

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

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Form Approved OMB
No. 0938-0391

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 05/23/2024
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 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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43351</p> <p>Based on observation, interview, and records reviewed, the facility failed to ensure resident information inside the resident's room were not in plain view of other residents and visitor. This failure affected 1 (R39) resident reviewed for dignity in the total sample of 59 residents:</p> <p>Findings include:</p> <p>On 05/20/2024 at 10:45am, there were signs posted 'Patient is now on Honey Thick Liquid. Thank you. Speech Therapy' and 'Aspiration Precautions - HOB (Head of Bed elevated/ EOB. - Tray Set up. - Distant Supervision. - Slow rate. - small cup sips. - No straw. - Alternate puree then cup sip honey thick liquids. - every few bites, clear throat' by R39 head of the bed bulletin board.</p> <p>On 05/20/2024 at 10:46am, V4 (Registered Nurse) stated maybe 'speech' put the signs there (pointing to the signs).</p> <p>On 05/20/2024 at 12:56pm, V10 (Speech Language Pathology/Rehab Manager) stated he (R39) is on honey thick liquid. He (R39) used to be on nectar thick liquid. (V11- SLP) was the one who posted the signs. I (V10) want to make sure the staff follow the signs.</p> <p>On 05/21/2023 at 2:32pm, V23 (Registered Nurse) stated all of his (R39) roommates can walk around the room and they (roommates) can read too.</p> <p>On 05/21/2024 at 2:51pm, V11 (SLP) stated I (V11) put a little precaution in his (R39) room, and they told me if I (V11) were to do that, I (V11) need to put a cover for dignity of the resident. I (V11) put the precaution there probably 3 months ago.</p> <p>On 05/22/2024 at 12:10pm, V2 (DON/RN) stated the information by the resident's head of bed (bulletin board) should be covered for dignity and HIPAA (Health Insurance Portability and Accountability Act). People may be coming in and out of his (R39) room, like family member, and see the resident's information.</p> <p>R39's (5/21/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) dysphagia (difficulty in swallowing) and essential primary hypertension. Order Summary: General diet Pureed texture, Honey consistency, add ready care shake w/ (with) breakfast. Order Date: 11/02/2023.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145654	Facility ID: 145654 If continuation sheet Page 1 of 23

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>R39's (04/04/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: no entry. Section K- Swallowing/Nutritional Status. K0520. C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids). Cross (x) mark on 3. While a resident.</p> <p>R39's (4/4/2024) care plan documented, in part 1/8/24 no significant wt changes noted. Diet: Gen. (general) Pureed, HTL (honey thick liquid. Goal: the resident will be free of aspirations. Interventions: ST (Speech therapy) evaluation and treatment as ordered.</p> <p>The (05/21/24) In-Service Sheet documented, in part Type of In-Service: dignity/covering the pt (patient) information. Presented by: V10 (Speech Language Pathology/Rehab Manager).</p> <p>The (undated) resident rights documented, in part As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights as designated. Dignity. The facility will treat you with dignity and respect in full recognition of your individuality.</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication and/or treatment was not left inside the room of a resident whose ability to safely self-administer medications and/or treatments was not assessed. This failure affected 1 (R28) resident reviewed for self-administration of medication and/or treatment and has the potential to affect all 54 residents on the 3rd floor.</p> <p>Findings include:</p> <p>On 05/20/24 at 12:40PM, there was a small plastic bag with a tube inside on top of R28's bedside table. On the plastic bag were stickers with R28's identifier, name of medication, dated 04/04/2024 with instruction to 'apply to right thigh, perineal topically three times a day for skin condition for 10days. This observation was pointed out to V4 (Registered Nurse). V4 stated that is for her (R28) treatment. I (V4) don't have a knowledge of that.</p> <p>On 05/22/2024 at 2:39pm, V36 (MDS Coordinator/LPN) stated she (R28) did not have self-administration of medication careplan.</p> <p>On 05/22/2024 at 12:12pm, V2 (Director of Nursing) stated if a resident is on self-administration of medication, it means the resident is cognitive and able to self-administer the medication. Leaving the medication at bedside pose a risk to other residents. They (other residents) could grab the medication and take the medication. There is a potential harm for other residents. They (other residents) could ingest R28's cream and have a reaction to it. There are residents on R28's floor who are ambulatory. It is a mixed crowd; some are confused, and some are not.</p> <p>On 05/22/2024 at 12:16pm, V2 (Director of Nursing) stated she (R28) did not have self-administration of medication assessment. Self-administration of medication should have doctor's order.</p> <p>R28's (Active Order As Of: 04/04/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) hemiplegia (complete paralysis on one side of the body) and hemiparesis (partial weakness on one side of the body), Type 2 Diabetes Mellitus and Essential Primary Hypertension. Order Summary: Mupirocin Calcium External Cream 2%. Apply to R) thigh, perineal topically three times a day for skin condition for 10 days. Order Date: 04/04/2024. End Date: 04/15/2024. Of note, no order written to self-administer the medication.</p> <p>R28's (04/10/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 03. Indicating R28's mental status as severely impaired.</p> <p>The (05/22/2024) email correspondence with V2 documented, in part Clarifying that the resident did not have a self administration assessment or self administration care plan in place.</p> <p>(continued on next page)</p>		

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The (undated) Self-Administration of Medications by residents documented, in part Policy: Self-administration (of) medications will be encouraged if it is desired by the resident, safe for the resident and other residents of the facility, ordered by the attending physician, and approved by the interdisciplinary Team. Procedure. 3. An interdisciplinary team determines the residents's ability to self-administer medication by mean of skill assessment. 5. A Physician order is obtained to self-administer medications.</p> <p>The (undated) Resident Rights documented, in part As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights as designated. Self-administration of drugs - you may self-administer drugs if determined safe by the interdisciplinary care team.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>43351</p> <p>Based on observations, interviews, and records reviewed, the facility failed to provide a home like environment for 5 (R8, R13 R42, R103, and R129) residents reviewed for home like environment in a total sample of 59 residents.</p> <p>Findings include:</p> <p>On 05/20/2024 at 11:30am, there were holes and cracks on the wall inside R8 and R13's room. These were pointed out to V4 (Registered Nurse). V4 stated maybe when the staff pushed the bed, hit the wall and put a dent on the wall.</p> <p>On 05/20/2024 at 11:36am, V6 (Maintenance Assistant) checked R8's and R13's room and stated there are holes, cracks and chipped paints on the wall and window.</p> <p>On 05/20/2024 at 11:38am, surveyor inquired if chipped paints and holes and cracks on the wall provided a home-like environment to residents. V6 stated to tell you honestly, we are not.</p> <p>R8's (05/21/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) cerebral palsy and spinal stenosis.</p> <p>R8's (03/22/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R13's mental status as cognitively intact.</p> <p>R13's (05/21/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) wedge compression fracture of thoracic vertebra and gastrointestinal hemorrhage.</p> <p>R13's (03/07/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R13's mental status as cognitively intact.</p> <p>The (undated) resident rights documented, in part As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights as designated. Environment the facility must provide a safe, clean, comfortable, home like environment.</p> <p>45346</p> <p>Findings include:</p> <p>On 5/20/2024 at 11:04am observed the faux wood covering on the foot board of R129's bed peeling and hanging off the foot board of the bed.</p> <p>On 5/20/2024 at 11:14am observed a hole in the bottom of the wall underneath the window near the baseboard in R103 and R42's room.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 5/22/2024 at 3:07pm V32(Maintenance Director) stated the foot board of the bed can be glued back on. V32 stated the bed R129 is sleeping in is very old. V32 stated the hole in the lower wall in R103 and R42's room is due to the beds pushing against the walls. V32 stated the hole in the wall can be fixed.</p> <p>On 5/22/2024 at 3:15pm V32 stated these things do not represent a homelike environment for the residents.</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on interview and record review, the facility failed to perform criminal background checks for new residents within 24 hours of admission and failed to obtain fingerprint order within 72 hours of a hit on the preliminary criminal history search. These failures affected R44, R50, R114, R119, R123, R128, R134, R135, R292 and R293 in the sample of 59 residents reviewed for abuse and have the potential to affect all 137 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Midnight Census Report dated 5/20/24 documents, in part, that there are 137 active residents in the facility.</p> <p>On 5/22/24 at 12:12pm, V1 (Administrator) said, I (V1) am familiar with screening residents. If the facility is accepting a resident, we (facility) should put the resident in an isolated room until the CHIRP (Criminal History Information Response Process) results are received. I (V1) hope they are doing that here. This protects all residents in the facility. Admissions would know more about this.</p> <p>On 5/22/24 at 12:15pm, V33 (Admissions Director) stated, Social Services is mainly in charge of the identified offenders. Upon admission, I (V33) put the resident information into the CHIRP (Criminal History Information Response Process) system and once I (V33) get a response and if there is a hit, I (V33) notify Social Services. The CHIRP is done upon admission, within 24 hours.</p> <p>On 5/22/24 at 1:22pm, V31 (Social Service Director) stated, When a resident comes in, the CHIRP (Criminal History Information Response Process) is ran by admissions not social services. Then admissions send the results to us (social services), and we (social services) run the rest of the checks and contact the (fingerprint company) to obtain fingerprints if needed. Fingerprints are due within 72 hours. This surveyor and V31 (Social Services Director) reviewed the requested criminal background checks for R44, R50, R114, R119, R123, R128, R134, R135, R292 and R293 as follows:</p> <ol style="list-style-type: none"> 1. R44's CHIRP (Criminal History Information Response Process) was completed over 72 hours from admitted and there is no date for when R44's fingerprints were ordered. 2. R128's CHIRP (Criminal History Information Response Process) was completed almost 2 months from admitted and there is no date for when R128's fingerprints were ordered. 3. R123's CHIRP (Criminal History Information Response Process) was completed over 48 hours from admitted ; Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections was completed over 9 months from admitted and there is no date for when R123's fingerprints were ordered. 4. R293's CHIRP (Criminal History Information Response Process) was completed over 48 hours from admitted and there is no date for when R293's fingerprints were ordered. 5. R292 has no documentation that any background checks were done. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>6. R135's CHIRP (Criminal History Information Response Process) was completed over 1 month from admitted and there is no date for when R135's fingerprints were ordered.</p> <p>7. R134's CHIRP (Criminal History Information Response Process) was completed over a week from admitted and there is no date for when R134's fingerprints were ordered.</p> <p>8. R50's CHIRP (Criminal History Information Response Process) was completed almost a month from admitted ; Illinois Sex Offender Registry, National Sex Offender Registry and Illinois Department of Corrections were completed over 5 months from admitted and there is no date for when R50's fingerprints were ordered.</p> <p>9. R119's CHIRP (Criminal History Information Response Process) was completed over 2 months from admitted and there is no date for when R119's fingerprints were ordered.</p> <p>10. R114's CHIRP (Criminal History Information Response Process) was completed almost 2 months from admitted and there is no date for when R114's fingerprints were ordered.</p> <p>I (V31) could not find any papers showing that any backgrounds were ran on R292. I (V31) was not here back then. When asked about the missing background checks and fingerprints on the list of residents V31 was given for the Resident Identified Offender Protocol Worksheet, V31 replied, That was all I (V31) could find. I (V31) just recently started in this position.</p> <p>On 5/23/2024 at 9:28am, V1 (Administrator) said, We (facility) understand how serious this is. The Admission Director and Social Service Coordinator have already been educated on a new plan, so the background checks and fingerprints are completed and completed on time.</p> <p>R44's face sheet documents, in part an admitted [DATE]. R44's diagnosis includes, but are not limited to: major depressive disorder, schizoaffective disorder, bipolar type, and anxiety disorder.</p> <p>R128's face sheet documents, in part an admitted [DATE]. R128's diagnosis includes but are not limited to: alcohol abuse and major depressive disorder.</p> <p>R123's face sheet documents, in part an admitted [DATE]. R123's diagnosis includes but are not limited to: schizoaffective disorder.</p> <p>R293's face sheet documents, in part an admitted [DATE]. R239's diagnosis includes but are not limited to: schizophrenia and depression.</p> <p>R292's face sheet documents, in part an admitted [DATE]. R292's diagnosis includes but are not limited to: cerebral infarction and seizures.</p> <p>R135's face sheet documents, in part an admitted [DATE]. R135's diagnosis includes but are not limited to: schizoaffective disorder.</p> <p>R134's face sheet documents, in part an admitted [DATE]. R134's diagnosis includes but are not limited to: liver disease and nephropathy induce by unspecified drug.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R50's face sheet documents, in part an admitted [DATE]. R50's diagnosis includes but are not limited to: adjustment disorder with mixed disturbance of emotions and conduct and unspecified dementia.</p> <p>R119's face sheet documents, in part an admitted [DATE]. R119's diagnosis includes, but are not limited to: unspecified dementia, unspecified severity, with other behavioral disturbance and major depressive disorder.</p> <p>R114's face sheet documents, in part an admitted [DATE]. R114's diagnosis includes, but are not limited to: cocaine abuse, psychoactive substance uses and major depressive disorder.</p> <p>Facility policy title, Abuse Prevention Program, undated, documents, in part, It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of property. Each resident receives care and services in a person-centered environment in which all individuals are treated as human beings. Residents who allegedly mistreat another resident will be immediately removed from contact .The facility will not tolerate resident abuse .</p> <p>Facility policy title, RESIDENT RIGHTS, undated, documents, in part, As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights The facility must provide a safe .home-like environment The facility must implement procedures that protect you from abuse .</p> <p>Facility job description titled, Administrator, revised date 8/21/23, documents, in part, Is aware of Resident Abuse Reporting Law and Policy while acting as the Abuse Coordinator .Ensure understanding of, and compliance with, all rules regarding residents' rights.</p> <p>Facility job description titled, Social Services, effective date 1/29/24, documents, in part, The Director of Social Services is responsible for providing related social work services so that each resident may attain the highest practicable level of physical, mental, and psychosocial well-being. The person holding this position will be held accountable and is responsible for the decision making for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures .Completes the Screening Assessment for Indicators of Aggressive and/or Harmful Behavior within 72 hours .Is aware of the Resident Abuse Reporting Policy & Procedure.</p> <p>Facility job description titled, Admissions Director, effective date 1/29/24, documents, in part, the Admissions Director is responsible for coordinating all admissions and transfers to the facility and works closely with the nursing staff and social services relating to psych/service needs of prospective residents. The person holding this position is held accountable and is responsible for the decision for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures. Informs appropriate Social Worker at facility of admission information.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on interview and record review, the facility failed to ensure Health Care Worker Background Checks were thoroughly complete and done in a timely manner in an effort to prevent abuse. This failure has the potential to affect all 137 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility Midnight Census Report dated 5/20/24 documents, in part, that there are 137 active residents in the facility.</p> <p>On 5/22/24 at 11:30am, V34 (Regional Human Resource Director) said, The facility runs state and criminal background checks on employees to ensure the residents will be safe. We (facility) do a second check on abuse and neglect as well. Employees are checked within 10 days of hire. When we (facility) receive the results of the background check we (facility) look at whether the state says an employee is eligible for hire or not.</p> <p>On 5/22/24 at 11:41am, this surveyor and V34 (Regional Human Resource Director) discussed the Health Care Worker Background Check as follows:</p> <p>V26's (Cook) paper file was reviewed. V26's Illinois Department of Public Health: Health Care Worker Registry, dated 8/7/19, documents, in part, Work Eligibility: Not Yet Determined .Click here for Fingerprinting form. V26's date of hire was 5/22/98.</p> <p>When asked why the background checks were completed over [AGE] years after V26's hire date and why no further action was taken for V26 such as finger since printing due to V26's work eligibility is not yet to be determined, V34 replied, Ugh. Yeah, I (V34) seen that one (referring background check file). His (V26) being eligible to work shows not yet determined and he's (V26) been here quite a while. It's unfortunate. He (V26) should have went for fingerprints. I (V34) cannot explain why it wasn't done properly. I'm (V34) not gonna even try to explain. There's a checklist human resource is given to ensure this doesn't happen. I'm (V34) not sure why the previous Human Resource Director didn't do it, but she's gone now.</p> <p>Facility presented document titled New Hire Checklist, undated, documents, in part, Items to be completed before first day . Background Results.</p> <p>Facility policy title, Abuse Prevention Program, undated, documents, in part, It is the policy of this facility to prevent resident abuse, neglect, mistreatment and misappropriation of property. Each resident receives care and services in a person-centered environment in which all individuals are treated as human beings .Prior to a new employee starting a work schedule: File a Criminal History Check per STATE STATUE on all new hires.</p> <p>Facility policy title, (Facility) Facility Assessment Tool, reviewed date 1/18/24, documents, in part, Potential candidates for employment are considered contingent upon meeting the requirements .as well as a satisfactory criminal background check, healthcare work registry .</p> <p>(continued on next page)</p>		

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Facility policy title, RESIDENT RIGHTS, undated, documents, in part, As a resident of this facility, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The facility will protect and promote your rights The facility must provide a safe .home-like environment The facility must implement procedures that protect you from abuse .</p> <p>Facility job description dated 1/24/24 and titled Job Description Position Title: Human Resource Director, documents, in part, The Human Resources Director is responsible for HR administration at the facility, including payroll, new hire orientation . The person holding this position will be held accountable and is responsible for the decision making for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures Conducts new hire orientation. Ensures all new hire paperwork is complete . Verifies and maintains license certifications, criminal background checks, nurse aide registry checks and recertification.</p>		

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</p> <p>Based on observation, interview and record review, the facility failed to provide communication devices identified on the resident's care plan. This failure affected 1 resident (R54) in a sample of 59 residents.</p> <p>Findings include:</p> <p>On 5/20/24 at 11:39, Observed R54 laying in fowlers position watching television in Spanish. R54 was unable to answer questions in English or Spanish and could only respond using hand gestures. When R54 was asked if he could communicate R54's needs, R54 shrugged R54's shoulder. No communication devices were observed within R54's room.</p> <p>On 5/21/24 at 12:13 PM, V38 (R54's family member) confirmed that R54's primary language is Spanish. V38 stated that the facility is unable to communicate with R54 without accommodations, such as a communication board and Spanish translation services. V38 stated that the facility staff have not utilized any interventions to improve R54's communication impairment.</p> <p>05/22/24 10:53 AM V28 (Licensed Practical Nurse (LPN) stated that V28 is the nurse responsible for R54. V28 stated that if V28 needs to communicate and is having difficulty communicating with R54, V28 gets a Spanish speaking staff member from the housekeeping to translate. V28 stated that R54 can use gestures to communicate yes or no answers. V28 confirmed that the facility had not been using a communication board to assist with communication and that R54 would benefit from a communication board to help R54 communicate R54's needs.</p> <p>R54's Admission Record's documents in part a diagnosis of Cerebral Infarction, Aphasia.</p> <p>R54's Minimum Data Set, dated dated dated [DATE] documents in part the following: in section B0600 Speech Clarity 2 indicating resident has absence of spoken words, B0700 Makes Self Understood 2 indicating sometimes understood (ability is limited to making concrete requests).</p> <p>R54's Care Plan documents in part .ability to communicate related to: Impaired speech (non-verbal) Problems are evidenced by: Problems with transmission of information, becoming increasingly frustrated when unable to convey (R54's) message. Interventions Utilize appropriate devices . communication boards, large print signs, writing pad, etc. Help the resident to acquire and learn to use appropriate devices.</p> <p>Facility policy titled Guidelines for Communication with Non-English Speaking Residents, dated 2/6/24, documents in part, . 2) Resident and/or responsible party will have input as to how best to communicate with the resident . The resident's method(s) for communication will be care planned specifically for any individual who has a communication barrier for any reason.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>43351</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the low air loss mattresses were set on appropriate setting for 4 residents (R54, R72, R81, and R82) reviewed for pressure ulcer prevention in the total sample of 59 residents.</p> <p>Findings include:</p> <p>On 05/20/2024 at 11:46am, R72 was lying on a low air loss mattress set at 240lbs alternating every 5minutes. This was pointed out to V4 (Registered Nurse. V4 stated setting of her (R72) low air loss mattress is 240lbs alternating. At this time, surveyor requested V4 to check R72's weight on R72's electronic health record.</p> <p>On 05/20/2024 at 11:50am, V4 stated she (R72) weighs 168.4lbs on 05/08/2024. She (R72) had a pressure ulcer on her (R72) sacrum that has healed. The treatment nurse is responsible for the air mattress.</p> <p>On 05/20/2024 at 11:59am, R81 was lying on a low air loss mattress set at 250lbs, static off. This observations was pointed out to V4 and stated his (R81) mattress is set at 250lbs static off.</p> <p>On 05/20/24 at 12:23 PM, V2 (Director of Nursing) stated the purpose of the low air loss mattress is to prevent further skin breakdown and provide circulation and blood flow to the body. The setting of the low air loss mattress is based on the resident's weight. If a resident weighs 170 lbs setting should be at 170. Setting should not be higher than the resident's weight because it is going to mess with the circulation and it will be too hard for the resident. We (facility) have to follow the resident's weight for the setting of teh low air loss mattress.</p> <p>On 05/20/2024 at 12:26pm, V2 checked the setting of R81's low air loss mattress and stated setting is at 250lbs static off.</p> <p>On 05/20/2024 at 12:28pm, V2 checked the setting of R72's low air loss mattress and stated setting is at 240lbs alternating every 5 minutes static off.</p> <p>R72's (05/21/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) pressure ulcer of left ankle and type 2 Diabetes Mellitus. Order Summary. Low air loss mattress. Order date: 02/15/2024.</p> <p>R72's (05/08/2024) weight was 168.4lbs.</p> <p>R72's (05/07/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: no entry. Section GG. GG0170. Mobility. A. roll left and right: 02 - Substantial/maximal assistance. Section M. Skin conditions. M0150. Risk for Pressure Ulcers/Injuries. Is this resident at risk for developing pressure ulcers/injuries? 1- Yes. M1200. Skin and Ulcer Injury Treatments. B. Pressure reducing device for bed.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R72's (revision date 2/7/2024) care plan documented, in part Focus: has alteration in skin integrity due to impaired mobility. Goal: will be free of any additional skin integrity issues. Interventions: pressure reducing/relieving mattress.</p> <p>R81's (05/21/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) protein malnutrition and quadriplegia. Order Summary. Low air Loss Mattress. Order Date: 02/23/2023.</p> <p>R81's (05/08/2024) weight was 123.8lbs.</p> <p>R81's (05/15/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: no entry. Section M. Skin conditions. M0100. Determination of Pressure Ulcers/Injury Risk. A. Resident has a pressure ulcer/injury. M0150. Risk for Pressure Ulcers/Injuries. Is this resident at risk for developing pressure ulcers/injuries? 1- Yes. M1200. Skin and Ulcer Injury Treatments. B. Pressure reducing device for bed.</p> <p>R81's (4/30/2024) care plan documented, in part focus: alteration in skin integrity and is at risk for additional and/ or worsening of skin integrity issues. Goal: will be free of any additional skin integrity issues. Interventions: air mattress on bed.</p> <p>The (05/10/2024) Low Air Loss Mattress list documented that R72's weight was 168.4lbs and R81's weight was 123.8lbs.</p> <p>The (undated) True Low Air Loss Mattress System With Alternating Pressure And Pulsation documented, in part 2. INTENDED USE. The mattress system is intended for prevention of pressure ulcer. The mattress system may be used in a variety of settings including but not limited to long term care patients suffering from pressure ulcers or pain management as prescribed by physician. 3. PRODUCT DESCRIPTION. The mattress system is an alternating pressure air mattress replacement system use for the prevention of pressure ulcer by using the established principles of alternating therapy. 5.1.8 Comfort control. Comfort controls the air pressure output level. Press FIRM button and the output pressure will increase and higher pressure output will support heavier weight patient, for decreasing air pressure, vice versa. General operation. According to the weight of the patient, adjust the pressure setting to the most suitable level without bottoming out.</p> <p>The (undated) Alternating Pressure And Lower Loss Mattress Replacement System With Defined Perimeter documented, in part General. Drive Support Surfaces are high quality and affordable air replacement mattress system. Specifically designed to redistribute pressure. This system offers a solution for the prevention and treatment of pressure ulcers and offers an optimal solution for pressure redistribution and microclimate control. Weight Setting Buttons. The weight setting buttons can be used to adjust the pressure of the inflated cells based on the patient's weight.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The (undated) Guidelines For Prevention/ Treatment Of Pressure Injuries documented, in part Purpose: It is the intent of the facility to recognize the following information and to act on it in such a way as to practice evidence based recommendations for the prevention/ treatment of pressure injuries to the residents who reside in the facility. Objectives 1) A resident receives care, consistent with professional standards of practice; to prevent pressure ulcers and does not develop pressure ulcers. Strategies for pressure injury preventions. 4) Positioning and mobilization. Tissue closest to the bone may be the first tissue to undergo changes related to pressure. Support services (mattresses) should be pressure-relieving rated.</p> <p>50728</p> <p>On 5/20/24 at 11:56 AM, Observed R82 lying in left side-lying position. Observed low-air-loss (LAL) mattress set on 400 lb., firm setting.</p> <p>On 5/20/24 at 12:06 PM, V7 (Wound Care Coordinator, LPN) checked R82's LAL mattress settings with surveyor and confirmed that the setting was set at 400 lbs. V7 stated that LAL should be set to 210 lbs. V7 confirmed wound care is in charge of addressing LAL mattress settings and currently auditing all of the LAL mattresses for accuracy. V7 provided facility document titled Low Air Loss Mattresses which indicates that R82 should be set at 210 lbs. V7 stated that the resident may not get adequate pressure relief if not programmed correctly.</p> <p>R82's Care plan documents in part, I (R82) am at increased risk for alteration in skin integrity related to: Incontinence of bladder, Incontinence of bowel, Impaired Mobility Status, Decreased sensory perception, Diabetes, Unavoidability related to condition/disease process .Air mattress on bed .Pressure reducing/relieving mattress and W/C cushion as needed</p> <p>5/20/24 at 11:39 Observed R54 laying in in bed in fowlers position. Observed LAL mattress set to 350 lbs. firm.</p> <p>On 5/20/24 at 12:56 PM Observed V27 (Licensed Practical Nurse) checked with surveyor R54's LAL mattress settings. V27 confirmed resident is not 350 lbs. and LAL should be set at 201 lbs. V27 stated that housekeeping sets up the LAL mattress and restorative checks the settings. V27 stated that if setting is not set to the correct weight, it will not release pressure to areas and places resident at risk for skin breakdown.</p> <p>Facility document titled Low Air Loss Mattresses indicates that R54's LAL mattress should be set to 134.5 lbs.</p> <p>R54's Care plan states in part, (R54) risk for further alteration in skin integrity related to: Impaired Cognition, Impaired Communication, Incontinence of bladder, Incontinence of bowel, Impaired Mobility Status . Pressure reducing/relieving mattress and W/C cushion as needed</p>		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>50728</p> <p>Based on observation, interview and record review, the facility failed to follow facility policy of changing a midline catheter dressing. This applies to 1 (R54) resident reviewed for catheter care in the sample of 59.</p> <p>Findings include:</p> <p>R54's Order Summary Report documents in part an order was given to place midline catheter on 5/15/2024. R54's progress notes documents in part on 5/15/24 at 14:52, Note Text: Resident received midline to left arm, no infiltration noted, receiving 0.9 NSS 110ml/hr</p> <p>On 05/22/24 at 11:01 AM, Observed midline dressing to R54's right upper arm dated 05/15/2024. On observation of midline dressing, noted R54's reddened skin around the chlorohexidine patch under the transparent area of midline catheter dressing. V29 (Registered Nurse (RN) Stated that V29 is responsible for maintaining and administering intravenous (IV) fluids through R54's midline catheter. V29 confirmed that the date (5/15/24) was the date the dressing was applied and has not been changed since. V29 stated that redness near the chlorohexidine patch could be a sign of infection and should be reported to the resident's physician.</p> <p>On 05/22/24 at 11:37 AM, V2 (Director of Nursing (DON) stated that midline dressings should be changed weekly and as needed if the dressing is not intact. V2 stated the dressing should be dated when changed, and the site should be monitored every shift for signs of infection. V2 stated that signs of midline catheter infection include redness, swelling, and/or warmth to the touch.</p> <p>Facility policy titled Catheter Insertion and Care Midline Dressing Changes, dated July 2016, documents in part, . General Guidelines 1. Change midline catheter dressing 24 hours after catheter insertion, every 5-7 days, or if it is wet, dirty, not intact, or compromised in any way.</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45346</p> <p>Based on observation, interview, and record review the facility failed to ensure the nebulizer mask was secured when not in use for one resident (R10) and the oxygen tubing was changed weekly for one resident (R65). These failures affected 2 residents out of a sample of 59 residents.</p> <p>Findings include:</p> <p>On 5/20/2024 at 11:25am observed R10's nebulizer mask sitting on the bedside table which is covered with a white bath towel; the nebulizer mask was not contained in a plastic bag while not in use.</p> <p>On 05/21/2024 at 2:21pm surveyor brought the observation to V19's (LPN/Licensed Practical Nurse) attention; V19 stated the nebulizer mask should have a plastic bag containing the mask when the mask is not in use by the resident. V19 stated the mask is contained in a plastic bag to keep the germs off the mask.</p> <p>On 5/22/2024 at 9:25am V2(DON/Director of Nursing) stated when the nebulizer mask is not in use by the resident, the nebulizer mask is put into a plastic bag. V2 stated placing the nebulizer mask in a plastic bag when not in use by the resident is done for infection control purposes. V2 stated the bag is changed weekly.</p> <p>R10's face sheet indicates that R10 has diagnosis which includes but are not limited, to chronic obstructive pulmonary disease, anemia, unspecified, bipolar disorder, and schizoaffective disorder.</p> <p>R10's Brief Interview for Mental Status (BIMS) dated 2/27/2024 documents R10 has a BIMS score of 11, which indicates R10's cognition is moderately impaired.</p> <p>R10's Physician Order Sheet (POS) with active orders as of 5/22/2024 documents in part, change nebulizer mask and tubing in the morning every Sunday.</p> <p>Reviewed facility's undated policy titled Oxygen Administration which documents in part, 4. Tubing, humidifier bottles and filters will be changed, cleaned, and maintained no less than weekly and PRN (as needed).</p> <p>Reviewed facility's undated policy titled 5.14: Inhalation (Oral and Nasal) Administration which documents in part, 8. After administration, the nebulizers should be cleaned and stored as per facility policy.</p> <p>43351</p> <p>Findings include:</p> <p>On 05/20/2024 at 11:17am, R65's nasal cannula, attached to an Oxygen tank, was dated 5/6/2024. This observation was pointed out to V4 (Registered Nurse). V4 stated it is dated 5/6/2024. The nasal cannula should be changed weekly on Sunday by the night shift nurse. That is our protocol.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 05/22/2024 at 12:17pm, V2 (Director of Nursing) stated the expectation is to change the nasal cannula weekly and to date it with the date it was changed. It is an infection control issue because it could get dirty.</p> <p>R65's (05/21/2024) Order Summary Report documented, in part diagnoses: (include but not limited to) chronic obstructive pulmonary disease with acute exacerbation, pneumonia and heart failure. Order summary change oxygen to being and bottle weekly on Sunday every night shift. Order Date: 4/21/24.</p> <p>R65's (5/14/24) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 11. Indicating R65's mental status as moderately impaired. Section O - special treatments, procedures, and programs. O 0110. C1. Oxygen therapy while a resident.</p> <p>R65's (5/21/24) care plan documented, in part Focus: displays complications with gas exchange D/T (due to)(COPD) chronic obstructive pulmonary disease: and receives oxygen. Goal: will have adequate gas exchange and will not exhibit s/s (sign and symptoms) respiratory distress. Interventions: Administer O2 as ordered.</p> <p>The (undated) Oxygen Administration documented, in part policy. It is the policy of this facility to provide oxygen to maintain levels of saturation to residents as needed and as ordered by the attending physician. Procedures. 4. Tubing will be changed, cleaned and maintained no less that (than) weekly and PRN (as needed). Each will be labeled with date, time and initialed by staff completing the service equipment.</p>		

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Post nurse staffing information every day.</p> <p>49572</p> <p>Based on observation, interview and record review, the facility failed to post the daily nursing staffing and failed to ensure the daily nursing staffing information was complete and accurate. These failures have the potential to affect all 137 residents residing in the facility.</p> <p>Findings include:</p> <p>On 5/20/24 at 9:00am, upon entrance to the facility, surveyor observed daily nursing staffing posted with a date of 5/17/24 near the receptionist area.</p> <p>On 5/20/2024 at 11:23am this surveyor observed the Daily Nursing Staffing posted with a date of 5/17/2024. This surveyor inquired with V2 (Director of Nursing) and V2 said, I will ensure an updated one is posted.</p> <p>On 5/20/24 at 11:24am, the 5/17/24 Daily Nursing Staffing was replaced with a current date of 5/20/24 and census of 138.</p> <p>On 5/20/24, V1 (Administrator) confirmed that the resident census is 137 active residents.</p> <p>On 5/21/2024 at 11:47am, V18 (receptionist) stated, I (V18) am responsible for entering the information for the Daily Nursing Staffing and posting it every day. I (V18) was not here on Monday (5/20/24). I (V18) am not sure why an updated one was not posted since 5/17/24. I (V18) post the Daily Nursing Staffing by 6:45am.</p> <p>Facility document title, (Facility) DAILY NURSE STAFFING - BY SHIFT, which was posted on Monday, May 20, 2024, at 11:23am, showed the wrong day and no specific unit(s) was reflected on the daily posting.</p> <p>Facility document title, (Facility) DAILY NURSE STAFFING - BY SHIFT, which was posted on Monday, May 20, 2024, at 11:24am, showed an inaccurate census and no specific unit(s) was reflected on the daily posting.</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50728</p> <p>Based on observation, record review and interview, the facility failed to maintain adequate monitoring of food storage temperatures. This failure has the potential to affect all residents (Census 137) of the facility.</p> <p>Findings include:</p> <p>On 05/20/24 at 10:05 AM Reviewed Milk Cooler refrigerator temperature log dated May 2024. Noted no temperature recordings on log for AM or PM shift on 5/13/24 and no recordings for the PM shift on 5/14/24 and 5/16/24.</p> <p>On 05/20/24 at 10:05 AM V24 (Dietary Manager) confirmed that the temperature log should have been completed two times a day. V24 stated that it is important to track the temperature of the cooler and if milk is not kept to an appropriate temperature, it can cause it to spoil.</p> <p>Facility policy titled Storage of Refrigerated/Frozen Foods, dated 4/2017, documents in part, .Monitoring of food temperatures and functioning of the refrigeration/freezer units will be in place.</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>43351</p> <p>Based on observations, interview, and record review, the facility failed to ensure staff dispose of used personnel protective equipment after sorting dirty linens and failed to ensure a sign was posted appropriately for a resident on enhanced barrier precaution in an effort to prevent spread of infectious microorganism. These failures affected R136 and has the potential to affect all the residents at the facility.</p> <p>Findings include:</p> <p>On 05/21/2024 at 12:17pm, there was a blue plastic gown hanging inside the 'Soiled Linen Room located in the Laundry room. V17 (Laundry Aide) stated, as translated by V16 (Laundry Aide), I (V17) use the gown (referring to the gown hanging inside the Soiled Linen room) throughout the shift. I (V17) hang the blue gown so I (V17) can wear it (used blue plastic gown) again when I (V17) sort soiled linens. I (V17) throw the blue plastic gown at the end of the shift. I (V17) work for 8 hours, and I (V17) sort dirty linens about 6times per shift. I (V17) use the same gown during the shift. I (V17) have been working at the facility for 6 years now. I (V17) was not told that I (V17) have to wear new gown each time I (V17) sort dirty linens.</p> <p>On 05/21/24 at 03:57PM, V3 (Infection Preventionist/LPN) stated when staff are anticipating to touch anything soiled, they are expected to wear gown and gloves. For infection control view, it is expected of staff to doff gloves and gown after touching soiled linens to prevent any infection or spreading of microorganism or any fungal, bacterial, and viral microorganisms. It is a standard precaution. Staff are not expected to wear one gown throughout the shift.</p> <p>The (undated) Laundry Aide Job Description documented, in part POSITION SUMMARY: the duties of the laundry aide shall be to ensure facility linens and residents' personal clothing are properly collected, sorted, laundered, distributed and/ or stored according to the facility policy. The person holding position is delegated the responsibility for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures. D. Role responsibilities- infection control: 4. Understands and complies with all infection control and standard precautions practices are maintained when performing housekeeping procedures.</p> <p>The (undated) INFECTION CONTROL/ISOLATION GUIDELINES documented, in part Objective: To prevent unprotected exposures of residents, visitors and staff to potentially infectious microorganism or diseases and to decrease the spread of in house or community acquired infection. Laundry. A. The risk of this transmission from laundry is negligible when it is handled, transported, and laundered in a safe manner per policy and regulation. B. Treat all laundry as if it is contaminated. D. Avoid contact with one's body or uniform/ clothing-with contaminated/ soiled items.</p> <p>(continued on next page)</p>		

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 05/23/2024
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 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The (08/17/2023) GUIDELINES FOR LINEN HANDLING/STORAGE/ TRANSPORT documented in part Policy: It is the policy of the facility to ensure that linens are handled/stored/transported properly to minimize the potential for transmission of pathogens or potentially harmful microorganisms or disease spreading pests. Procedure: SOILED LINEN HANDLING AND TRANSPORT. 1) Because it is not always known which residents are infected or colonized with infectious microorganisms, soiled linen of all residents should be handled as if it is known to be contaminated. The use of protective apparel (gloves, gowns or aprons) should be used when handling soiled linen based on the likelihood of contact of exposed skin and clothing with the soiled linen.</p> <p>The (undated) GUIDELINES FOR INFECTION PREVENTION AND CONTROL documented, in part Purpose: It is the intent of the facility to establish, maintain and manage an effective infection prevention and control program. The infection prevention and control program is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection. The facility personnel will handle/store/process and transport linens so as to prevent the spread of infection.</p> <p>FACILITY</p> <p>Infection Control</p> <p>05/21/24 03:36 PM (Infection Preventionist/LPN) just this month I have been certified. When they hired we ask for copy of the immunization including covid series and booster, it is a requirement, but changed bivalent. Last year bivalent covers all the previous series and booster yearly.</p> <p>Ebp paient ex candida auris/mdro cre-mdro, foley g-tube and centralized when they are doing no ADL (Activities of Daily Living) care not doff and don gloves. high contact put on gloves, gown prefer to wear mask. Any form of touching the resident they need to wear gown, gloves, and mask. When feeding them too.</p> <p>No residents on transmission based precaution.</p> <p>Ebp a lot, every two room hand dispenser need to sanitize hand.</p> <p>legionella to be determined.</p> <p>Whenever a resident comes without vaccine educate by giving consent. They can also refuse, keep a report.</p> <p>Infection surveillance, I go by symptoms I have available. Flu and covid test, and wounds also have affiliation NP I expect them to wear gloves and gowns.</p> <p>05/21/24 03:57 PM IP (Infection Preventionist) stated, when staff touch anything soiled they are expected to wear gown and gloves. It is a standard precaution. To prevent any infection or spreading of microorganism or any fungal or bacterial nad viral microorganism. From the infection side it is expected for staff to doff gloves after touching soiled linens. Staff are not expected to wear one gown throughout the shift. If your touching from clean to dirty staff is expected to don new gown and gloves, because we don't know exactly what they are wearing not expected.</p> <p>(continued on next page)</p>		

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>05/21/24 04:06 PM Contact physician let what is going on. Physician wants the labs, and urine. We don't start antibiotic, we want to see first what is going on. V3 showed this surveyor the antibiotic stewardship program. sent via email.</p> <p>We do provide the flu starting October 1 march 31, covid when consented, pneumonia as required.</p> <p>The (12/13/2022) Special Pathogens laboratory/The Legionella Experts documented, in part location 118 sink. result: not detected.</p> <p>45644</p> <p>Findings include:</p> <p>R136's admission diagnoses include but not limited to Diabetes, Gastrostomy Status, Benign Prostatic Hyperplasia. Hemiplegia and Hemiparesis affecting left dominant side.</p> <p>On 5/20/24 at 10:40 am, observed an isolation bin in the hallway outside of R136's room with no precaution sign posted on R136's door.</p> <p>On 5/20/24 at 10:45 am, surveyor inquired to V14 LPN (License Practical Nurse) about the isolation cart outside of R136's room, with no signage on the door. V14 stated, R136 is not on isolation. He (R136) has a g-tube and indwelling catheter, and the isolation cart is for enhance barrier precautions. There should be an enhance barrier precautions sign on the door, it must have fallen off.</p> <p>On 05/20/2024 at 11:32 am, V4 RN (Registered Nurse) stated The EBP sign should go whichever room the resident go so staff know what they have to wear when they do care to the resident.</p> <p>On 5/22/24 at 2:54 pm, V2 DON (Director of Nursing) stated, Every room that has an isolation bin outside the door should have a precaution sign posted on the door.</p> <p>R136's Physician Order Set (POS) dated 2/24/24 documents in part, Enhance Precautions relating to g-tube (gastrostomy tube). Dated 5/6/24 may re-insert Foley (Indwelling) catheter.</p> <p>R136's (revised 3/6/24) care plan documents in part, Focus: R136 is on enhanced barrier precautions for feeding tube.</p> <p>Facility policy) Infection Control/Isolation Guidelines (revised 2/2023) documented in part, Enhanced Barrier Precautions: A. Used for the following: 2. Indwelling medical devices regardless of MDRO (Multidrug-Resistant Organism) status (example . urinary catheter, feeding tube .) E. Post Enhance Barrier Precautions sign CDC (Center for Disease Control) on the door (indication not to enter without checking at Nurse's station for instruction/education).</p>		