated while at the hospital R1 told the doctor that she took pills that she had in her purse, V6 stated R1 expired on [DATE], V6 stated R1 was not supposed to have those pills because she was a danger to herself and R1 was also diagnosed with Bipolar, Schizophrenia and Depression. V6 stated R1's belongings were picked up from the facility and in R1's black purse was a pill bottle along with some receipts, V6 also stated in R1's belongings were her gray laptop and some clothing items. V6 stated the pill bottle was empty. Review of the picture that V6 submitted of pill bottle dated [DATE] shows in-part R1's name, a Chicago address, Lisinopril-HTCZ ,d+[DATE] milligram, take 1 tablet by mouth daily. Facility policy titled Resident personal Clothing and Belongings Handling dated [DATE] shows in-part that policy is to ensure that all residents clothing is identified, stored, and laundered appropriately. Procedure upon admission, personal belongings are to be listed on the Belongings List in the resident chart. New items brought to the facility other that during the admission process, should be added to this list. Upon discharge CNA (Certified Nursing Assistant) assigned to the resident unit will pack residents' belongings and notify housekeeping, housekeeping will move resident belongings to the storage area, residents' belongings will be marked with residents name during storage, social services will contact the family regarding belongings left at the facility, belongings will be stored for 30 days after resident permanent discharge. Facility Policy Titled Contraband Materials, Inspection of rooms, safe storage and use of recording Devices, no date noted shows in-part Introduction: This organization reserves the right to conduct inspections if there is reason to suspect/believe that a resident has contraband items/ materials in his/her possession. These items include but are not limited to alcohol, illicit (street or over the counter) drugs, weapons (including any sharp objects/ ammunition) and smoking materials (if the individual has assessed as dangerous and irresponsible with smoking related items). The individual may also be appropriately checked to look for suspected lost or stolen property, if reasonable suspicion exits. No over the counter medication may be kept by the resident. These items must be turned over to facility personnel immediately upon arrival. The origination will try balance individual rights against the safety needs of peers, visitors and staff members in making decisions about further investigation of contraband. In situations where illegal activity appears to have taken place appropriate authorities will be notified. Again, safety and security are of the utmost concern. Policy; the following items are not allowed in resident's rooms at any time and are not allowed on the resident's person unless permission has been granted from administration and supervision is being provided: lighters matches, cigarettes, drugs, over the counter medication, drug paraphernalia, glass bottles, toaster oven, hot plates, coffee makers, rice cookers, microwave oven, silverware, knives, fire arms and ammunition of any type, alcohol, razors, razor blades, caffeinated beverages, needles, safety pins, housekeeping, laundry supplies, staplers, staples, candles, incense. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	5. R1 Nursing Facility Placement Assessment Summary Information dated [DATE] indicated in-part, R1's mental status and presenting behaviors where, adequate concentration, poor memory, absent motivation, cooperative, unremarkable thought disorder, sad facial expression, average intelligence, depressed mood, orientated, no impairment with physical sensory, withdrawn, and speech and voice was appropriate. The narrative summary shows screening completed via phone due to COVID-19. Patient is a [AGE] year-old hospitalized for Depression Symptoms, endorsing SI (Suicidal Ideation), AH (Auditory Hallucinations). Patient was alert and orient during screening, denies current SI/ HI (Suicidal Ideation/ Homicidal Ideations). Denies AVH (Auditory-Visual Hallucinations). Ongoing medication non-compliance, limited insight, history of substance abuse, currently homeless, and denies legal issues. Patient referred to FDDP for assessment. Based on medical records and patient presentation during PAS, there is a reasonable basis to believe the patient will benefit from NF (Nursing facility) level of care. We recommend reassessment for TCM/ communication reintegration within ,d+[DATE] months or upon Psychiatric Stabilization, poor judgement placing self or others at risk and recent medication non-compliance. R1's Nursing Facility Placement PAS/MH level 2 notice of determination dated [DATE] shows in part the following information is a summary of the findings of your pre-admission screen: special services; professional observation (MD/RN) for medication monitoring, adjustment and stabilization, instrumental activities of daily living training/ reinforcement, mental health rehabilitation activities, illness self-management and community survival activities. V7 (Assistant Director of Social Service) said he was not aware of R1's history of Suicidal Ideations, he was made aware last week. R's care plan with target date of [DATE] shows in-part that R1 requires psychotropic medication to help manage and alleviate: Depression, behavior with depressive features, Mood swings, mood liability. The ff. class (es) of medication are prescribed: Antipsychotic. The ff. class (es) of medication are prescribed: Antidepressant. R1 will be maintained on the lowest therapeutic medication dosage and engaged in counseling/behavioral programming to facilitate maximum functioning and well-being through: R1 psychotropic medication will be therapeutically reduced if warranted. Assure that the resident's diagnosis corresponds with the medication prescribed, Complete psychotropic evaluation and assessment consistent with protocol. Carry out the medication management regiment as prescribed. Report changes, complications to the doctor., Assess the side effects and complication such as abnormal involuntary movements (i.e., tremors, shaking, pacing, lip/tongue movement, rigidity, stooped posture, etc.) and anticholinergic symptoms (blurred vision, poor balance, urinary retention, constipation, dry mouth, etc.), Offer behavioral counseling and intervention to help the resident cope with mood and/or behavioral distress and dysfunction., Teach the resident coping strategies to enable him/her to compensate for hallucination and/or delusions., If behavioral symptoms are observed, record and document on Behavior Tracking Form. Report abnormalities to MD. R1's care plan with initiation date of [DATE] shows Auditory Hallucinations: Resident has a history of having Auditory Hallucinations. Resident will experience a decrease in Auditory Hallucinations as evidenced reported by staff through next review date, [DATE]. Staff will provide reality-orienting counseling. Staff will provide redirection as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's care plan with initiation date of [DATE] shows mood Depression: Resident presents with periods of Depression evidenced by resident scoring a 13 on the PHQ-9. Resident stated Depressive symptoms in regard to being isolated in the facility at this time. Resident stated she has trouble sleeping and does not like the status in health. Resident stated while in the hospital she did not like the environment. Resident will share concerns and demonstrate a decrease in symptoms as evidenced by improved indicators identified PHQ9 and in Depression Scale through the next review date [DATE]. Encourage Resident to seek staff when having any distress or moods leading to Depression. Staff will discuss and offer Resident to participate in Marriage and or 1:1 counseling as needed. R1's care plan with initiation date of [DATE] shows Substance Abuse, R1 has a history of polysubstance abuse which includes alcohol and Benzoates. The resident will refrain from using non-prescribed substances through the next review [DATE]. Staff will discuss the negative impacts of using illicit substances as needed, Staff will make resident aware of rules prohibiting use of alcohol, illicit substances & intoxication. R1 care plan with initiation date of [DATE] shows Suicidal Ideations, resident with a history of Suicidal Ideations with no plan. Resident will immediately report any Suicidal Ideation or thoughts of self-harm to staff, as evidenced by staff reports through the next review date of [DATE]. Staff will monitor for any mood and behavior changes, and staff will provide counseling as needed. The surveyor confirmed via observation, record review and interview facility did the following to remove the immediacy: Policy and Procedure/System Revision 1. Inventory of Resident Belongings 2. Therapeutic Programming for Resident with Mental Illness 3. Individualize Care Plans to monitor and check for Behavioral Changes 4. Plan to monitor for Mood and Behavior Education Provided Immediate education was provided on [DATE] and completed [DATE]th (ADDENDUM COMPLETION DATE 11.17.2021) by: Regional Director of Operations Provided education on the following topics and staff. Front Desk Staff: Inservice Included the following: The following process will be conducted by 2 staff members on a 24hour basis, 7 days a week. 1. Search of any bags i.e., Plastic bags, purses, wallets, suitcases brought into the facility by residents or family members. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	2. When items are found that are considered contraband they will be confiscated and placed in a bag with inventory sheet attached and secured in a safe until Administrator/Assistant Administrator can retrieve. 3. Any clothing will go to laundry for inventory and labelling. 4. If purses and wallets are deemed clear (no contraband) they can be sent up to unit to be placed on an inventory by nursing staff. 5. Visitors are subject to being searched upon entry into the facility by front desk staff. Searches to include, but not limited to, grocery bags, book bags, totes, luggage etc. 6. Auditing will be completed by Administrator or Designee 7. Front Desk training completed on [DATE]. 8. New hires will be trained on this policy/procedure during new hire orientation. Regional Nurse Consultant provided education to Director of Nursing and staff on the following topics: 1. Reviewed facility and Policy and Procedure on Self - Administration of medications. 2. Nurse Managers were educated on the above process relating the front desk search of resident belongings. 3. Responsibility of nurses upon arrival of resident to the floor to inventory all other belongings. Education regarding this was conducted initially by Regional Nurse Consultant on [DATE] and was continued by the Directors of Nursing. Additionally, in-services regarding this were completed on [DATE] to nursing staff to include all active nurses on payroll by either in-service in person or over the phone. Education regarding this will continue for new hires by DON's. The administrator provided education to all Interdisciplinary Department Team (IDT) on the following topic: 1. The IDT was educated on searching of rooms and belongings for contraband and an immediate search of all residents' rooms was conducted on [DATE] to include 274 residents. The Administrator will be responsible for ensuring that searches take place. If resident refuse to be searched upon entering the facility the physician will be notified and residents will receive orders to be sent out to the hospital. Social Service Consultant educated Social Service staff on the following policies and procedures: 1. Resident will be monitored for mood and behavior Monday-Friday for 30 days and weekly thereafter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	2. The IDT will review resident's medical record prior to admission sent via a referral packet identifying potential risk of the following DX SI, Major Depression, Bipolar, Schizophrenia, Substance abuse and poor judgement and other mental illness diagnosis and develop a plan of care. 3. Residents with the diagnosis consisting of any mental illness admitted to the facility will have self-harm assessment Completed-[DATE] 4. Self-harm assessment will be completed quarterly thereafter, and upon any new incident moving forward. 5. Individualized care plans will be resident specific to monitoring for known history of SI, Major Depression, Bipolar, Schizophrenia, Substance abuse and poor judgement and mental illness- completed- [DATE] 6. Programming to include supportive counseling 1:1 and/or groups: 1:1 psychotherapy session-monthly Group therapy-weekly 1:1 Psychotherapy Session with Social Services-weekly Social Service groups: Medication education-weekly Socialization-weekly Symptom management/ Coping skills-weekly Community re-entry-weekly Intimacy and relations-weekly Smoking Cessation-weekly Anger Management-weekly Substance Abuse-weekly Mood and Depression-weekly

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39340 Based on interview, observation, and record review the facility failed to follow their food safety and sanitation policy by not discarding 40 cartons of expired milk in the facility kitchen refrigerator reviewed for expired food items. Findings include: On [DATE] at 12:02 p.m., observation of 40 small milk cartoons with expiration date of [DATE] in the facility kitchen refrigerator. On [DATE] at 12:02p.m., V27 (Dietary Manager) stated staff should discard expired products immediately. Staff are not rotating the products following first in and first out policy. Facility's Food safety and sanitation policy dated ,d+[DATE] which documents: the facility shall follow safe food handling and storage practices. Stocks must be used before their expiration dates. Stocks not used by the expiration dates will be discarded. Facility census dated [DATE], 270 residents at facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145850	A. Building B. Wing	11/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City View Multicare Center	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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 39340 Based on interview, observation, and record review the facility failed to have an effective pest control program on 2 of the 6 nursing units all reviewed for pest activity. Findings include: On 11/23/21 at 1:10 p.m., in the 5th floor communal women's bathroom, observation made of 1 dead roach and 2 live roaches that were killed by staff, V32 (Housekeeping). On 11/23/21 at 1:39p.m., 5 small roaches were in the communal women's shower room on 6th floor, confirmed by V33 (Maintenance). On 11/23/21 at 1:39 p.m., V33 stated the 5 small bugs in the shower appeared to be baby roaches. On 11/23/21 at 1:10 p.m., V32 (Housekeeping) stated she has seen roaches in the bathroom and in resident's room. They will spray the pests and inform the Director of Housekeeping their concern. On 11/23/21 at 3:06 p.m., V28 (Housekeeping Director) stated pest control comes to the facility 2-3 times a week. V28 was unable to provide service sheets for all these visits. V28 stated you should not observe roaches in the facility but unfortunately, they are here. We have been treating the facility for over a month. Service inspection report dated 11/5/21 documents German roach's activity in rooms 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, and 617. Food left behind dressers along with other food related items. Facility census dated 11/23/21 69 residents on the 5th floor facility. Facility census dated 11/23/21 62 residents on the 6th floor facility.