STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 50728 Based interview and record review, the facility failed to develop a plan of care for Foley catheter use. This failure affects 1 resident (R4) sampled for Foley catheter care. Findings include: On 7/1/24 at 10:35 AM, R4 affirmed that R4 has had a Foley catheter since before entering the facility. R4's admission records documents in part the following diagnosis: acute on chronic heart failure, retention of urine, and presence of urogenital implants. R4's MDS (Minimum Data Set), dated 5/15/24, documents in part a BIMS (Brief Interview for Mental Status) summary score of 15, indicating that R4 is cognitively intact and that R4 utilizes an indwelling catheter. Record review of R4's IL- URINARY CATHETER REVIEW dated 6/19/24, indicates R4 had a urinary catheter placed approximately 6/17/24 and does not identify R4's medical diagnosis/clinical condition that demonstrates catheterization was unavoidable. Record review of R4's CAA (care area assessment) worksheet dated 5/15/24, identified that R4 has a Foley catheter, and that R4's indwelling catheter will be addressed in the care plan for improvement and to minimize risks. Record review of R4's care plan does not indicate any developed care planing related to catheter use. On 7/2/24 at 12:06 PM, surveyor reviewed R4's CAA (care area assessment) worksheet dated 5/15/24 with V2 (Director of Nursing) that identified that R4 has a Foley catheter, and that indwelling catheter will be addressed in the care plan for improvement and to minimize risks. Surveyor inquired to V2 why R4's Foley catheter was not implemented in R4's care plan in response to the assessments of R4's urinary needs, and V2 stated that care planning the Foley catheter for R4 must have been missed. V2 affirmed that residents with Foley catheters should have a plan of care developed on the resident's care plan. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of CMS's Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.18.11 (October 2023), Chapter 4 (CARE AREA ASSESSMENT (CAA) PROCESS AND CARE PLANNING) Page 23-24 documents in part the following: Because of the risk of substantial complications with the use of indwelling urinary catheters, they should be used for appropriate indications and when no other viable options exist. The assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter, the potential for removal of the catheter, and consideration of complications resulting from the use of an indwelling catheter (e.g., urethral erosion, pain, discomfort, and bleeding). The next step is to develop an individualized care plan based directly on these conclusions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 50728 Based on observation, interview and record review, the facility failed to ensure physician orders are in place for residents utilizing Foley catheters and provide care for residents with Foley catheters. This failure affects 1 resident (R4) sampled for Foley catheter care. Findings include: R4's admission records documents in part the following diagnosis: acute on chronic heart failure, retention of urine, and presence of urogenital implants. R4's MDS (Minimum Data Set), dated 5/15/24, documents in part a BIMS (Brief Interview for Mental Status) summary score of 15, indicating that R4 is cognitively intact and that R4 utilizes an indwelling catheter. On 7/1/24 at 10:35 AM, R4 affirmed that R4 has had a Foley catheter since before entering the facility. R4 stated that facility staff do not care for R4's foley catheter or the drainage bag. R4 showed the drainage bag to surveyor which appeared to be bulging and contained 1000-1200 mL of straw-colored urine. R4 stated no one empties it, so I have to do it myself. On 7/1/24 at 10:37 AM, V6 (Licensed Practical Nurse) affirmed V6 is responsible for R4's care. V6 observed R4's Foley catheter drainage bag and noted at least 1000 mL of urine. V6 could not state when the last time the drainage bag was emptied. V6 then left R4's room and did not empty the drainage bag. On 7/1/24 at 11:26 AM, surveyor inquired to V6 what was the reasoning for R4 to have an indwelling catheter, and V6 replied retention of urine. Surveyor reviewed physician orders with V6 and no orders for R4's foley catheter, monitoring, or care were identified. Record review of R4's IL- URINARY CATHETER REVIEW dated 6/19/24, indicates R4 had a urinary catheter placed approximately 6/17/24 and does not identify the resident's medical diagnosis/clinical condition that demonstrates catheterization was unavoidable. Record review of R4's physician progress notes indicate V2 (Director of Nursing) processed orders for R4's Foley catheter on 7/1/24 at 11:41 AM. On 7/1/24 at 12:48 PM, V2 (Director of Nursing) stated that V2 entered orders for R4's Foley catheter earlier this morning. V2 suspected that the orders for R4's Foley catheter were not reinstated after R4's hospitalization . Surveyor inquired the standard of care regarding orders and Foley catheter use, and V2 affirmed that all residents with Foley catheters should have orders for insertion, changing the catheter, and care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility undated policy presented by V2 on 7/3/24 titled, CATHETERS documents in part the following: . Procedure: .3. identification and documentation of clinical indicators for use of catheter; . 4. Insertion, ongoing care, and catheter removal protocols that adhere to professional standards of practice and facility policy . The facility undated policy presented by V2 on 7/4/24 titled, Indwelling Urinary Catheter Maintenance documents in part the following: To ensure that the indwelling urinary catheter is properly maintained and cared for to reduce trauma or infection . Procedure: 1. Indwelling catheter care will be rendered every shift and as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 43351 Based on interview and record review, the facility failed to provide as needed medication for pain prior resulting with one resident suffering from excruciating pain and refusing to be touched during therapy and restorative sessions. This failure affected 1 (R3) resident reviewed for pain management in the total sample of 11 residents. Findings include: On 07/02/2024 at 11:35am, V20 (Physical Therapy) stated I (V20) saw her (R3) between 4/1/2024 - 4/10/2024. Her (R3) PT was discontinued because she (R3) reached her (R3) maximum potential. (R3) is not progressing; repeatedly showing no improvement. When I (V20) assessed her (R3) on 4/1 she (R3) was dependent with bed mobility, transfers, and the gait was not assessed because she (R3) cannot really sit at the bed, her (R3) pain was 10/10. She (R3) refused to be touched. I (V20) continued to see her (R3) and provide what she (R3) can tolerate. On 4/5/2024, she (R3) basically had 15 minutes of PT session because she (R3) cannot tolerate the exercises. She (R3) had an excruciating pain. She (R3) had a big wound on the left side of the body. On 4/10/24, I (V20) discharged her (R3) because she (R3) did not progress. I (V20) referred her (R3) to Restorative. I (V20) recommended Range of Motion Passive and Active. On 07/02/2024 at 11:40am, this surveyor inquired if nursing department was informed of R3's excruciating pain during therapy session. V20 stated no, I (V20) did not. But I (V20) told my manager. My manager is on vacation and is not available for interview. On 07/02/2024 at 12:36pm, V9 (Restorative Aide) stated she (R3) refuses restorative because she (R3) was in a lot of pain. I (V9) would set her (R3) up and she (R3) enjoyed that for a about a minute or two. Her (R3) legs are painful, if you touched her (R3), she (R3) will be screaming. Even on the hoyer lift she (R3) would be screaming. I (V9) told the nurse about it. It is about a good 90% she (R3) refuses the treatment from me (V9). On 07/02/2024 at 1:35pm, V28 (Licensed Practice Nurse) stated I (V28) am the regular 1st shift nurse on 1st floor. I (V28) work Tuesday, Wednesday, Thursday and every other weekends. I (V28) have been working here for one and a half years, and nobody ever reported to me that she (R3) is in excruciating pain during therapy or that she was sore during restorative sessions. There is a reason why PRN (as need) meds are ordered. I (V28) have never given any PRN pain medications to her (R3). On 07/02/2024 at 1:56pm, V2 (Director of Nursing) stated staff from therapy are expected to let the nurse know the resident is in pain during the therapy session and the nurse should anticipate the pain and ask the physician to give PRN and to give PRN prior to therapy. On 07/02/2024 at 1:58pm, V2 stated restorative staff should let the nurse know that the resident is in pain so the nurse can give the PRN medication and nurse, the next time, should anticipate that there will be pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's (Active Order As Of: 07/02/2024) Order Summary report documented, in part Diagnoses: (include but not limited to) morbid (severe) obesity due to excess calories, acute embolism and thrombosis of unspecified vein, major depressive disorder, hidradenitis suppurativa, weakness, reduced mobility, unspecified abnormalities of gait and mobility. Pharmacy Order. Acetaminophen tablet 325mg give 2 tablets by mouth every 4 hours as needed for pain. R3's (04/24/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R3's mental status as cognitively intact. Section GG. GG 0130. Functional Abilities and Goal: E Shower/bathe self: 2 - substantial/maximal assistance. Section M. M0100. Determination of Pressure ulcer/injury risk. A. Resident has a pressure ulcer/injury. R3's (Dates of Service: 04/01/2024-04/10/2024) Physical Therapy Discharge Summary documented, in part Discharge Status and Recommendations: Functional Maintenance Program/Restorative Nursing Program. To facilitate patient, maintain current level of performance and in order to prevent decline, development and instruction in the following RNPs has been completed with the IDT (interdepartmental team): ROM (Active) and ROM (Passive). R3's (03/2024-06/2024) Medication Administration record were reviewed; no PRN (as needed) pain was given from 03/2024 - 06/2024. R3's (03/07/2024) careplan documented, in part Focus: has acute/chronic pain. Goal: will not have an interruption in normal activities due to pain. Intervention: will be monitored for indication of pain such as verbal cues, nonverbal cues, grimaces, redness, and swelling of extremities and limbs. (R3) will take pain meds as prescribed. The (07/03/2024) email correspondence with V2 documented, in part No the therapist or restorative have not disclosed that (R3) says she (R3) is in pain. The (undated) Restorative Aide Job Description documented, in part position summary: the restorative aid is responsible for providing nursing restorative care to ensure residents attain or maintain the highest possible physical, mental, and emotional well-being possible without decline, unless the decline is documented as unavoidable, their starting aid will provide this care as assigned by the restorative nurse or DON and in accordance with the residents overall plan of care. The person holding this position is delegated the responsibility for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures. Essential job functions: 7. Reports to the DON any adverse conditions experienced by the resident during the provision of restorative nursing care including, but not limited to, pain. The (9/11/19) Job Description: Physical therapist documented, in part Physical therapist is responsible for their direct clinical skills, documentation skills and the compliance to all professional standards. Job Description. The RPT (Registered Physical Therapy) is responsible for the evaluation and treatment of residents who demonstrate disorders of musculoskeletal deficiencies, transfer/gait deficits. Develops programs appropriate to the needs of the residents in the facility, to assist them in achieving their highest feasible level of functioning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The (9/1/23) GUIDELINES FOR PAIN MANAGEMENT documented, in part Purpose: It is the intent of the facility to promote resident independency, comfort, and to preserve resident dignity in an ongoing effort to promote the highest level of quality for their lives. One aspect of this commitment is to maintain an effective pain management plan to provide residents the means to receive necessary comfort, exercise greater independence, and therefore enhance their overall welfare and well-being. Methods to Achieve Goals of Pain Management. 3) Being cognizant of the non-verbal signs/symptoms of pain in residents not able to verbally express their pain due to a limited cognition or other concern or deficit. 4) Increasing comfort for the residents and promoting an atmosphere as free of anxiety and/or depression for the resident(s) as possible. 5) Optimize the ability of residents to perform activities of daily living to maintain their independence and dignity as much as possible.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 43351 Based on observation, interviews, and record review, the facility failed to ensure washcloths were changed in between dirty body surface areas, failed to ensure a sign is posted for a resident on enhanced barrier precautions and failed to ensure staff appropriately don and doff personal protective equipment during high contact care for a resident on enhanced barrier precautions in an effort to prevent the spread on Multidrug Resistant Organism. This failure affected 1 (R3) resident reviewed for infection control and has the potential to affect all the residents on the first floor. Findings include: On 07/01/2024 at 1:16pm, there was a sign posted by R3's outside wall sequence of donning and doffing of PPE. A PPE bin was outside of R3's room with gown, gloves, and mask. There was no enhanced barrier precautions sign posted by R3's room or door. V12 (Certified Nursing Assistant) knocked at R3's room and entered wearing a mask and gloves only. V12 put down a basin with one washcloth by R3's foot of bed. R3 was turned on her (R3) left side. There was a minimal bleeding noted on R3's left armpit. V12 wiped R3's back from the buttocks up, returned the washcloth in the basin, towel dried R3's back without changing her (V12) gloves, instructed R3 to turn on her (R3) right side. R3's right arm pit noted with dressing. V12 wiped R3's front side of body with the same washcloth she (V12) used on R3's back. (V12) returned the washcloth in the basin and towel dried R3's front side of body with the towel she (V12) used on R3's back. On 07/01/2024 at 1:28PM outside of R3's room this surveyor pointed out to V12 the sign posted by R3's outside wall and the PPE bin outside of R3's room. V12 stated the sign tells me (V12) how to put on the PPE, the sequence of putting in the PPE. I (V12) am supposed to wear a gown, but I (V12) did not see the orange sign and I (V12) just entered without a gown. On 07/01/2024 at 1:30pm, inquiring when to appropriately change gloves, V12 stated I (V12) was told I (V12) was supposed to remove the gloves after everything is done. I (V12) was only taught to change the gloves when I (V12) am leaving the room; not taught to change gloves from dirty to clean (surface). On 07/01/2024 at 1:31pm, inquiring about the sequence of wiping a resident's body, V12 stated I (V12) am supposed to start from top to bottom using the same washcloth. We only have few available washcloths. On 07/01/2024 at 2:11pm, V2 (Director of Nursing) stated residents with wound are placed on enhanced barrier precautions to protect residents and staff for potential spread of infection. EBP sign should be available to inform staff what to wear upon room entry. The purpose of donning appropriate PPE (personal protective equipment) so the potential infection will not go to the staff clothes. The sign should be there, but it has been taken out due to construction. I (V2) expected my staff to don PPE upon entering the room when they do ADL care. Staff are expected to wear gowns, gloves and mask. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/02/2024 at 1:50pm, V2 (Director of Nursing) stated the process of washing the body is to don gloves, wash the back with a washcloth, now the gloves are dirty, staff should remove the gloves, don new gloves and towel dry the resident. I (V2) don't expect the staff to use the same washcloth that staff use on the back of a resident. The washcloth is already dirty, and I (V2) expect them to use new wash cloth to prevent putting the dirt back on the skin, there could be open areas on the skin, the purpose is to prevent infection. I (V2) expect the staff to put on a new gloves after the process of cleaning the back of the resident and before washing the front side of the resident. The purpose of changing gloves is to prevent infection. R3's (04/24/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R3's mental status as cognitively intact. Section GG. GG 0130. Functional Abilities and Goal: E Shower/bathe self: 2 - substantial/maximal assistance. Section M. M0100. Determination of Pressure ulcer/injury risk. A. Resident has a pressure ulcer/injury. R3's (Active Order As Of: 07/02/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) morbid (severe) obesity due to excess calories, essential (primary) hypertension, acute embolism and thrombosis of unspecified vein, major depressive disorder, hidradenitis suppurativa, weakness, reduced mobility. Order Summary: Both Groins and Pubis Multiple Sites: Cleanse with 1/4 strength Dakin's, pat dry, apply Calcium Alginate Silver, cover with dry dressing every day shift for Wound care. Active. Order Date: 05/15/2024. End date: (blank). LT (left) Axillary: Cleanse with 1/4 Dakin's, pat dry, apply Calcium Alginate Silver, cover with dry dressing everyday shift for wound care. Active. Order Date: 05/15/2024. End Date: (blank). RT (right) Axillary: Cleanse with 1/4 Dakin's, pat dry, apply Calcium Alginate Silver, cover with dry dressing every day shift for wound care. Active. Order Date: 05/15/2024. End Date: (blank). Rt (right) high: Cleanse with 1/4 Dakin's, pat dry, apply Calcium Alginate Silver, cover with dry dressing every day shift for wound care. Active. Order Date: 05/15/2024. End Date: (blank). Sacral Split: Cleanse with 1/4 Dakin's, pat dry, apply Calcium Alginate Silver, cover with dry dressing every day shift for wound care. Active. Order Date: 05/15/2024. End Date: (blank). Maintain Enhanced Barrier precautions every shift must wear appropriate PPE. Of note, wound care were ordered on 05/15/2024 and maintaining enhanced barrier precaution was ordered on 07/02/2024. R3's (07/02/2024) Care plan documented, in part Focus: On enhanced barrier precautions for wounds or skin opening requiring a dressing. Goal: Enhanced barrier precaution will be maintained. Follow personal equipment protocols. The (07/01/2024) Resident's with EBPs (enhanced barrier precaution) documented that R3 was in the list due to wound. The (2023_04_01) certified nursing assistant job description documented, in part position summary: the certified nursing assistant (CNA) provides each resident with routine daily nursing care and services in accordance with the resident's assessment and care plan with a passionate focus on customer service. This position will strive to offer an enlightened approach to providing comprehensive and individualized care while preserving each resident's independence. C. Role responsibilities - safety and infection control: ensures that established infection control and standard precaution practices are maintained when performing nursing procedures according (to) facility policies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145914	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southpoint Nursing & Rehab Center	1010 West 95th Street Chicago, IL 60643

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The (12/19/22) Enhanced Barrier Precautions documented, in part Policy: it is the policy of the facility to ensure that additional and appropriate PPE (personal protective equipment) is utilized, when indicated, to prevent the spread of multidrug resistant organisms also known as MDROs. Enhanced barrier precautions (EBP) are defined as the use of PPE (gowns and gloves) during high contact resident care activities that generate opportunities for transfer of MDRO's in the form of blood or body fluids, onto the hands and/or clothing of the rendering caregiver. These precautions are generally in place for the duration of the resident's stay, or until there is a resolution of the wound that placed the resident at higher risk. Who is at risk before acquiring or spreading a MDRO? Residents with wounds regardless of MDRO status. Example of high contact resident care activities at which time ebp is to be practiced are: bathing/showering, providing hygiene - ADL (activities of daily living). Procedure: 1) when engaging in any of the aforementioned high contact resident care activities with a resident who would be at risk to contract a MDRO - use gloves and gowns (EBP). 2) obtain of physicians order for the enhanced barrier protection (precautions). 3) ensure that proper signage is posted on the residence room door instructing those who plan to enter the room to check first at the nurses station for education/instruction.