

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER SOUTHVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP 3311 S. MICHIGAN AVE. CHICAGO, IL 60616	
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 - Few	<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**</p> <p>Based on interview and record review, the facility failed to protect one resident from mental abuse and physical assault a facility staff member was able to get a resident into a facility stairwell by the use of coercion illicit drugs for 1 of 1 residents (R1) reviewed for abuse. This failure resulted in R1 being grabbed and kissed by the staff staff member. Findings include: R1 is alert and oriented. R1 admitted to facility 2/7/2018 with [DIAGNOSES REDACTED]. Facility abuse reportable dated 2/28/2020 under investigation: V20 (Dietary Aide) approached (R1) her by 1st floor elevators and asked her to hangout and talk with him. She agreed and they started walking towards back stairwell to walk up to 7th floor by the boiler room area. Once there he started touching her butt and kissed lips, she then pushed him away. Same story on 3 separate interviews. Third interview she added more information once her urine came back positive for cocaine 2/27/2020. She stated that V20 gave her drugs. R1 stated she does not feel safe if V20 is in the building. V20 stated he did not see R1 that day. On 3/6/2020 at 1:19 PM, R1 stated she was on the first floor waiting for the elevator. The elevator opened V20 was on elevator to pass evening snacks. V20 asked if she wanted to smoke weed and told me to wait by laundry room. He came back and we went up the back stairwell to the seventh floor. We were smoking on the stairwell and blowing smoke out the door towards the roof. He grabbed my buttocks and I turned away so he could not do it again. He gave me a bag of cocaine. He kept looking down the stairs to make sure we did not get caught and then he just kissed me on the lips. I pushed him away and said I was not down with that and he responded just a kiss. He ran down the stairs and I haven't seen him since. R1 stated she went back downstairs and went to her room. R1 said she was upset and told R4 the next morning what happened and they reported incident to staff. On 3/10/2020 at 4:06PM, R4 stated R1 told her V20 grabbed her butt and tried to kiss her. We told social service staff. On 3/10/2020 at 4:48PM, V26 (social service) stated he recalls V20 passing evening snacks on 2/21/2020 around 7 PM. V26 said R1 did not come to 8PM smoke break that evening. R1's progress note dated 2/27/2020 documents on R1 was observed to be lethargic and staff conducted urine analysis and tested positive for cocaine and buprenorphine. R1's substance abuse assessment dated [DATE] documents no history of cocaine or heroin use. R1's substance abuse assessment dated [DATE] documents under heroin; age of first use; 25 date of last use 2/21/20; under cocaine: date of last use 2/27/20. R1's community skills assessment dated [DATE] documents R1 is not capable and is not considered for an independent pass privileges. R1 is capable of supervised pass privileges at this time. R1's community pass release documents R1 was on pass 2/1/2020 to her home. No other documentation of any passes given to Resident for February. On 3/11/2020 at 3:28PM, V34 (consultant) stated they currently do not have working cameras in the hallways. V34 stated it was unclear how R1 received any illegal substance if the pass was restricted. V34 stated other residents on independent pass may bring in substances to other residents that cannot go out of the building. V20 employee report dated [DATE] documents, based on investigation for alleged sexual abuse, it's in the best interest of the resident and facility we concluded the employee should be terminated. Facility abuse policy dated 2-2017 documents, the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property and mistreatment of [REDACTED].</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.