



---

## **Medicare and Medicaid Notice to the Public**

Notice is hereby given that on January 21, 2024 the agreement between the Secretary of Health and Human Services and Southview Manor in Chicago, IL as a skilled nursing facility in the Medicare program will be terminated. In addition, notice is given that the facility's agreement as a nursing facility in the Medicaid program will be terminated effective January 21, 2024.

The Centers for Medicare & Medicaid Services has determined that Southview Manor has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 C.F.R. § 483.10 Resident Rights
- 42 C.F.R. § 483.12 Freedom from Abuse, Neglect, and Exploitation
- 42 C.F.R. § 483.21 Comprehensive Resident Centered Care Plans
- 42 C.F.R. § 483.25 Quality of Care
- 42 C.F.R. § 483.45 Pharmacy Services
- 42 C.F.R. § 483.60 Food and Nutrition Services
- 42 C.F.R. § 483.80 Infection Control
- 42 C.F.R. § 483.90 Physical Environment

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after August 19, 2023. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to August 19, 2023, payment may continue to be made for up to 30 days of services on or after January 21, 2024, the date of termination.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after August 19, 2023. For Medicaid residents admitted prior to August 19, 2023, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified residents furnished on or after January 21, 2024, the date of termination.

This action is mandated by §§ 1819(h)(2)(C) and 1919(h)(3)(D) of the Social Security Act and Federal regulations at 42 C.F.R. §§ 488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance prior to January 21, 2024, the provider will remain active in the Medicare and Medicaid programs and CMS will not terminate the provider agreement.