STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001895	A. BUILDING: _____ B. WING _____	C 07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW MANOR	3311 S. MICHIGAN AVE. CHICAGO, IL 60616

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments 2082695/IL121808 - F600 G cited	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001895	A. BUILDING: _____ B. WING _____	C 07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW MANOR	3311 S. MICHIGAN AVE. CHICAGO, IL 60616

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on interview and record review, the facility failed to protect the right to be free from abuse for one resident (R1) reviewed for abuse.
This failure affected R1 who provided proof that she was being sexually abused by two staff members.

Findings include:

On 7/27/20, R1 was no longer residing at the facility, review of R1's face sheet showed that she was admitted 12/13/2019 with diagnosis that includes but not limited to Bipolar Disorder

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001895	A. BUILDING: _____ B. WING _____	C 07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW MANOR	3311 S. MICHIGAN AVE. CHICAGO, IL 60616

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 current episode mixed unspecified, Tinea Pedis, Low back pain, Obesity, Post-Traumatic Stress Disorder and Asthma. On 7/27/20 at 10:06am, V21 SSD (Social Services Director) was interviewed in the conference room. V21 stated, R1 left the facility through the bedroom window on the 2nd floor unauthorized saying she was fed up with the pandemic COVID - 19, that resulted in a lock down by the State Governor. V21 stated when V1 (Administrator) informed R1 that before she can return to the facility she would have to go to the local hospital to be tested for Covid-19 and upon return would have to be isolated for 14 days for monitoring. R1 became aggressive demanding for her belongs and R1 informed V1 that she was sexually assaulted by staff members and had been having sexual contact with two staff members identified as V19 and V20 PRSA (Psychologist Rehabilitation Services Assistance). R1 stated she had a proof that she presented to V1 and both staff were immediately suspended pending investigation and after the investigation both V19 and V20 were terminated. On 7/29/20 at 11:12am, V1 confirmed that when R1 returned to pick up her belongings, R1 alleged that V19 and V20 were sexually inappropriate with her, sex texting and actual sexual contact. V1 provided the proof of texting and pictures which was sent to the cooperate office. V1 stated both staff were immediately suspended pending investigation. V1 explained that the facility HR (Human Service Record) was able to prove that the text and the pictures was sent from the V19 and V20's phone number listed on their record. V1 stated V19 and V20 were terminated. When the surveyor asked whether this behavior is accepted from employees, V1 replied "No, No	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001895	A. BUILDING: _____ B. WING _____	C 07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW MANOR	3311 S. MICHIGAN AVE. CHICAGO, IL 60616

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 there should be no sexual contact of any kind with our residents." V1 stated the police and IDPH was notified. According to the facility investigation documentation, on 4/5/2020 V1 documented that, R1 gave a witness statement that V20 called her stating that V20 paid her $50.00 to a perform oral sexual act on him and was afraid afterward when V20 kept approaching her with a request for the same sexual act. The facility concluded after investigation that R1 had a "consensual inappropriate interaction with V19 and V20." V1 documented that there was no other facts that determined to support that any other form of abuse occurred. Review of the employee report form presented dated 4/10/2020 documented that V19 and V20 were both terminated for inappropriate sexual interaction with a resident. On 7/30/20, V1 explained that she reached the conclusion that it was not abuse because the local police department did not treat the incident as sexual abuse because money was exchanged. On 7/30/20 after V1 reviewed the facility policy on abuse that was presented, V1 then stated after reading the abuse policy, it was sexual abuse and that is why both V19 and V20 were terminated. The facility policy on Abuse Prevention Program dated 02/07/2017 stated that the "willful" in the definition of "abuse" means the individual must have acted deliberately not that the individual must have intended to have inflict injury or harm." The policy also documented that sexual abuse	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001895	A. BUILDING: _____ B. WING _____	C 07/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHVIEW MANOR	3311 S. MICHIGAN AVE. CHICAGO, IL 60616

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 includes, but not limited to a resident for personal gain through the use of sexual harassment, sexual coercion, or sexual assault. The policy also pointed out that exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation threats or coercion. (A)	S9999		