Printed: 06/30/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 145654

If continuation sheet Page 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024	
NAME OF PROVIDER OR CURRUES		CTREET ARRESTS CITY STATE ZIR CORE		
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE		
Lakeview Renab & Nursing Cente	Lakeview Rehab & Nursing Center		735 West Diversey Chicago, IL 60614	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information) R1's Minimum Data Set (MDS) dated [DATE] documents R1 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R1 is cognitively intact. O8/20/2024 10:50 AM R1 stated, They seem confused. I heard you ask her why I am taking tramadol and she answered incorrectly. The reason I'm taking tramadol it's because I have a condition called scleroderma,			

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			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024	
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614		
For information on the nursing home's plan to correct this deficiency, please		ntact 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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	08/20/2024 12:53 PM via telephone V7 (Licensed Practical Nurse) stated she works for the facility full-time. V7 stated she worked yesterday, 8/19/2024. V7 stated she has not had to use the emergency medication system for any of the residents she has taken care of. V7 stated R1 was experiencing a lot of pain yesterday. R1 was schedule to receive tramadol, and she had an as needed order to administer oxycodone. V7 stated R1 didn't have any tramadol or oxycodone available in the medication cart. V7 stated she did not administer tramadol and oxycodone to R1 at all yesterday. V7 stated she did not strike out her documentation regarding R1's medication note. 08/20/2024 1:14pm via V4 (Licensed Practical Nurse) stated she worked with V8 (Registered Nurse) on Sunday 08/18/2024. V4 stated V8 asked V4 what she should do since R1 didn't have tramadol medication. V4 stated she told V8 to call V2 and the pharmacy. V4 stated she was busy with her residents and V4 left it alone. 08/20/2024 12:00 PM V5 (Nurse Practitioner) stated progressive systemic sclerosis is more of a nerve neurodegeneration. V5 stated R1 has a long-term diagnosis of this condition. V5 stated sometimes this condition is permanent, unfortunately, which will affect her. V5 stated symptoms can include affecting the muscle, joints, the nerve signals are compromised, and it will affect the muscle, strength, sensation, it depends how severe. V5 stated R1 can have pain with this condition. V5 stated he was notified yesterday R1 needed a new Tramadol refill prescription. V5 stated he was not aware she didn't receive Tramadol medication. V5 stated the nurse could have called the 24-hour service. V5 there is always an on-call provider. V5 stated, Most of the time, she has mild to moderate pain. I assume she would have moderate pain. I assume she would have moderate pain. I assume she rould have moderate pain. V5 stated the on-call will give an emergency refill prescription. V5 stated the provider can call or fax over the order, or the pharmacy can get the verbal o			
	08/18/2024. V8 stated on Sunday, texted V2. V8 stated V2 told her to V8 stated she did administer Trame the time she gave Tramadol to R1.	V8 (Registered Nurse) stated she was R1 didn't have tramadol medication in call pharmacy and get Tramadol from adol medication to R1 on Sunday 8/18/V8 stated when she called the pharma shouldn't wait for the last minute or un	the medication cart. V8 stated she the emergency medication system. 2024. V8 stated she does not recall acy, pharmacy told her R1 needed a	
	R1's active physician order set date give 150 mg one time a day for pai	ed 08/21/2024 documents in part, Tran n with start date of 05/30/2024.	nadol oral tablet 50mg (milligram)	
	R1's medication administration recowas not administered on 08/19/202	ord (MAR) documents in part, Tramado 24.	ol 150mg by mouth one time a day	
	There was no documentation that I 18, 2024.	R1 refused Tramadol medication from <i>i</i>	August 01, 2024, through August	
		R1 has potential for complications, disconic sclerosis. R1 will remain free of conor for side effects, effectiveness.		
	(continued on next page)			

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			s documents in part Medications