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

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Form Approved OMB
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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	01/08/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 02569 Based on interview and record review, the facility failed to follow their policy and procedure to prevent R1 from being physically abused by R2. This failure affected 1 (R1) of 4 residents reviewed for abuse. Findings include: R1 is a [AGE] year old male with a diagnosis including Cerebral infarction, Hemiplegia affecting left dominant side, Chronic kidney disease, Mood disorder, Difficulty in walking, Diabetes 2, Opiod abuse, Heart failure and Kidney failure. R1 was first admitted to the facility on [DATE]. R1 has a BIMS (Brief interview for mental status) score of 13/15. R1 is care planned for including Behavior, may demonstrate behavioral distress. 10/19/24. R2 is a [AGE] year old male with a diagnosis including Heart failure, Chronic kidney disease, Bipolar disorder, Alcohol dependence with alcohol-induced persisting dementia and Alcoholic cirrhosis of liver. R2 was first admitted to the facility on [DATE]. R2 has a BIMS (Brief Interview for Mental Status) score of 14/15. On 1/4/25 at 1:35PM R1 stated around Christmas R2 came into my room. He asked where his lighter was and I told him to get out. He pushed me to the floor and was on me. He left. I had to go to the hospital. I have a fractured back and fractured ribs. I haven't had any other issues with him since. He was moved to a different floor but I am afraid of him . On 1/4/25 at 1:49PM R2 stated I went into R1's room to talk to his roommate (R3) around Christmas time. R1 was acting goofy and told me to get out of his room. He got up out of the chair and pushed me on my chest. I pushed him back with one hand on his chest. He went back a step and that was it. I turned around and left. That was it. I haven't seen him or had any other issues with him since. On 1/7/25 at 12:08PM R3 (R1's roommate) stated I was sleeping. I heard a commotion. I looked and R1 was on the floor. I did not see anything happen. I was sleeping. The nurse came in and looked at R1. That was it. (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: 145914	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/7/24 at 11:23AM V8 (LPN per phone) stated I went into R1's room. R2 was not in R1's room at this time. R1 stated to me that R2 pushed him down to the floor and his back hurt. I talked to R2 and both their stories were conflicting. R2 stated he did not push R1 down to the floor. I assessed R1 and he had a small skin tear on his heel. This would have had nothing to do with any altercation. I notified the doctor and R1 was sent to the hospital for evaluation. R2 was sent to hospital for evaluation. The administrator was also notified. I talked to R1's roommate. He said he heard a commotion but didn't see R1 and R2 pushing each other. R1 returned from from the hospital with no injury. R2 was moved to another floor. Hospital record dated 12/18/24 shows R1 X Rays indicate no fracture or dislocation of shoulder. CT scan of chest abdomen and pelvis was negative for acute abnormality. No injuries. Facility initial incident report dated 12/19/24 shows R1 and R2 were involved in an alleged dispute in R1's room. Nursing staff observed R1 on floor upon assessment complained of back pain. Facility final incident report dated 12/25/24 shows R2 stated that he entered the room of R1 to request a lighter from roommate. At this time it is reported that R1 became verbally aggressive and began to argue with R2. R2 then pushed R1. R1 was educated on not entering peers rooms without permission prior to entering. Both residents were sent out for evaluation. Facility abuse prevention program policy (undated) documented in part: It is the policy of this facility to prevent resident abuse, neglect, mistreatment. The facility will not tolerate resident abuse or mistreatment by anyone, including staff members or other residents. Abuse: the willful infliction of injury. Facility residents rights policy (undated) documented in part: Be free from abuse and neglect. You have the right to be free from verbal, sexual, physical and mental abuse.