

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145914	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Southpoint Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to ensure that staff report hazards and/or housekeeping concerns, failed to ensure that resident rooms are clean and hazard free, failed to ensure that spills are addressed immediately, and failed to ensure that dining rooms are cleaned timely. These failures have the potential to affect 82 residents residing on 1st and 3rd floor.</p> <p>Findings include:</p> <p>On (10/9/24) IDPH (Illinois Department of Public Health) received allegations that the facility floors are not swept/mopped timely, and the dining room is not being cleaned appropriately or timely.</p> <p>The (10/15/24) census includes 30 (1st floor) residents and 52 (3rd floor) residents.</p> <p>R1's (7/10/24) concern form states the room is very dirty and there is trash under the bed.</p> <p>R1's diagnoses include Alzheimer's disease, reduced mobility, and lack of coordination.</p> <p>R1's (7/15/24) BIMS (Brief Interview Mental Status) determined a score of 1 (severely impaired).</p> <p>R1's (7/15/24) functional assessment affirms partial/moderate assistance is required for eating and chair/bed to chair transfers are staff dependent.</p> <p>R1 resides on the 1st floor.</p> <p>On 10/15/24 at 12:35pm, V5 (Housekeeping) was assigned to the 1st floor. V5 stated The rooms get cleaned every day. The dining room gets cleaned after breakfast and after lunch on my (V5) shift. There's two housekeepers on each floor, the other one (housekeeper) is on break.</p> <p>(continued on next page)</p>

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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/15/24 at 1:06pm, surveyor inquired when R1 was placed in the wheelchair V7 (CNA/Certified Nursing Assistant) stated She (R1) slept in a little late today, so she ate breakfast in bed. I (V7) got her up around 10:00 (3 hours prior). Large pieces of food debris were observed on R1's bedroom floor (some of which was smashed) however R1 requires feeding/transfer assistance and resides in the room alone. The drywall (adjacent R1's bed) appeared to be repaired and the baseboard (removed from the wall) was lying on the floor. Surveyor inquired why the baseboard was on R1's bedroom floor V7 responded I don't know if they repaired the wall and didn't put it back or what. Surveyor inquired about the facility housekeeping V7 replied They walking the floors right now going into the rooms however didn't seem concerned with the identified hazard and/or cleanliness of R1's room.</p> <p>On 10/15/24 at 1:03pm, the (1st floor) dining room tables appeared clean however food debris and (dried) brown spills were observed on the floor.</p> <p>On 10/15/24 at 1:26pm, the (3rd floor) dining room tables were not cleared and/or cleaned. Trash (napkins, meal tickets, cups, plastic wrap, etc.) and food debris were observed all over the floor. Two large (partially dried) orange juice spills were also noted on the floor. Surveyor inquired about the current (3rd floor) housekeeping staff V9 (Housekeeping) stated It's two housekeepers and we have a janitor too, so I'll say three. Surveyor inquired why the (3rd floor) dining room was not cleaned V9 responded We usually clean after lunch, but they got a call and had to move resident's downstairs. Surveyor inquired what was on the dining room floor V9 replied It look like the food they were eating earlier. Surveyor inquired about the large spills on the dining room floor V9 stated That's probably juice because it looks like they had some orange juice. Surveyor inquired what drinks were served today for lunch V8 (CNA) stated Kool-Aid and coffee therefore considering reasonable person concept, substantial debris, and the partially dried orange juice, the dining room floor was likely not cleaned after breakfast.</p> <p>R3 resides on 3rd floor.</p> <p>On 10/15/24 at 1:39pm, several (dried) spots of gastrostomy tube feeding were observed on the floor (adjacent R3's bed) and the floor appeared dirty with scattered debris. Surveyor inquired about the facility housekeeping V11 (CNA) stated They could be better. Surveyor inquired about the appearance of R3's bedroom floor V11 responded There's dirt, debris and a lot of stuff that could be swept up.</p> <p>On 10/21/24 at 1:40pm, V28 (Housekeeping Director) stated We (facility) have 6 housekeepers a day, we have two on each floor. Surveyor inquired if any housekeeping staff called off on 10/15/24 V28 responded No, not that I'm aware. Surveyor inquired about the facility requirements for cleaning resident rooms V28 replied They supposed to be going into the room and wiping everything down, moving the furniture sweeping and mopping everything behind, cleaning bathrooms, pulling trash and high and low dusting daily. Surveyor inquired if staff was feeding a resident and food got all over the floor what should they do? V28 stated They would notify the housekeeper for them to pick it up off the floor and sweep and mop it. Surveyor inquired about the requirements for cleaning the facility dining room V28 responded After each meal, they (staff) sweep and mop the floor and clean the tables. Surveyor inquired when breakfast and lunch are served at the facility V28 replied Breakfast is between 7 and 8:00am, lunch is from 12-1pm.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The (undated) general cleaning policies and procedures state the purpose is to provide a clean, attractive, and safe environment for residents, visitors, and staff. Survey the area and pick up loose trash. Clean and disinfect the room furnishings. Dust mop the resident room. Remove any gum or other sticky residue from the floor by gently prying it loose with the putty knife. Wet mop the resident room. Look over the room carefully and mentally check that you have performed all the required steps and that the room meets your standards.</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based upon record review and interview the facility failed to follow policy procedures, failed to ensure that care plans include discharge planning on admission, failed to ensure the discharge care plan includes actual discharge plan, failed to follow-up on transfer referral(s), and failed to transfer one of three residents (R1) reviewed for discharge timely.</p> <p>Findings include:</p> <p>On (10/9/24) IDPH (Illinois Department of Public Health) received an allegation that the facility is not providing residents ADL (Activities of Daily Living) care and not assisting (R1) to transfer to another facility in a timely manner.</p> <p>On 10/15/24 at 1:06pm, concerns were identified with R1 not receiving timely ADL care.</p> <p>R1 was admitted [DATE].</p> <p>R1's comprehensive care plan (received 10/15/24) excludes discharge planning.</p> <p>R1's progress notes include (7/10/24) resident family expressed a desire to be transferred to (South [NAME] LTC/long-term care facility). Residents' referral packet has been faxed to the facility per family request. (7/11/24) Writer received a call from (South [NAME] LTC facility) stating that the resident is not accepted at this time due to her insurance. The family member has been notified. Staff will continue to provide assistance as needed. Resident family expressed a desire to be transferred to ([NAME] Heights LTC facility) resident referral packet has been faxed to facility as per request. Writer will continue to follow up and document progress accordingly. (8/1/24) Resident family expressed a desire to be transferred to (South [NAME] LTC facility). Residents' referral packet has been faxed to the facility per request [R1 was denied by South [NAME] LTC 7/11/24 due to insurance - per 7/11/24 progress note]. (8/3/24) resident family member expressed a desire to be transferred to (Crestwood LTC facility) residents' referral packet has been faxed to the facility per request. Writer will continue to follow up and document progress accordingly. [follow-up with [NAME] Heights LTC and/or Crestwood LTC facilities is not documented].</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/21/24 at 11:50am, surveyor inquired about R1's discharge planning V26 (Social Service) stated from the beginning (V27/Family) requested a transfer for another facility. We (staff) requested the transfer to the facility that she (V27) wanted (referring to the South [NAME] LTC) and sent a referral to them but due to her (R1) insurance she wasn't accepted. I (V26) let (V27) know and I told her (V27) we (facility) have a lot of facilities we can send her to, but she (V27) wanted something close to her. We also sent referrals to [NAME] Heights, and Crestwood there was no bed for both of them and I (V26) let her (V27) know about it. [facility denial - due to bed availability and/or contact with V27 regarding denial for [NAME] Heights LTC and/or Crestwood LTC is not documented]. I (V26) gave her (V27) a list for her (R1) to be transferred and she (V27) never requested to send her (R1) somewhere else. Surveyor inquired about the facility protocol for resident transfers V26 responded We (staff) send a referral to the facility that they (resident/family) want to be sent to and follow up with them to see if they have any space or whatever. If they don't have any space, we (staff) just document it and let the family know. We give them a list of facility of which one they want to go to. Surveyor inquired about resident discharge planning V26 replied Every resident supposed to have a discharge care plan on admission. Surveyor inquired why R1's comprehensive care plan excludes discharge planning V26 stated I'll have to check that one.</p> <p>On 10/21/24 at 11:55am, V26 presented R1's discharge care plan initiated 10/15/24 (after surveyor request and over 3 months after admission). R1's (10/15/24) care plan states resident and/or representative express the desire for resident to move to a less structured environment. Interventions: determine what services the resident will need in the community [request to transfer to another facility is excluded].</p> <p>The (1/1/17) transfer and discharge policy states the facility shall permit each resident to remain in the facility unless such transfer or discharge is made in recognition of the resident's rights to receive considerate and respectful care; to receive necessary care and services and to participate in the development of the comprehensive care plan and in recognition of the rights of other residents in the facility.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based upon record review and interview the facility failed to ensure that staff are aware of facility policies, failed to follow policy procedures, and failed to develop a comprehensive care plan including required interventions for three of three dependent residents (R1, R2, R3) in the sample. These failures have the potential to affect 145 residents.</p> <p>Findings include:</p> <p>On 10/3/24 and 10/9/24, IDPH (Illinois Department of Public Health) received allegations that facility residents are not receiving required ADL (Activities of Daily Living) care.</p> <p>The (10/15/24) census includes 145 residents.</p> <p>R1 was admitted on [DATE].</p> <p>R1's diagnoses include Alzheimer's disease, reduced mobility, lack of coordination, and weakness.</p> <p>R1's (7/15/24) BIMS (Brief Interview Mental Status) determined a score of 1 (severely impaired).</p> <p>R1's (7/15/24) functional assessment affirms partial/moderate assistance is required for eating and bathing, substantial/maximal assistance is required for toileting hygiene, and chair/bed to chair transfers are dependent on staff.</p> <p>R1's (7/10/24) care plan states resident requires extensive to total assistance with most ADL's however interventions required for eating, bathing, toileting, and transfers are excluded.</p> <p>—</p> <p>R2 was readmitted on [DATE].</p> <p>R2's diagnoses include paraplegia.</p> <p>R2's (9/3/24) functional assessment affirms supervision/touching assistance is required for eating, and substantial/maximal assistance is required for toileting hygiene and chair/bed to chair transfer.</p> <p>R2's care plan includes the following: (7/31/23) resident has paraplegia, interventions: assist with ADL's as required however the required assistance for eating, toileting, and transfers is excluded.</p> <p>—</p> <p>R3 was readmitted on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R3's diagnoses include vascular dementia and lack of coordination.</p> <p>R3's (7/24/24) BIMS affirms resident is rarely/never understood.</p> <p>R3's (7/24/24) functional assessment affirms resident is dependent on staff for eating, chair/bed to chair transfer, and toileting hygiene.</p> <p>R3's comprehensive care plan (received 10/15/24) excludes ADL care.</p> <p>On 10/17/24 at 12:26pm, surveyor inquired about care plan requirements V25 (MDS/Minimum Data Set Coordinator) stated We have an initial care plan upon admission and then we have a quarterly after that. Surveyor inquired who's responsible for the ADL care plans V25 responded That would be restorative but according to their policy its saying that I'm responsible for that which I just found out about yesterday. Surveyor inquired if R1's care plan includes ADL care V25 replied I only see the AROM (Active Range of Motion) for restorative. Surveyor inquired if required transfers, toileting, bathing or dressing assistance are on R1's care plan V25 stated No. R2 was readmitted 4 months ago. Surveyor inquired if transfers, toileting, and eating assistance are included on R2's care plan V25 responded Yes and affirmed R2's self-care deficit care plan was initiated on 10/16/24 (after surveyor received R2's care plan). Surveyor inquired if R3's care plan includes ADL care V25 replied No. Surveyor inquired if required eating, transfers, or toileting assistance are on R3's care plan V25 stated No ma am.</p> <p>The baseline care plan assessment/comprehensive care plan policy (updated 9/18/18) states the baseline care plan will be discontinued upon the completion of the comprehensive care plan. The comprehensive care plan will further expand on the resident's risks, goals and interventions using the Person Centered plan of care approach for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, physical functioning, mental and psychosocial needs. These needs will be defined from observation, interviews, clinical medical record review and through assessments. The facility interdisciplinary team in conjunction with the resident, resident's family, surrogate or representative as appropriate will discuss and develop quantifiable objectives along with appropriate interventions in an effort to achieve the highest level of functioning. The comprehensive care plans will be reviewed and updated every quarter at a minimum. The facility may need to review the care plans more often based on changes in the resident's condition. Interdisciplinary team responsible for section ADL's:: MDS Nurse and Restorative Nurse. Back-up Designee: DON/ADON (Assistant Director of Nursing).</p> <p>On 10/17/24 at approximately 1:00pm, V2 (Director of Nursing) affirmed that the facility does not currently have a Restorative Nurse.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that care plans include required assistance, and failed to provide timely ADL (Activities of Daily Living) care to two of three dependent residents (R1, R3) in the sample.</p> <p>Findings include:</p> <p>On 10/3/24 and 10/9/24, IDPH (Illinois Department of Public Health) received allegations that facility residents are not receiving ADL (Activities of Daily Living) care.</p> <p>R1's diagnoses include Alzheimer's disease, reduced mobility, lack of coordination, and weakness.</p> <p>R1's (7/15/24) BIMS (Brief Interview Mental Status) determined a score of 1 (severely impaired).</p> <p>R1's (7/15/24) functional assessment affirms substantial/maximal assistance is required for toileting hygiene, and chair/bed to chair transfers are dependent on staff.</p> <p>R1's comprehensive care plan (received 10/15/24) excludes toileting and transfer assistance.</p> <p>On 10/15/24 at 12:27pm, V4 (CNA/Certified Nursing Assistant) was observed feeding R1 in the dining room, R1 ate 100% of the meal. Surveyor inquired if R1 can communicate V4 stated She (R1) says things now and then however R1 was non-verbal at this time.</p> <p>On 10/15/24 at 1:06pm, R1 was observed again in the dining room. V7 (CNA) affirmed that she is currently assigned to R1. Surveyor inquired when R1 was placed in the wheelchair V7 stated She slept in a little late today, so she (R1) ate breakfast in bed. I (V7) got her up around 10:00 (over 3 hours prior). Surveyor requested to inspect R1's incontinence brief at this time V7 subsequently placed R1 in the bed and removed R1's brief which was moderately saturated with urine.</p> <p>—</p> <p>R3's diagnoses include vascular dementia and lack of coordination.</p> <p>R3's (7/24/24) BIMS affirms resident is rarely/never understood.</p> <p>R3's (7/24/24) functional assessment affirms resident is dependent on staff for eating, chair/bed to chair transfer, and toileting hygiene.</p> <p>R3's care plan excludes ADL care.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/24 at 1:39pm, surveyor inquired how many residents assigned to V11 (CNA) are incontinent V11 stated Ten, the majority of them. Surveyor inquired when R3 was last checked and/or changed V11 responded At like 10:00 (3.5 hours prior). Surveyor inquired about the required frequency for checking and/or changing incontinent residents V11 replied Every two hours. V11 subsequently removed R3's incontinence brief which contained urine and bowel movement. Surveyor inquired if R3 communicates V11 replied He doesn't respond but he knows what's going on.</p> <p>The (undated) Activities of Daily Living policy states ADL care is provided throughout the day, evening, and night and as care planned and/or as needed.</p> <p>The (undated) incontinence care policy states it is the policy of the facility to ensure that residents receive as much assistance as needed for cleansing the perineum and buttocks after an incontinent episode with routing daily care. Frequency depends on bladder diary results and/or routine minimal every 2-hour checks as well as care planning.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to ensure they have a written staffing policy, failed to ensure that the required amount of staff are scheduled, failed to ensure that scheduled staff arrive timely and/or stay for the entire shift, and failed to ensure that sufficient nursing staff were available to meet the needs for three of three dependent residents (R1, R2, R3) in the sample. These failures have the potential to affect 145 residents.</p> <p>Findings include:</p> <p>On 10/9/24, IDPH (Illinois Department of Public Health) received allegations that facility residents are left in urine/feces for 3+ hours due to lack of staff.</p> <p>The (10/15/24) census includes 145 residents.</p> <p>On 10/15/24 at 12:24pm, surveyor inquired about the current (1st floor) staffing V3 (Agency Registered Nurse) stated It's just me (V3) and I have three CNAs (Certified Nursing Assistants). Normally it's just one Nurse on this floor. Surveyor inquired about the 1st floor census V3 responded there's 30. Surveyor inquired if one Nurse on the unit is adequate staffing considering acuity and/or needs of each resident V3 replied I've been doing it for a while, I can manage it however concerns were subsequently identified with failing to monitor R2's indwelling urinary catheter.</p> <p>On 10/15/24 at 12:27pm, V4 (CNA) was feeding R1 in the dining room. Surveyor inquired about the current (1st floor) staffing V4 stated It's three CNAS and like 30 residents on the floor. I (V4) would say a little more than half of them (residents) require assistance. About half of the residents are like totals (require total care). Surveyor inquired how many (1st floor) residents require feeding assistance V4 responded four.</p> <p>On 10/15/24 at 12:42pm, surveyor inquired about the current (1st floor) staffing V6 (CNA) stated We got three CNAS on this floor, we (CNAS) got 10 or 11 people apiece. They (facility) usually have two CNAS and that's not enough.</p> <p>R2 resides on 1st floor. On 10/15/24 at 12:50pm, white speckled sediment was notably adhered throughout R2's indwelling urinary catheter tubing. In addition, several chunks of thick purulent sediment appeared to be obstructing R2's urine flow. Surveyor inquired when R2's catheter was placed and/or catheter bag changed however R2 was unsure. Surveyor inquired about the appearance of R2's catheter V3 (Agency Registered Nurse) stated We (staff) definitely need to change this tubing, it's some buildup here. On 10/15/24 at 2:20pm, surveyor inquired about the appearance of R2's catheter this afternoon V2 (DON/Director of Nursing) stated There was sediment in the tubing and looked like it needed to be flushed. R2's (10/15/24) urinalysis affirms UTI (Urinary Tract Infection).</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R1 resides on 1st floor. R1's (7/15/24) BIMS (Brief Interview Mental Status) determined a score of 1 (severely impaired). R1's (7/15/24) functional assessment affirms substantial/maximal assistance is required for toileting hygiene and chair/bed to chair transfers are dependent on staff. On 10/15/24 at 1:06pm, V7 (CNA) affirmed that she is currently assigned to R1. Surveyor inquired when R1 was placed in the wheelchair V7 stated She slept in a little late today, so she (R1) ate breakfast in bed. I got her up around 10:00 (over 3 hours prior). Surveyor requested to inspect R1's incontinence brief at this time V7 subsequently placed R1 in the bed and removed R1's brief which was moderately saturated with urine. Surveyor inquired about the (1st floor) day shift CNA staffing V7 stated The staffing its iffy sometimes. Normally it supposed to be three on the floor and basically end up with two. Monday (after the weekends) sometimes it be short. We try to call someone in, but it doesn't give em enough time to come in.</p> <p>On 10/15/24 at 1:23pm, surveyor inquired about the current (3rd floor) staffing V8 (CNA) stated First we started out with four CNAS then we ended up with five. Surveyor inquired when the 5th CNA showed up this morning V8 responded I'll say maybe around 9:30 or 10:00. Surveyor inquired about concerns with facility staffing V8 responded Lately, it's been four sometimes five CNAS. Surveyor inquired if four CNAS was adequate (3rd floor) staffing considering acuity and/or needs of each resident V8 replied I don't think so, no. Preferably six would be good because the people up here have Alzheimer's. [The 10/15/24 (3rd floor) census includes 52 residents].</p> <p>On 10/15/24 at 1:32pm, surveyor inquired about the current (3rd floor) staffing V10 (CNA) stated We got five aides and two Nurses. Surveyor inquired if five (3rd floor) CNAS was adequate staffing V10 responded It could be more. Surveyor inquired if one of the CNAS arrived late today V10 stated I was on a escort, I started my shift today at 8:00 and affirmed that she was subsequently pulled to work on 3rd floor.</p> <p>On 10/15/24 at 1:39pm, surveyor inquired about the current (3rd floor) staffing V11 (CNA) stated It was more than four CNAs scheduled but usually we have call offs. Surveyor inquired if four (3rd floor) CNAs were adequate staffing V11 responded No, not at all. Surveyor inquired if five (3rd floor) CNAs was adequate staffing V11 replied It's fine, it's not the best but honestly it's not the worst. Surveyor inquired how many residents assigned to V11 are incontinent V11 stated Ten, the majority of them. R3 resides on 3rd floor. R3's (7/24/24) BIMS affirms resident is rarely/never understood. R3's (7/24/24) functional assessment affirms resident is dependent on staff for transfers and toileting hygiene. V11 removed R3's incontinence brief which contained urine and bowel movement at this time. Surveyor inquired when R3 was last checked and or changed V11 responded At like 10:00 (3.5 hours prior). Surveyor inquired about the required frequency for checking and/or changing incontinent residents V11 replied Every two hours. Surveyor inquired if R3 communicates V11 replied He doesn't respond but he knows what's going on.</p> <p>On 10/15/24 at 1:47pm, surveyor inquired about the current (3rd floor) staffing V12 (Licensed Practical Nurse) stated We got five CNAs and two Nurses. We had four CNAs, they pulled from another floor. I believe there was a call off. Surveyor inquired when the fifth CNA arrived on the unit V12 responded Maybe between 9 or 10:00, something like that but it wasn't when the shift started. Surveyor inquired about the 3rd floor census V11 replied Right now there is 53 dementia residents. Even the ones who think they're independent we (staff) still need to assist them with the bathroom or maybe make sure something isn't inside out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145914	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2024
NAME OF PROVIDER OR SUPPLIER Southpoint Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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.			
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/16/24 at 3:43pm, surveyor inquired about the facility day shift staffing V13 (Staffing Coordinator) stated On the 1st floor it should be 2 aides and 1 Nurse, 2nd floor is 6 aides and 2 Nurses, 3rd floor is 5 aides and 2 Nurses [therefore a total of 13 CNAs]. However, the 10/15/24 day shift staffing affirms only 12 CNAs were scheduled]. Surveyor inquired about the 10/15/24 day shift staffing V13 responded I (V13) had two CNA call offs. I tried to call people in, but it was a late call in. When they (staff) call off at like 5:45 in the morning it's hard to get a hold of someone to come in.</p> <p>On 10/17/24 at 10:01am, surveyor inquired about the Nursing staff hours V2 (DON) stated The Nurses work 7a (am) to 7p (pm) and the CNAs work 7a to 3p, 3p to 11p and 11p to 7a.</p> <p>The (10/15/24) time sheets affirm the following scheduled staff showed up late and/or left early: V3 (Agency RN/Registered Nurse) clocked in at 7:17am (17 minutes late). V4 (CNA) clocked in at 7:15am (15 minutes late). V8 (CNA) clocked in at 7:30am (30 minutes late) and left at 2:00pm (1 hour before the shift ended). V11 (CNA) clocked in at 7:15am (15 minutes late). V15 (CNA) clocked in at 7:15am (15 minutes late). V16 (CNA) clocked in at 7:30am (30 minutes late). V17 (CNA) clocked in at 7:15am (15 minutes late). V19 (CNA) clocked in at 8:00am (1 hour late). V23 (Agency RN) clocked in at 10:59am (4 hours late). V24 (Agency RN) clocked in at 7:51am (51 minutes late). The (10/15/24) time sheets also affirm that V20 (CNA) and V21 (CNA) never clocked in (due to call offs) therefore only 10 CNAS were scheduled to work the floors.</p> <p>On 10/17/24 at 12:26pm, surveyor inquired about care plan requirements V25 (MDS/Minimum Data Set Coordinator) stated We have an initial care plan upon admission and then we have a quarterly after that. Surveyor inquired who's responsible for the ADL (Activities of Daily Living) care plans V25 responded That would be restorative but according to their (facility) policy its saying that I'm (V25) responsible for that which I just found out about yesterday. Surveyor inquired if R1's care plan includes ADL care V25 replied I only see the AROM (Active Range of Motion) for restorative. Surveyor inquired if required transfers, toileting, bathing or dressing assistance are on R1's care plan V25 stated No. [R2 was readmitted 4 months ago]. Surveyor inquired if transfers, toileting, and eating assistance are included on R2's care plan V25 responded Yes and affirmed R2's self-care deficit care plan was initiated on 10/16/24 (after surveyor requested R2's care plan). Surveyor inquired if R3's care plan includes ADL care V25 replied No. Surveyor inquired if required eating, transfers, or toileting assistance are on R3's care plan V25 stated No ma am.</p> <p>On 10/17/24, at approximately 1:20pm, V2 (DON) affirmed that the facility does not currently have a restorative nurse.</p> <p>On 10/15/24 at 4:16pm, surveyor requested the facility staffing policy V1 (Administrator) responded We don't have a staffing policy, so we base it on the needs of the building based on our census, and skilled and intermediate needs, and then we staff accordingly.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to ensure the building is well maintained, failed to ensure that facility repairs are documented, failed to timely identify an area needing repair, failed to address falling ceiling tiles, and failed to timely repair a malfunctioning actuator. The facility also failed to pay the HVAC (Heating Ventilation Air Conditioning) company. These failures have the potential to affect 145 residents.</p> <p>Findings include:</p> <p>The (10/15/24) census include 145 residents.</p> <p>On (10/9/24) IDPH (Illinois Department of Public Health) received an allegation that the facility (3rd floor) ceiling tiles are falling on one end.</p> <p>On 10/15/24 (6 days later) at 1:32pm, a large trash can was observed in the middle of the hallway (adjacent room [ROOM NUMBER]) and several wet towels were on the floor surrounding the trash can. Two of the ceiling tiles (above the trash can) were missing and water was draining profusely from the ceiling (it was raining outside at this time).</p> <p>On 10/15/24 at 2:24pm, surveyor relayed concerns with the (3rd floor) ceiling currently leaking V2 (Director of Nursing) stated I know that's been addressed.</p> <p>On 10/21/24 at 2:25pm, surveyor inquired about the facility maintenance requests V29 (Maintenance Director) stated We have books at each of the Nurse's station for maintenance requests. We check them daily and the important ones like if it's a leak or a bed malfunctioning, we will do that first. Surveyor inquired if concerns regarding facility (3rd floor) ceiling tiles was reported V29 responded Yes, they did let us know that some of the ceiling tiles was wet. It was like in June (4 months ago) when it rained so we had the roof sealed and I thought it was fixed. We called out (HVAC Contractor) the Friday before you (surveyor) came (10/11/24). That's when the ceiling tile collapsed, after getting wet so much it just fell on the 3rd floor in the hallway right outside of room [ROOM NUMBER]. They (HVAC Contractor) told us that it was an actuator tied into the air handling system in the room for the air conditioner. They (HVAC Contractor) ordered a part and they're up there repairing it now (10 days later). Surveyor inquired about requirements for maintaining the facility heat/air system V29 replied We'll (maintenance staff) go through and check that its free of debris and the residents clothing is not on the unit and we change the filters. We also make sure that there's proper air flow. The (HVAC contractor) comes out quarterly to check the chiller, air handler units and make sure the motors and actuators are working properly. Invoices were requested at this time for the HVAC quarterly inspections, actuator assessment/repair and the roof repair.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/21/24 at 3:41pm, V29 presented a (4/15/24) maintenance request which states towels needs to be placed (Location: room [ROOM NUMBER]) and stated the ceiling tile was replaced at that time (6 months ago). V29 affirmed that the HVAC contractor comes twice a year not quarterly (as stated) and presented (9/23/24) HVAC statement which includes ten (10) unpaid charges since 7/1/24. Total payments: \$0.00. PAST DUE - PLEASE REMIT \$15, 405.58 (invoices including actual inspections and/or repairs were excluded, the 10/11/21 inspection and/or actuator repair estimate was also excluded). Surveyor inquired about the (June 2024) roof repair invoice V29 affirmed facility staff sealed the roof however nothing was documented.</p> <p>The (undated) preventive maintenance program states buildings and ground are to be inspected daily. As areas needing repair or attention are identified, they should be dealt with immediately. Twice a year the roof should be inspected for penetration leaks.</p>		