

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  07/09/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to provide a homelike environment by ensuring that there were no visible holes in the ceilings of two shower rooms. This failure has effected one resident (R10), and has the potential to affect 117 residents who utilize these shower rooms. Findings include: R10 is [AGE] year old with diagnosis including but not limited to: other polyosteoarthritis, unilateral inguinal hernia, localized swelling of lower left limb, hyperlipidemia and gastro-esophageal reflux disease. R10's BIMS (Brief Interview of Mental Status) score is 14, which indicates cognitively intact. During investigation on 7/3/2025 at 2:52 PM, V12 (LPN/ Licensed Practical Nurse) stated that the shower room in front of the third floor nurses' station was closed for remodeling and that the shower room in the 3 North hallway was still being used for showers. At that time, V12 (LPN/ Licensed Practical Nurse) toured the shower room located in the 3-North hallway and at that time, Surveyor noted a hole in the ceiling of the shower room. On 7/7/2025 at 1:10 PM, R10 stated the following, The second floor (2 North) shower room has holes in the wall and paint is peeling from the ceiling. Water drips from the ceiling sometimes and I don't feel comfortable taking showers here. The other shower room on this floor is closed down right now because it's even worse. On 7/8/2025 at 1:05 PM, V16 CNA (Certified Nurse Assistant) coming from second floor (2 North) shower room and stated that she had just given three showers in the shower room. At that time, Surveyor noted a hole with peeling paint in the 2-North shower room. On 7/8/2025 at 1:58 PM, V10 (Maintenance Director) stated the following, I've been here a year. We've been working on the shower rooms, remodeling the ceilings and the floors. Something happened with the shower valves which resulted in the water leaking from the valves. The running hot water makes steam and the ceiling starts sweating. The moisture also makes the dry wall soggy and sweaty and begin buckle. That's what causes the holds and peeling paint. Yes, It could make the residents feel uncomfortable in the shower room and mold could eventually grow. Facility Census Report dated 7/8/2025 documents 58 active residents on the second unit/ floor and 59 active residents on the third floor. Facility Shower schedules for the second and third floors documents shower schedules for 117 current residents. Facility policy titled General Cleaning Policies and Procedures documents, to maintain a clean and attractive environment which reduces the likelihood of cross contamination and enhances the image of the facility. Facility policy titled Physical Plant/ Daily Inspections documents, as areas needing repair or attention are identified, they should be dealt with immediately.</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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