

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/30/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHVIEW MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3311 S. MICHIGAN AVE. CHICAGO, IL 60616</b>		
(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) COMPLETION DATE	
F9999	<p><b>FINAL OBSERVATIONS</b></p> <p><b>LICENSURE VIOLATIONS</b></p> <p>300.610a) 300.1210a) 300.1210b)6) 300.2210b)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must 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 assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>b) General nursing care shall include at a</p>	F9999			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

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.

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F9999	<p>Continued From page 1</p> <p>minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>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.</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>These regulations are not met, as evidenced by the following:</p> <p>Based on observations, reviews of facility Smoking Policy &amp; Fire Procedure Plan and interviews, on 9/23/08, the Facility failed to:</p> <ol style="list-style-type: none"> <li>1. prevent occurrence of fire in a resident room and 5th floor south end stairwell.</li> <li>2. prevent 2 residents from smoking in the stairwell after the fires were extinguished.</li> <li>3. monitor, supervise and assess residents' ability to handle matches and lighters</li> <li>4. install and maintain working smoke detectors in all resident sleeping areas and stairwells.</li> <li>5. follow facility's smoking policy which indicates that all residents must smoke in the designated smoking areas at the designated smoking times.</li> </ol> <p>On 9/24/08, the facility again failed to prevent residents from smoking in their rooms.</p>	F9999			

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F9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>Surveyors arrived in the facility on 9/23/08 at 11:00 AM. The fire alarm sounded at 11:15 AM. E3 (Assistant Administrator) informed the surveyors that there is a fire in a resident room on 6th floor. The Fire department responded to the alarm at 11:30 AM. The surveyors went up to the 6th floor after the fire was cleared. E9 (Licensed Practical Nurse) showed the surveyor the room where the fire occurred (634). The mattress was removed from bed 634-4. Black smoke residue was observed on the headboard of 634-4. All glass windows were broken. Beige powder from fire extinguisher was all over the floor of the room. There were small bits of charred black debris scattered on the floor and down the north end stairwell steps. The surveyor observed bed linens were on the concrete ground below. The surveyor also observed the north stairwell alarm did not go off when a resident opened the door.</p> <p>According to E9 during an interview on 9/23/08, he did not know who started the fire. E9 was making his rounds after 11:00 AM, when he saw room 634-4 headboard was on fire. E9 called a code Red, took the fire extinguisher and put the fire out. E9 was unsure if the bed linens or mattress or both were on fire. E9 said he did not see smoke coming out of the room, smell or hear anything. E9 also stated, most residents on the 6th floor attend the day program and come back between 1:00 PM and 3:00 PM. In addition, E9 stated residents can only smoke in 4th, 5th &amp; 6th floor dayrooms at designated times.</p> <p>Surveyor overheard a fireman commenting about another fire by the 5th floor stairwell radiator</p>	F9999			

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F9999	<p>Continued From page 3</p> <p>cover. Surveyor went to the 5th floor south end stairwell. Burnt debris &amp; black smoke residue observed on the radiator cover. The surveyor also observed small bits of burnt debris on the stairs going down to the 4th floor.</p> <p>An interview with E6 (Licensed Practical Nurse) was conducted on 9/23/08 at 1:15 PM. E6 said E1 (Administrator) found burnt material on the 5th floor south stairwell radiator cover. E6 heard E1 yell to get the fire extinguisher.</p> <p>During the tour of the facility on 9/23/08 at 1:15 PM, the surveyor found 2 residents smoking cigarettes in the 1st floor stairwell. Surveyor immediately notified E1 about the incident. E1 sent security to investigate, however the 2 residents had already left the area. No smoke detectors were observed in all north and south end stairwells.</p> <p>On 9/23/08 at 1:30 PM, a discarded bed mattress with charred and burnt area at the upper right portion was observed next to the dumpster.</p> <p>On 9/24/08 at 3:15 PM, all resident sleeping rooms from 2nd to 6th floors were checked for smoke detectors. Of 94 resident rooms, 76 did not have smoke detectors and 18 either did not have batteries or were not working. While checking the resident rooms, a strong odor of smoke was detected in rooms 526 and 607. Room 526 did not have a smoke detector and in room 607, the smoke detector was not working.</p> <p>(A)</p>	F9999			