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

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NAME OF PROVIDER OR SUPPLIER  City View Multicare Center  STREET ADDRESS, CITY, STATE, ZIP CODE  5825 West Cermak Road Cicero, IL 60804  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)  No health deficiencies found	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2021	
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)			5825 West Cermak Road		
(Each deficiency must be preceded by full regulatory or LSC identifying information)	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.				
No health deficiencies found	(X4) ID PREFIX TAG				
		No health deficiencies found			
Level of Harm - Unknown	Level of Harm - Unknown				
Residents Affected - Unknown	Residents Affected - Unknown				

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: 145850

If continuation sheet
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