

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  07/17/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40067</b></p> <p>Based on observation, interview and record review, the facility failed to maintain a resident's dignity by covering a resident's indwelling catheter urinary bag from public view and failed to maintain a resident's dignity during one-to-one feeding by a staff member by sitting eye level with the resident and engaging with only one resident during one-to-one feeding. These failures affected R2 and R36 in the total sample of 71 residents when reviewed for resident rights.</p> <p>Findings include:</p> <p>On 7/14/24 at 12:40 pm, R36 observed in reclining wheelchair in dining room sitting at a larger circular table. V16 (Certified Nursing Assistant, CNA) lifts up R36's reclining wheelchair to an upright position. V16 observed cutting up R36's meatloaf patty with gravy into smaller pieces while standing on R36's right side. V16 remains standing and begins feeding R36 the meatloaf patty pieces with the fork. V16 then lifts up R36's cup filled with apple juice and gives R36 a drink from the cup. V16 continues standing while feeding R36 the meatloaf patty and mashed potatoes from the lunch meal plate.</p> <p>On 7/14/24 at 12:44 pm, V16 remains standing feeding R36 and is looking around at other residents in the dining room. R42 is observed with R42's head down and not eating any more of R42's food. V16 leaves R36's side (stops feeding R36) and walks over to R42, who is sitting at a different table, and takes R42's fork from the tray, sticks R42's fork into a piece of the meatloaf and encourages R42 to eat.</p> <p>On 7/14/24 at 12:45 pm, V16 walks back to R36's left side, stays standing and picks up R36's fork to feed R36 a bite of mashed potatoes. R32 observed sitting across from R36 at the circular table, saying ba-da-ba-da-[NAME] then smiling. V16 observed standing and looking across the circular table at R32. V16 talks back to R32 by repeating what R32 was saying ba-da-ba-da-[NAME] and asking R32 to eat R32's food. As V16 is looking directly at R32 and speaking to R32 for approximately 20 seconds, V16 is standing next to R36 holding R36's utensil with a bite of mashed potato on it and holding it out in front of R36's face. R36 observed looking at the mashed potato bite with R36's mouth wide open, and R36 trying to lean R36's head forward to get the bite of mashed potatoes.</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
---	-------	-----------

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  07/17/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/14/24 at 12:46 pm, R79 observed turning R79's fork sideways to cut the meatloaf patty on the plate, and R79 is sitting at same circular table with R32 and R36. V16 (CNA) stops feeding R36 and walks around to R79, picks up R79's fork and then cuts R79's meatloaf patty into smaller pieces. V16 observed next opening R79's 2 individual, sealed apple juice containers (4 fluid ounces) and placing the apple juice containers back on R79's tray.</p> <p>On 7/14/24 at 12:47 pm, V16 then walks back to R36 sitting in the reclining wheelchair. V16 observed standing while feeding R36 again the meatloaf and mashed potatoes.</p> <p>On 7/14/24 at 12:48 pm, R79 observed struggling to reach the food with the fork on the plate on R79's lunch tray. V16 leaves feeding R36, walks back over to R79 and lifts up R79's plate to move it closer to R79's body and positioned R79's two apple juice containers at the top of the lunch tray. V16 then walks back to R36, while standing, and restarts feeding R36 food with the fork.</p> <p>On 7/14/24 at 12:49 pm, V17 (Licensed Practical Nurse, LPN) walks up to V16 who is standing feeding R36. V16 exits the dining room, and V17 positions V17's self on R36's left side, remains standing and observed feeding R36 the meatloaf and mashed potatoes with the same utensil.</p> <p>On 7/14/24 on 12:51 pm, V14 (LPN) walks into the dining room and talks to V17 (LPN) who is still standing feeding R36. V17 then positions a chair on R36's left side and sits eye level with R36 to feed R36.</p> <p>On 7/14/24 at 12:53 pm, V16 (CNA) re-enters the dining room. V17 stops feeding R36 and exits the dining room, and V16 stands on R36's right side to continue feeding R36 despite an open chair on R36's left side.</p> <p>R36's Admission Record documents, in part, diagnoses of dementia, dysphagia, hereditary motor and sensory neuropathy, type 2 diabetes mellitus, limitation of activities due to disability, reduced mobility, weakness, malaise and fatigue, hypertension, endothelial corneal dystrophy (right eye), and local infection of the skin and subcutaneous tissue.</p> <p>R36's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 8 which indicates that R36 has moderately cognitive impairment. R36's Skin Conditions documents, in part, that R36 has unhealed pressure ulcers.</p> <p>R36's Care Plan with an date initiated of 11/20/23, documents, in part, a focus of R36 may be at risk for weight loss related to: Reduced ability to feed self and an intervention of provide one-to-one staff intervention to promote proper nutritional intake.</p> <p>R32's Admission Record documents, in part, diagnoses of dementia, altered mental status, schizoaffective disorder, dysphagia, lack of coordination, type 2 diabetes mellitus, hypertension, weakness, limitation of activities due to disability and reduced mobility.</p> <p>R32's MDS, dated [DATE], documents, in part, a BIMS score of 7 which indicates that R32 has severe cognitive impairment.</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  07/17/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R42's Admission Record documents, in part, diagnoses of dementia, Alzheimer's disease, weakness, limitation of activities due to disability, unsteadiness on feet, lack of coordination, hypertension and hyperlipidemia.</p> <p>R42's MDS, dated [DATE], documents, in part, a BIMS score of 5 which indicates that R42 has severe cognitive impairment.</p> <p>R79's Admission Record documents, in part, diagnoses of dementia, schizoaffective disorder, dysphagia, osteoarthritis, weakness, reduced mobility, lack of coordination, hypertension, asthma, and limitation of activities due to disability.</p> <p>R79's MDS, dated [DATE], documents, in part, a BIMS score of 3 which indicates that R79 has severe cognitive impairment.</p> <p>On 7/15/24 at 1:26 pm, V2 (Director of Nursing, DON) stated that when a resident is being fed one-to-one by a staff member, the staff member should be sitting next to the resident so they (staff) can be actually looking at the resident and be attentive to the resident eating. And (staff) sitting down is a dignity issue. They (staff) should not be standing over the resident feeding. When asked the purpose of a staff member sitting to feed a resident one-to-one, V2 stated, To look face to face with that resident. No talking to other residents or staff. You (staff member) have to be engaging with that resident. V2 stated that V2 expects when a staff member is feeding a resident one-to-one, the staff member should not be feeding someone else.</p> <p>Facility undated policy titled Your Rights and Protections as a Nursing Home Resident documents, in part, What are my rights in a nursing home? As a nursing home resident, you have certain rights and protections under Federal and state law that help ensure you get the care and services you need . At a minimum, Federal law specifies that nursing homes must protect and promote the following rights of each resident. You have the right to: Be Treated with Respect: You have the right to be treated with dignity and respect.</p> <p>Facility undated policy titled Policy and Procedure: Meal Service documents, in part, Policy Statement: It is the policy of this facility that all residents are provided adequate supervision to meet each resident's nursing and personnel care needs including meal service and assistance with eating . The resident's ability to feed themselves and eat may be physical or cognitive. Procedure: . 7. Resident's requiring feeding assistance due to cognitive or physical deficits will be assisted with their meal according to their plan of care.</p> <p>Facility Job Description titled Certified Nursing Assistant and with a revised date of 4/1/23 documents, 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 preserve each resident's independence. Essential Job Functions: . B. Role Responsibilities - Food Service: Prepares residents for meals . Role Responsibilities - Resident Care/Dignity: . Ensures that all residents are treated fairly, with kindness, dignity, and respect . Upholds compliance with all rules regarding Residents' Rights.</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  07/17/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Job Description (undated) titled Licensed Practical Nurse documents, in part, Position Summary: The Licensed Practical Nurse provides direct nursing care to residents, and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. Essential Job Functions: . E. Role Responsibilities - Nursing Care: . 8. Implements and maintain established nursing objectives and standards . L. Role Responsibilities - Resident Care/Dignity: . 2. Monitors nursing care to ensure that all residents are treated fairly, and with kindness, dignity and respect.</p> <p>50728</p> <p>R2's Minimum Data Set, dated dated dated [DATE] indicates that R2 has a brief interview of mental status (BIMS) score of 15 (indicating R2 is cognitively intact) and that R2 utilizes an indwelling catheter.</p> <p>On 7/14/24 at 10:12 AM, surveyor observed R2 sitting outside nurse's station with other residents ambulating in the vicinity of R2. R2's drainage bag containing urine was hung via clips on the arm of R2's wheelchair. No privacy bag was noted for R2's urinary drainage bag. R2 stated that R2 had asked for a privacy bag from the facility staff and R2 never received one. R2 affirmed that R2 wanted a privacy bag to so that others did not see R2's urine.</p> <p>On 7/24/24 at 10:14 AM, V5 (Licensed Practical Nurse) observed R2's drainage bag exposed with urine clipped to the arm of R2's wheelchair. V5 affirmed that all urinary drainage bags should be kept in privacy bags to promote privacy and dignity of the resident. V5 stated that we are getting (R2) one (privacy bag) now.</p> <p>On 7/17/24 at 10:33 AM, V2 (Director of Nursing) stated that the facility expectation is that all catheter drainage bags are kept in a privacy bag at all times. V2 affirmed that all drainage bags should be in a privacy bag to promote dignity and privacy.</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  07/17/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>43351</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure call devices were within residents' reach for use to call for staff assistance. This failure affected 3 residents (R18,R41 and R155) reviewed for accommodation of needs in a total sample of 71 residents.</p> <p>Findings include:</p> <p>On 07/14/24 at 11:31 AM, R155 was seated on a wheelchair by the window. There were floor mats on each side of R155's bed. R155's call device was on the floor between the two beds inside the room. This surveyor requested R155 to use the call light. R155 stated I (R155) can use it, but I (R155) can't reach it. It is hard for me (R155) to go there, myself (R155), on a wheelchair because of the floor mats.</p> <p>On 07/14/24 at 11:37 AM, this observation was pointed out with V6 (Licensed Practice Nurse). V6 picked the call light on the floor and clipped it on R155's pillow, within reach of R155. V6 stated it was on the floor and she (R155) could not reach it. The call light (device) is the best way to communicate that a resident needs help.</p> <p>On 07/16/2024 at 11:38am, V2 (Director Of Nursing) stated the expectation is to have the call device within reach so when the resident needs assistance, the resident is able to push the call device to call for help.</p> <p>R155's (Active Order As Of: 07/15/2024) Order summary report documented, in part Diagnoses: (include but not limited to) difficulty in walking; osteoarthritis, right knee; abnormalities of gait and mobility; muscle weakness.</p> <p>R155's (06/19/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R155's mental status as cognitively intact. Section GG. Functional Abilities and Goals. P. Picking up object: the ability to bend/stoop from a standing position to pick up small object from the floor: 1= Dependent. Q1. Does the resident use a wheelchair: 1- Yes.</p> <p>R155's (6/21/2024) careplan documented, in part Focus: has Alteration in musculoskeletal status r/t (related to) Dx (diagnoses) Right knee effusion (congenital deformity of knee), Right knee Osteoarthritis, disorder of right patella, and abnormalities of gait and muscle weakness. Goal: will remain free from pain or at a level of discomfort acceptable to the resident. Interventions: Anticipate and meet needs. Be sure call light is within reach and respond promptly to all requests for assistance.</p> <p>The (07/17/2024) email correspondence with V2 in response to the request of the surveyor to provide R155's call light assessment documented, in part Nor (Not either) does the facility use a call light assessment.</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  07/17/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The (1/27/2023) Call light policy and procedure documented, in part Purpose: to respond to resident's request and needs in a timely and courteous manner. Guidelines. 1. All resident that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside ort other reasonable accessible location.</p> <p>41611</p> <p>R18 has a diagnosis of but not limited to Hemiplegia And Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Right Dominant Side, Type 2 Diabetes Mellitus, Dementia, and Contracture, Right Hand.</p> <p>R18 has a Brief Interview of Mental Status Score of 05.</p> <p>R41 has a diagnosis of but not limited to Cerebrovascular Disease, Hemiplegia And Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Unspecified Side, Weakness and Contracture, Left Elbow.</p> <p>R41 has a Brief Interview of Mental Status Score of 12.</p> <p>On 7/14/2024 at 11:27am surveyor observed R18's call light wrapped around the left side rail where resident cannot reach it.</p> <p>On 7/14/2024 at 11:31am V14 (Licensed Practical Nurse-LPN) stated R18 cannot reach it (call light) and it should be within reach.</p> <p>On 7/14/2024 at 11:53am surveyor observed R41's call light hanging from the wall and not within reach of the resident. R41 stated that he could not reach his call light.</p> <p>On 7/14/2024 at 11:54am V13 (Certified Nursing Assistant-CNA) stated no, R41 cannot reach the call light right now and he will be able to reach it when I attach it to him (R41).</p> <p>On 7/14/2024 at 11:57am surveyor observed V13 (CNA), plugging in R41's call light into the wall outlet.</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  07/17/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50662</p> <p>Based on interview and record review the facility failed to follow a resident's care plan for assessed resident's to exercise their right to engage in an intimate sexual relationship. This failure affected 2 residents R8 and R65 in a total sample of 70.</p> <p>Finding include:</p> <p>On 07/14/24 at 10:58 AM R65 stated The facility doesn't allow us to adult things. When the staff catch us having sex, they stop us. The facility gave us condoms. The staff caught us having sex around 15 times and they stopped us each time. I don't understand why as two consenting adults they continue to prevent us from having sex.</p> <p>On 07/15/24 at 10:11 AM (V11) PRSD stated, Once the residents come to the staff and let the staff know that they want to have sex I (V11) do an assessment. The facility provides condoms. The facility also lets the residents know that if they (residents) have a roommate then they (residents) must make sure the curtain is closed. There is no form that the residents must sign. We care plan the resident giving consent to have sex. I (V11) would also put a note stating that the resident was counseled and educated on having sex. Both residents have to agree to having sex. The Director of Nursing (DON) should educate the staff. We tell the staff that if the resident comes to them asking for condoms that the staff should provide the residents with condoms. We tell the staff to make sure that they knock before entering a resident's room. R65 came to me and I made sure that both residents agreed to having sex and I provided condoms to her (R65).</p> <p>On 07/15/24 at 11:28 AM R8 stated I try to be intimate with R65 but the staff always in our business and stop it. The staff tell us that we (R8 and R65) can't be with each other.</p> <p>On 07/15/24 at 11:40 AM, V6 Licensed Practical Nurse (LPN) stated, Residents that want to have sex, the facility gives them condoms to prevent transmission of disease. The facility should also provide privacy. Staff are not supposed to stop them (residents) from having sex, we (staff) just offer condoms. If the room is shared then we (staff) stop them (residents) from having sex, it invades the other resident's privacy and rights. They (resident) should be able to have sex even though they (residents) are in a shared room, so I (V6) talk to my supervisor. I would discourage them (residents) to not have sex if they (residents) are in a shared room.</p> <p>On 07/15/24 at 11:46 AM V8 Certified Nursing Assistant (CNA) stated, If I (V8) had residents that wanted to have sex then I (V8) would inform the nurse. I (V8) have not had any in-services regarding resident rights to have sex, but we were taught to knock before entering a resident's room.</p> <p>On 07/15/24 at 11:49 AM V37 (CNA) stated, I (V37) attended an in-service on residents rights to have sex and the right to say no. I (V37) feel like in a place like this that it still should be a no. They are old and I think of my parents doing it. I V37) wouldn't stop them. I (V37) never seen any residents having sex.</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  07/17/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/15/24 at 01:29 PM V2 (DON) stated, V11 discusses sex with the residents. V11 educates the residents and offers the residents condoms. I (V2) would have to find out how sex between residents is communicated with the staff, I (V2) am unsure.</p> <p>R8 diagnosis include but are not limited to Mental disorder not otherwise specified, Seizures, Respiratory failure unspecified.</p> <p>R8's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 14 which indicates that R8's cognition is intact.</p> <p>R8's care plan dated 7/12/24 documents in part, R8 is alert, aware, coherent, chooses to exercise his/her right to engage in and intimate/sexual relationship.</p> <p>R65 diagnosis include but are not limited to Depression, Essential hypertension, Generalized anxiety, Chronic Obstructive Pulmonary Disease.</p> <p>R65's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 14 which indicates that R65's cognition is intact.</p> <p>R65's care plan dated 7/11/24 documents in part, R65 is alert, aware, coherent, chooses to exercise his/her right to engage in and intimate/sexual relationship.</p> <p>The facility's undated policy titled Your Rights and Protections as a Nursing Home Resident documents in part, You have the following rights .To have private visits.</p> <p>The facility's undated Job Description titled Licensed Practical Nurse documents in part, K. Role Responsibilities Care plan: .1. Reviews care plans to ensure tat appropriate care is being rendered .5. Ensures that assigned certified nursing assistants are aware of the resident care plans.</p> <p>The facility's undated Job Description titled Certified Nursing Assistant documents in part, Knowledge/skills and Abilities: .10. Adheres to and interpret resident rights.</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  07/17/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41611</p> <p>Based on observation, interview, and record review the facility failed to list the code status for one resident (R133) on the electronic medical record. This failure has the potential to affect one resident (R133) out of a sample of 71 residents.</p> <p>Findings:</p> <p>R133's has a diagnosis of but not limited to Nontraumatic Intracerebral Hemorrhage, Epilepsy, Lack of Coordination, Convulsions, Schizoaffective Disorder, Difficulty in Walking and Hypertension.</p> <p>R133's Minimum Data Set (MDS), dated [DATE], does not documents Brief Interview of Mental Status (BIMS) score but documents No (resident is rarely/never understood.</p> <p>R133's Order Summary Report (POS) with active orders as of 7/16/24, documents that no physician's order for advance directives (full code or DNR status) for R133.</p> <p>R133's Admission Record Form for Advance Directive section is blank.</p> <p>R133's Care plan dated 6/06/2023 documents, in part, dated Pursuant to R133's rights &amp; the individual's desire to retain control &amp; autonomy over his/her health care decisions, the individual has: elected to be a FULL CODE</p> <p>On 07/15/2024 surveyor reviewed R133's profile screen in PCC (Point Click Care) that does not list the code status.</p> <p>On 07/15/2024 at 3:24pm, V2 (Director of Nursing) stated that a code status should be on every resident in the facility and the code status should be on the resident strip (profile on the profile screen) and in the orders.</p> <p>Facility policy dated 1/17/ 2017 and titled Advance Directives Policy and Procedure, documents in part, Procedure: 4. If the resident has not executed advance directives, the facility will advise the resident/legal representative regarding the right to establish an advance directive. 5. The resident choice of advance directive will be developed into the resident's plan of care. The resident's desires will be re-evaluated on an annual basis or upon a change in condition as indicated to ensure that the resident's/ legal representative's choices are honored timely.</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  07/17/2024
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 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>41611</p> <p>Based on observation, interview, and record review the facility failed to provide nail care for two residents (R18, R41). This failure affected two residents (R18, R41) and has the potential to affect all residents in the sample of 71 residents.</p> <p>Findings include:</p> <p>R18 has a diagnosis of but not limited to Hemiplegia And Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Right Dominant Side, Type 2 Diabetes Mellitus, Dementia, and Contracture, Right Hand.</p> <p>R18 has a Brief Interview of Mental Status Score of 05.</p> <p>R41 has a diagnosis of but not limited to Cerebrovascular Disease, Hemiplegia And Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Unspecified Side, Weakness and Contracture, Left Elbow.</p> <p>R41 has a Brief Interview of Mental Status Score of 12.</p> <p>On 7/14/2024 at 11:27am surveyor observed R18's hands with long fingernails with a brownish gray substance under the nails.</p> <p>On 7/14/2024 at 11:31am V14 (Licensed Practical Nurse-LPN) stated nail care is provided daily, on shower days and as needed and the nurse will cut the fingernails of diabetic residents.</p> <p>On 7/14/2024 at 11:53am surveyor observed R41's fingernails with a brownish gray substance under the nails.</p> <p>On 7/16/2024 at 3:23pm V2 (Director of Nursing-DON) stated nail care is provided on shower days and as needed by the CNA's and the nurses will provide nail care to the diabetic residents.</p> <p>R18's MDS: GG: Personal Hygiene documents the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). Partial/Moderate Assist.</p> <p>R18's Care Plan focus Self Care Deficit dated 6/13/2022 documents require assistance with ADL's ((Activities of Daily Living) to maintain the highest possible level of functioning and Personal Hygiene and Oral Care: I usually require Extensive assistance and 1 person support for Personal Hygiene and Oral Care.</p> <p>R41's MDS: GG: Personal hygiene documents the ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). Partial/Moderate Assist.</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  07/17/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R41's Care Plan focus Self Care Deficit dated 6/13/2022 documents require assistance with ADL's ((Activities of Daily Living) to maintain the highest possible level of functioning and Personal Hygiene and Oral Care: I usually require Extensive assistance and 1 person support for Personal Hygiene and Oral Care.</p> <p>Dated Policy titled Activities of Daily Living (ADL) policy (1/25/2023) documents, in part residents are given routine daily care and HS (nighttime) care by a CNA (Certified Nursing Assistant) or a licensed nurse to promote hygiene, provide comfort, and provide a homelike environment. ADL care is provided throughout the day, evening and night as care planned and/or as needed.</p> <p>Dated Job description titled Certified Nursing Assistant (4/01/2023) documents, in part, the Certified Nursing Assistant (CNA) provides each resident with routine daily nursing care and assists residents with daily bathing functions and nail hygiene needs.</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  07/17/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>43351</p> <p>Based on observation, interview, and record review the facility failed to apply a hand splint to a resident with contracture, failed to ensure a hand splint was applied on correct hand, and failed to ensure the resident was appropriately care planned for a hand splint in an effort to prevent further contracture of the hand and functional decline of the resident. These failures affected 1 (R83) resident reviewed for limited range of motion in a total sample of 71 residents.</p> <p>Findings include:</p> <p>On 07/14/24 at 10:44 AM, there was bedside table on R83 left side by the wall and a call device was on R83's right side, within reach. R83's both hands have contractures, more to the left hand than the right hand. R83 stated I (R83) use my right hand to press the call light if I (R83) need the staff to give me (R83) a sip of water. The staff applies splint on my left hand every morning if there are people downstairs, if no one is there, then no one will put it on me. I (R83) did not remove my splint, it was not applied to me. R83 was instructed to close his left hand. R83 stated I (R83) can't. This surveyor instructed R83 to close his right hand. R83 took about 3 seconds to close his right hand. R83 stated I (R83) had a stroke.</p> <p>On 07/14/24 at 10:49 AM, surveyor inquired about R83 hand splint. V11 (PRSD) stated he (R83) is not wearing it right now.</p> <p>On 07/14/2024 at 10:52am, V11 stated I (V11) always see him (R83) with a splint, and I (V11) don't know why he (R83) is not wearing it right now. The restorative or the nurse is supposed to put the splint on him (R83).</p> <p>On 07/14/24 at 10:55 AM, V10 (Restorative Aide) came inside R83's room and checked the R83's nightstand for R83 hand splint. The splint was not there. V10 checked R83 TV stand drawers. V10 was able to locate the hand splint in the second drawer. V10 applied the hand splint on R83's right hand. Surveyor inquired where V10 applied the hand splint. V11 stated she (V10) applied the splint on his (R83) right hand.</p> <p>On 07/14/24 at 11:05 AM, surveyor showed V6 (Licensed Practice Nurse) the hand splint on R83's right hand and inquired where V10 placed the hand splint. V6 asked R83 if the hand splint was on the correct hand. R83 stated the splint should be on my (R83) left hand. V6 stated to this surveyor it is on his (R83) right hand. It is in the wrong hand. V6 observed applying the hand splint on R83's left hand.</p> <p>On 07/14/24 at 11:49 AM, V6 (Licensed Practice Nurse) stated his (R83) both hands are deformed but he (R83) said the splint should be on his (R83) left hand and not on his (R83) right hand because he (R83) can still use his (R83) right hand.</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  07/17/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/16/2024 12:44pm, V36 (Occupational Therapy) stated my (V36) recommendation for him (R83) is to have AROM (Active Range of Motion) on the right hand and PROM (Passive Range of Motion) on the left. He (R83) has muscle weakness and contracture on his (R83) left hand; and on his right hand, he (R83) can do more. He (R83) needs the splint on his (R83) left hand because his (R83) left hand is the one that is more contracted. When I (V36) picked him (R83) up for therapy for the period of 4/30/24 - 5/27/24, we (rehab) are working on AROM on his right hand and PROM on the Left. He (R83) already has a splint to his (R83) left hand when we picked him (R83) up for therapy and my recommendation is to continue the splint on the left hand. I (V36) informed the restorative team, I (V36) informed her (V10) her verbally about my (V36) recommendation. My (V36) expectation is to apply the splint on his (R83) left hand after doing the PROM on his (R83) left hand. I (V36) will not expect her (V10) to apply the splint his (R83) right hand because it is his(R83) functional hand; to pick up objects and finger food. If the hand splint is applied on the right hand and not on the left hand, the contracture can increase on the left hand, and he (R83) would not be able to use his (R83) functional right hand. I (V36) probably informed her (V10) in June or July. The expectation is to care plan the right hand with AROM and the left hand with PROM and splint.</p> <p>On 07/16/2024 at 11:39am, V2 (Director of Nursing) stated the purpose of the splint to prevent contracture from becoming worst. The expectation is to always put the right hand splint to the right hand and the left hand splint to left hand and to follow order and proper use.</p> <p>R83's (Active Order As Of: 07/15/2024) Order Summary report documented, in part Diagnoses: (include but not limited to) contracture, left elbow; contracture, left hand. Contracture of muscles, multiple sites. Order summary. Restorative nursing program: bilateral resting hand splint to left hand on during AM care, off with PM care as tolerated 6-7 6 seven days a week. Active 06/25/2024. Restorative: to be fitted for left elbow, left hand, bilateral knee braces. Active 10/17/2023.</p> <p>R83's (07/2024) Documentation Survey Report documented, in part Nursing Rehab: Assistance with splint or brace - resident will allow staff to apply BUE (bilateral upper extremities) hand splints and wear it intermittent thru the day or as tolerated at least four hours daily, 6-7days a week. Of note, there was an entry on Sun (Sunday), July 14 at 9:41am, however during the observation and interview with R83, hand splint was not in place.</p> <p>R83's (06/24/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 14. Indicating R83 mental status as cognitively intact. Section GG. Functional Abilities and Goals. GG0130. Self-Care. A. Eating (the ability to use suitable utensils to bring food and/ or liquid to the mouth): 3. Partial/Moderate assistance.</p> <p>R83's (Dates of Service:4/30/2024 - 5/207/2024) Occupational Therapy Discharge Summary documented, in part Summary since last progress report. Skill = interventions provided ther(therapeutic)Ex(Exercise): PROM to LUE (left upper extremity) in all planes facilitating joint mobility required for daily task. Resistive ex (exercise) for RUE (right upper extremity) m/s (muscle strengthening) needed for ADLs (activities of daily living). Discharge status and recommendations. D/C recs (Discharge recommendations): RNP (restorative nursing program) to facilitate patient maintaining current level of performance and in order to prevent decline, development of instruction in the following RNP's has been completed with the IDT (interdepartmental team): ROM (passive), ROM (active) and grooming.</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  07/17/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R83's (09/27/2023) care plan documented, in part Focus: would benefit from a splint/brace Restorative Nursing Program as evidenced by the following risk factors and potential contributing Diagnosis: Contractures (BUE:), General Weakness and/or Fatigue. Goal: will allow staff to apply his Splint (hand splints/BUE) per his splint schedule (4-6 hrs. as tolerated) to help maintain and/or improve my current ROM status and prevent any further deterioration. Interventions: Apply my Splint (BUE) per my splint schedule to help maintain and/or improve my current ROM status and prevent any further deterioration. Apply splint after am care for 4-6 as tolerated.</p> <p>The (undated) Restorative Aide Job Description documented, in part POSITION SUMMARY: they're started 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. The restorative 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: 1. Provides care to residents that is designed to strengthen muscles, assist with mobility, promote independence, and prevent functional declines. 4. Assist residence to apply and remove splints. 12. Cooperates with licensed rehabilitative therapist when providing restorative nursing care to residents when appropriate. KNOWLEDGE/SKILLS AND ABILITIES: 1. Understands and agrees with the facilities philosophy and goal to maintain, improve and/ or enhance each resident's quality of care and quality of life. 2. Possesses and demonstrates comprehensive knowledge of safe restorative nursing care practices. 7. Must be able to develop and maintain a good working rapport with inter-department personnel as well as with other departments within the facility to assure the residents needs are met.</p> <p>The (undated) untitled facility provided document, documented, in part The following policies were requested, and the facility does not have one for them: Restorative Policy and Splint Application Policy.</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  07/17/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50728</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident obtained/consumed alcohol, failed to ensure alcoholic beverages and razors were stored in a safe manner. This failure effected 2 residents (R149 and R410) and has the potential to affect all 67 residents on the second floor and 31 residents on the first floor of the facility.</p> <p>Findings include:</p> <p>R149's face sheet documents in part a diagnosis of alcohol abuse.</p> <p>R149's Minimum Data Set (MDS) dated [DATE] documents in part a brief interview of mental status (BIMS) summary score of 15, indicating that R149 is cognitively intact.</p> <p>R149's care plan (dated 5/16/2024) identifies that R149 has a history of hoarding items related to R149's alcohol abuse.</p> <p>R149's hospital records and discharge instructions dated (12/6/23) states, Avoid alcohol while on narcotic pain medication.</p> <p>R149's physician orders indicate R149 has an order for HYDROcodoneAcetaminophen Oral Tablet 5-325 MG (HydrocodoneAcetaminophen) Give 1 tablet by mouth every 6 hours as needed for for pain (narcotic pain medication). Black box warning attached to R149's order for HYDROcodone-Acetaminophen Oral Tablet 5-325 MG within electronic medical record states, Concomitant use of opioids with benzodiazepines or other CNS depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death.</p> <p>On 7/14/24 at 11:03 AM, surveyor observed an open half-empty bottle of beer on R149's personal refrigerator. R149 confirmed that R149 had consumed the beer.</p> <p>On 7/14/24 at 12:17 PM, surveyor observed V4 (Licensed Practical Nurse) observe the inside of R149's personal refrigerator, which contained more full bottles of beer. R149's personal refrigerator was not secured with any locking mechanism to safely prevent others from obtaining any of the beverages inside. V4 affirmed that residents are not allowed to have alcoholic beverages in the facility to due potential injury and that R149 consuming alcohol needed to be reported right away. V4 did not take any immediate corrective action to prevent further alcohol consumption.</p> <p>On 7/15/24 at 12:05 PM, V41 (Nurse Practitioner) affirmed that V41 is a provider for R149. V41 stated that R149 has a history of alcohol abuse and should not be consuming alcohol. V41 stated that there is not an order for R149 to consume alcohol and that V41 was not made aware that R149 was consuming alcohol.</p> <p>On 7/15/24 at 12:35 PM, V2 (Director of Nursing) stated that V2 was made aware from the nurses that R149 was consuming alcohol. V2 affirmed the facility did not know how R142 obtained the alcoholic beverages. V2 stated that alcohol is prohibited in the facility.</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  07/17/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility policy (undated) titled, Search and Confiscation Policy documents in part the following, Prohibited items include but are not restricted to the following list: .Alcohol, beer, wine, homemade distilled alcohol, rubbing alcohol, or items with high alcohol content should the resident have history of ETOH (alcohol) abuse</p> <p>43351</p> <p>Findings include:</p> <p>The (07/14/2024) midnight census report documented that R410 resided on the 1st floor and that there were 31 residents on the 1st floor.</p> <p>On 07/14/2024 at 11:40am, there were 2 razors inside R410's basin.</p> <p>On 07/14/24 at 11:45 AM, this surveyor requested V6 (Licensed Practice Nurse) to check R410's basin. V6 stated he (R410) has 2 razors inside the basin. He (R410) could have hurt himself (R410) with these razors.</p> <p>On 07/16/2024 at 11:50am, V2 (Director of Nursing) stated my expectation is for the CNA to explain to the resident to discard the razors in the sharps container. The purpose of discarding the razors in the sharps container is to prevent the resident from cutting themselves, and other residents may cut themselves.</p> <p>R410's (Active Order As Of: 07/16/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) heart disease, lack of coordination, muscle weakness, depression, and sepsis unspecified organism.</p> <p>R410's (07/10/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 13. Indicating R410's mental status as cognitively intact.</p> <p>The (07/17/2024) email correspondence with V2 in response to the request of the surveyor to provide R410's shaving care plan documented, in part (R410) does not have a shaving care plan.</p> <p>The (07/16/2024) email correspondence in response to the surveyor's request to provide Hazard policy in reference to use and disposal of razors documented, in part The facility does not have a hazard policy in reference to disposal of razors. It is expected that the razors are disposed of in the sharp containers after use.</p> <p>The (undated) untitled facility provided document, documented, in part The following policies were requested, and the facility does not have one for them: Hazards Policy for Razors.</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  07/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45644</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, interviews, and record review the facility failed to ensure oxygen tubing, humidifier bottle, and nebulizer mask were dated, failed to ensure that a resident receiving oxygen have oxygen orders, and failed to ensure respiratory equipment (incentive spirometer, peak flow meter, and nebulizer mask) were contained. These failures affected 4 residents (R49, R59, R360 and R410) reviewed for oxygen in a sample size of 71.</p> <p>Findings include:</p> <p>R59's admission diagnoses include but not limited to acute and chronic respiratory failure with hypoxia or hypercapnia, and congestive heart failure.</p> <p>On 7/14/24 at 10:30 am, observed R59 in room lying in bed with nebulizer mask and tubing lying on the bedside table not dated, concealed, or contained in a bag.</p> <p>On 7/16/24 at 3:22 pm, Surveyor inquired to V2 DON (Director of Nursing) if oxygen tubing and mask should be dated and contained in a bag. V2 stated that oxygen tubing and mask should be dated and contained in a bag.</p> <p>R59's POS (Physician Order Set) documents in part, Albuterol Sulfate Nebulization Solution 0.83 mg/3ml (milligram/ milliliter) .inhale orally via nebulizer every 4 hours as needed for shortness of breath.</p> <p>Facility job description undated and titled, License Practical Nurse, documents in part, Essential Job Functions: 1. Directs the day-to-day functions of the nursing assistants in accordance with current rules, regulations, and guidelines that govern the long-term care facility.</p> <p>43351</p> <p>Findings include:</p> <p>On 07/14/2024 at 11:40am, R410's incentive spirometer and peak flow meter were by the windowsill, uncontained. The mouthpiece of the incentive spirometer was touching the surface of the windowsill and the mouthpiece of the peak flow meter was touching the outside of R410's basin. R410 stated the hospital gave them (referring to the peak flow meter and incentive spirometer) to me. One is where I (R410) suck in air and the other one is where I (R410) blow air. I (R410) use them every day to improve my breathing. I (R410) have lung issues.</p> <p>On 07/14/24 at 11:45 AM, this surveyor pointed out to V6 (Licensed Practice Nurse) R410's peak flow meter and incentive spirometer. V6 stated the peak flow meter and incentive spirometer should be contained to prevent infection. The mouthpieces are not supposed to touch any surfaces to prevent infection.</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  07/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/16/2024 at 11:47am, V2 (Director of Nursing) stated first of all it should be in resident's bedside and the mouth pieces should be covered up to prevent dust to get on it and to prevent infection.</p> <p>R410's (Active Order As Of: 07/16/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) Atelectasis (the collapse of part or all of a lung-<a href="https://www.hopkinsmedicine.org/health/conditions-and-diseases/atelectasis">https://www.hopkinsmedicine.org/health/conditions-and-diseases/atelectasis</a>); acute respiratory failure with hypoxia (low levels of oxygen in your body tissues- <a href="https://my.clevelandclinic.org/health/diseases/23063-hypoxia">https://my.clevelandclinic.org/health/diseases/23063-hypoxia</a>)</p> <p>R410's (07/10/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 13. Indicating R410's mental status as cognitively intact.</p> <p>R410's (07/11/2024) care plan documented, in part Focus: has altered respiratory status/Difficulty Breathing r/t DX Acute respiratory failure with hypoxia, DX/HX (diagnosis/history) Atelectasis. Goal: will have no complications related to SOB (shortness of breathing) Interventions: Encourage sustained deep breaths by: Using demonstration (emphasizing slow inhalation, holding end inspiration for a few seconds, and passive exhalation); Using incentive spirometer (place close for convenient resident use).</p> <p>The (07/17/2024) email correspondence with V2 in response to the surveyor's request to provide Respiratory equipment policy and procedure in reference to the containment of the peak flow meter and incentive spirometer documented, in part We don't have the policy. My expectation is that it is left at bedside covered for no exposure to eliminate dust and other particles to possible prevent infection.</p> <p>45196</p> <p>R360 has a diagnosis which includes but not limited to chronic obstructive pulmonary disease, sarcoidosis, and pulmonary embolism.</p> <p>R360's Interview for Mental Status (BIMS) dated 07/02/24 documents that R360 has a BIMS score of 13 which indicates that R360 is cognitively intact.</p> <p>On 07/14/24 t 10:45 am, R360 was observed in R360's room awake and alert with 3 liters (L) of oxygen being administered to R360 via nasal cannular (NC). R360 stated that R360 wears oxygen continuously in order for R360 to breath comfortably. Surveyor observed R360 with a portable oxygen tank, two oxygen concentrators, and two oxygen tanks in R360's room.</p> <p>On 07/15/24 at 1:30 pm R360 was observed in R360's room awake and alert with 3 liters (L) of oxygen being administered to R360 via NC. Surveyor observed R360 with a portable oxygen tank, two oxygen concentrators, and two oxygen tanks in R360's room remain in R360's room.</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  07/17/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/16/24 at 10:43 am, Surveyor and V42 (Licensed Practical Nurse, LPN) observed R360 in R360's room with 3 L of oxygen per NC administering to R360. Surveyor requested to review R360's oxygen orders with V42 and V42 stated, I (V42) don't see her (R360's) oxygen orders. Let me asked V43. That is her (R360's) nurse for today. Surveyor then requested to review R360's Physician Order Sheets (POS) with V43 (Registered Nurse, RN) and V43 stated, I (V43) don't see oxygen orders for her (R360). I (V43) can let management know. When surveyor asked V43 regarding the importance of residents who require oxygen administration to have an oxygen order on the residents POS V43 stated, They (referring to residents) should have oxygen orders for oxygen because it's a medication.</p> <p>On 07/16/24 at 10:58 am, V2 (Director of Nursing, DON) stated that residents receiving oxygen require a physician order to administer the oxygen to the resident. When V2 was asked regarding the importance of residents who require oxygen to have a physicians order for oxygen. V2 stated, So the nurse knows how much oxygen to administer to the resident.</p> <p>R360 Physician Order Sheet (POS) shows that R360 does not have order for R360's oxygen administration.</p> <p>The facility's undated policy titled Oxygen Therapy documents, in part: Purpose: Oxygen is administered to residents to improve oxygenation and provide comfort to residents experiencing respiratory difficulties. Policy: Oxygen therapy is administered by licensed staff only as ordered by a physician or as an emergency measure until an order can be obtained. The physician order will specify the rate of flow of oxygen.</p> <p>50662</p> <p>On 07/14/24 at 11:37 AM, R49 observed lying in bed in supine position with oxygen in use through nasal cannula. R49's oxygen tubing and sterile water for humidity not dated.</p> <p>On 07/14/24 at 11:52 AM V6 Licensed Practical Nurse (LPN) There is no date on R49's sterile water or humidity bottle or nasal canula tubing. There should be a date. The facility changes it when the water is running down. I (V6) am not regular staff, I (V6) come to this facility every 2 weeks. I(V6) seen that there was still some water in the humidity bottle so I didn't feel the need to change it even though there is no date.</p> <p>R49's diagnosis includes but are not limited to Unspecified systolic heart failure, Malignant neoplasm of prostate, Anxiety disorder, Essential hypertension.</p> <p>R49's daily skilled nursing notes dated 7/16/24 in part, B. Respiratory .Check all that apply .Oxygen.</p> <p>Facility's undated policy titled Oxygen Administration documents in part, Procedures .4. Tubing, humidifier bottles and filters will be changed, cleaned and maintained no less than weekly and PRN. Each will be labeled with date, time and initialed by staff completing this service to equipment.</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  07/17/2024
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>41611</p> <p>Based on observation, interview and record review, the facility failed to post the daily nursing staffing. This failure has the potential to affect all 156 residents residing in the facility.</p> <p>Findings include:</p> <p>On 07/14/24 V2 (Director of Nursing) present facility's census of 156 residents.</p> <p>On 07/14/2024 at 9:00am, upon entrance to the facility, the facility's daily staff posting was observed posted at the receptionist desk dated 07/04/24.</p> <p>On 7/14/2024 at 910am V45 (Receptionist) stated that she just started this position a couple of days ago and she does not know you post it for display and acknowledged that she did not post it (Daily Nurse Staffing Form) dated 7/04/2024</p> <p>On 7/15/2024 at 9:39am V22 (Staffing Coordinator) stated the Nurse Staffing is posted daily and in her absence V20 (Transportation Coordinator) whose assist with scheduling or the DON (Director of Nursing) will post the Daily Nurse Staffing.</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  07/17/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45196</p> <p>Based on observations, interviews, and record review, the facility failed to ensure incoming and outgoing nurses counted the controlled medications during shift change; and failed to ensure administration of controlled medication was documented. These failures affected three residents (R53, R62 and R87) reviewed for pharmacy services and records in a total sample of 71 residents.</p> <p>Findings include:</p> <p>On 07/15/24 at 10:30 am, Controlled Substances Check form for 3rd floor Team 1's medication cart was observed with missing signatures on 07/12/24, 07/13/24 and 07/15/24. This observation was pointed out to V27 (Registered Nurse, RN) and V27 stated, I (V27) don't know why it's not signed. I (V27) am from the agency. I (V27) should have signed it (referring to the controlled substance accountability record) after I (V27) counted. My (V27) pen ran out of ink.</p> <p>On 07/15/24 at 10:36 am, during the controlled medication count of R53's Tramadol HCL (Hydrogen Chloride) tab 50 milligrams (mg) with surveyor and V27, there were 12 tablets left in R53's Medication Dispensing Card. R53's Controlled Drug Receipt/Record/Disposition Form's last entry was on 07/14/24 at 9:00 pm and amount left was 13. V27 (RN) stated, I (V27) was very busy. I (V27) did not sign it out yet.</p> <p>On 07/15/24 at 10:37 am, during the controlled medication count of R62's clonazepam 1 mg tablet, surveyor and V27 noted 15 tablets left in R87's Medication Dispensing Card. R62's Controlled Drug Receipt/Record/Disposition Form's last entry was on 07/15/24 at 6:00 am and amount left was 16. V27 (RN) stated, Like I (V27) said, I (V27) was very busy. I (V27) did not sign it out yet.</p> <p>On 07/15/24 at 10:38 am, during the controlled medication count of R87's Tramadol HCL tab 50 mg, Surveyor and V27 noted 21 tablets left in R87's Medication Dispensing Card. R87's Controlled Drug Receipt/Record/Disposition Form's last entry was on 07/15/24 at 2:00 am and amount left was 22.</p> <p>On 07/15/24 at 10:40 am, V27 stated, It was just a mistake. I (V27) should sign out narcotics as I (V27) give them. When V27 was asked regarding the importance of signing out narcotics administered to the residents upon administration, V27 stated, Keeping Accuracy.</p> <p>On 07/16/24 at 10:58 am, V2 (Director of Nursing, DON) stated that narcotics should be signed out by the nurse as soon as the nurse administers the medication. V2 then explained that the narcotics accountability sheet should be signed at the beginning and the end of the shift by the on coming and off going nurses. When V2 was asked regarding the importance of signing narcotics as soon as narcotics are administered and signing the narcotics accountability sheets V2 stated, To ensure the count is correct.</p> <p>The facility's policy dated 01/01/2024 and titled Medication Administration Policy documents, in part: Policy: . IV. Class II Medications: When Class II medications are administered, the medication is - . b. Accounted for the residents individual Control Substance Record by a licensed nurse.</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  07/17/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy dated March 2023 and titled Controlled Substances Policy: Medications classified by the FDA (Federal Drug Administration) as controlled have high abuse potential and may be subject to special handling , storage, and record keeping. Procedure: 4. While a controlled substance is in use the nursing staff will maintain the following medication records: 2. Controlled Substance Count Sheet: a. Date. b. Time. Signature (which includes minimum of first initial, last name and title) of nurse who administered dose. d. Number of doses remaining. B. All schedule II-controlled substances (and other schedules if facility policy so dictates) will be counted each shift or whenever there is an exchanged of keys between off-going and on-coming licensed nurses. 3. Both nurses will count the Controlled Substances count sheet and verify the accuracy of the number of remaining counts sheets. 4. Both nurses will sign the Shift/Shift Controlled Substance Count Sheet acknowledging that the actual count of controlled substances and count sheet matches the quantity documented.</p> <p>The facility's undated job description titled Registered Nurse documents: in part: Position Summary: The Registered Nurse provides direct nursing care to the residents and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Role Responsibilities Drug Administration: 6. Ensures that narcotics records are accurate for shift.</p> <p>The facility's undated job description titled Licensed Practical Nurse documents: in part: Position Summary: The Registered Nurse provides direct nursing care to the residents and supervises the day-to-day nursing activities performed by nursing assistants. The person holding this position is delegated the administrative authority, responsibility, and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree of quality care is maintained at all times. C. Role Responsibilities Drug Administration: 6. Ensures that narcotics records are accurate for shift.</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  07/17/2024
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45196</p> <p>Based on observation, interview, and record review the facility failed to provide a resident personal refrigerator with a thermometer; failed to provide a residents personal refrigerator with a temperature log; failed to monitor a residents personal refrigerator temperature log; and failed to clean a residents personal refrigerator. Theses failures affected four residents (R93, R113, R146, and R149's in the sample of 71 residents.</p> <p>Findings include:</p> <p>R93 has a diagnosis which includes but not limited to unspecified psychosis not due to a substance or known physiological condition, diabetes mellitus due to underlying condition without complications, essential (primary) hypertension and constipation.</p> <p>R93 Brief Interview for Mental Status (BIMS) dated 06/28/24 documents that R93 has a BIMS score of 14 which indicates that R93 is cognitively intact.</p> <p>On 07/14//24 at 11:32 am, Surveyor observed R93 in bed alert and awake with R93's personal room refrigerator missing a refrigerator temperature log sheet for July 2024. Surveyor observed R93's personal refrigerator with black visible dirt, and with a temperature log dated June 2024. R93 stated, I (R93) clean my (R93) refrigerator myself. They (referring to staff) don't clean it or check it (referring to R93's refrigerator).</p> <p>On 07/14/24 at 1:00 pm, Surveyor observed V20 (Transportation Coordinator) placing a refrigerator log sheet dated July 2024 on R93's personal refrigerator. When V20 was asked regarding who is responsible for the residents personal refrigerators. V20 stated, It is the nurses and guardian angel rounds (referring to the administrative staff) responsibility to check the residents personal refrigerator. When V20 was asked regarding the importance of the residents personal refrigerators being monitored and checked and V20 stated, To make sure the residents food is not spoiled, and temperatures are completed.</p> <p>The facility's policy dated 11/28/16 and titled Food Brought into the facility by Friends/Family/ others (Outside Sources) for Resident Policy documents, in part: Policy: 4. Facility staff will monitor residents rooms, resident personal refrigerators, unit pantries as well as facility refrigerators and freezers for food and beverage disposal needs for safety . 6. All refrigerators in use in the facility have an internal thermometer to monitor temperatures. All refrigerators have their internal temps (temperatures) recorded daily.</p> <p>43351</p> <p>On 07/14/24 at 10:31 AM, R113 was cleaning up her (R113) personal refrigerator. This surveyor requested to see what was inside R113's refrigerator. R113 opened her (R113) personal refrigerator and stated I (R113) have different kind of food, (pointing to each food) R113 stated I (R113) cottage cheese, yogurt, egg salad, and avocado; food that regular people eat. I (R113) buy my (R113) own food. This surveyor requested to see R113's temperature log. R113 stated it is on the side. R113's (07/2024) personal refrigerator temperature log has no entry from 07/02/2024 through 07/13/2024.</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  07/17/2024
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/14/24 at 10:34 AM, V12 (Housekeeping Aide) stated the Guardian Angels are in charge of checking the personal refrigerator temperature.</p> <p>On 07/14/24 at 10:38 AM, this surveyor showed V6 (Licensed Practice Nurse) R113's 07/2024 personal refrigerator temperature log and stated the only entry I (V6) see is the temperature on July 1st. the nurses are in charge of checking the refrigerator every shift.</p> <p>On 07/16/2024 at 11:48am, V2 (Director of Nursing) stated the housekeeping cleans the personal refrigerator and the guardian angel checks the temperature daily during the first shift. The purpose of checking the personal refrigerator temperature daily is to make sure the refrigerator temp is within the normal range to prevent food from spoiling or to prevent the possibility of food spoilage.</p> <p>R113's (05/01/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 15. Indicating R113's mental status as cognitively intact.</p> <p>R113 (7/2024) Medication Refrigerator Temperature Logs documented, in part Note: Nurse must check the refrigerator temperature on the night shift. Of note, R113's personal refrigerator log has no entry from 07/02/2024 - 07/13/2024.</p> <p>The (11/28/2016) Food Brought Into The Facility By Friends/Family/Other (Outside Sources) For Resident Policy documented, in part Policy: Due to the potential for foodborne illness or interference with nutritional treatment, family members and or friends/others who bring in food/drink in from the outside will be educated on safe food handling practices as the importance of diet order compliance. Foods or beverages [NAME] in from the outside will be monitored by nursing staff for spoilage, contamination, and safety. Procedure: 6. All refrigerators in use in the facility have an internal thermometer to monitor temperature. All refrigerators have their internal temps recorded daily.</p> <p>45644</p> <p>On 7/14/24 at 10:40 am, R146 personal refrigerator had no temperature log and no thermometer in the refrigerator.</p> <p>On 7/15/24 at 9:32 am, V23 CNA (Certified Nursing Assistant) stated that the resident's refrigerator should be checked every day to make sure it's clean and the temperature is checked. Surveyor inquired to V23 if a thermometer is in the refrigerator. V23 looked inside the refrigerator and stated, I don't see a thermometer in there, but it should be one in there.</p> <p>On 7/16/24 at 10:20 am, V2 (DON) stated that the personal refrigerators are check by the guardian angles (Management) during daily rounds. Surveyor inquired to V2 if a temperature gauge should be in the refrigerator? V2 stated, Yes, refrigerators should have a thermometer in the fridge.</p> <p>On 7/16/24 at 2:00 pm, V40 (Maintenance Director) stated that no one reported that R146's personal refrigerator needed a thermometer.</p> <p>On 7/15/24 at 9:30 am, Temperature Tracking Log for July on R146's refrigerator noted with no recorded temperatures documented from July 1 to July 15th.</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  07/17/2024
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility Policy undated and titled Unit (Resident Room) Refrigerators documents in part, Policy: It is the policy of the facility to assure that perishable food requiring refrigerators is stored at the proper temperature. 2. Each refrigerator will be provided with a thermometer to ensure that the refrigerator is maintained between 35 degrees and 40 degrees Fahrenheit. 4. The refrigerator temps will be checked and documented daily.</p> <p>50728</p> <p>R149's Minimum Data Set (MDS) dated [DATE] documents in part a brief interview of mental status (BIMS) summary score of 15, indicating that R149 is cognitively intact.</p> <p>On 7/14/24 at 11:03 AM, surveyor observed R149's personal refrigerator with the door to the refrigerator ajar. No temperature log or thermometer was noted. R149 stated that staff do not check the temperature of R149's refrigerator and it is one of those old school refrigerators that don't have a thermometer.</p> <p>On 7/14/24 at 12:17 PM, surveyor observed V4 (Licensed Practical Nurse) observe R149's refrigerator still ajar. V4 stated that there was no temperature log to track R149's temperature of R149's personal refrigerator. When surveyor asked if there was a thermometer to check the refrigerator temperatures inside the refrigerator, V4 opened the refrigerator and could not find a thermometer. R149 stated, I told you, there is no thermometer-- it is one of those old school refrigerators. I change the temperature using the knob inside when it gets too warm in there. V4 was not aware of which staff member was supposed to check the temperatures, stating, I think it is night shift's responsibility.</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  07/17/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>50728</p> <p>Based on observation, interview and record review, the facility failed to ensure waste containers were properly contained and covered. This failure has the potential to affect all 156 residents residing in the facility.</p> <p>Findings include:</p> <p>On 7/16/24 at 10:19 AM, Surveyor and V40 (Maintenance Director) observed the facility dumpster area and noted one of the dumpsters uncovered. V40 stated that the dumpster was for recyclable items but that it should still be covered. V40 then covered the dumpster with the lid.</p> <p>On 7/16/24 at 10:21 AM, Surveyor and V40 observed the additional dumpster and garbage can located in the back parking lot. The dumpster was observed with no cover and the trash can lid was unable to be closed from the amount of trash inside (which included food and drink waste). V40 stated that the additional trash cans and dumpster were for the construction being done at the facility and that the city must have forgotten to pick them (the garbage cans and dumpster) up. V40 affirmed that the trash gets picked up by the city weekly and that not covering trash/waste containers can attract pests and rodents.</p> <p>Facility policy (dated 1/15/24) titled Waste Disposal documents in part the following: Procedure statement: Facility staff will hold, transfer, and dispose of waste in a manner that does not create a nuisance or breeding place for insects and rodents, or otherwise permit the transmission of disease . Trash should be emptied as soon as the container is full; do not allow trash to accumulate to the point that the bag cannot be closed or the trashcan lid does not fit tightly . Keep dumpster lids closed at all times .</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  07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50662</p> <p>Based on observation, interview and record review the facility failed to perform hand hygiene before performing direct care to resident; failed to perform hand hygiene in between assisting residents during dining service; and facility failed to post an Enhanced Barrier Precautions (EBP) isolation sign and place Personal Protective Equipment (PPE) directly outside a resident's isolation room in an effort to prevent the spread of infectious microorganisms. These failures affected R36, R42, R79, and R120 in the sample of 71 residents and has the potential to affect all 89 residents residing on 1st and 3rd floors when reviewed for infection control.</p> <p>Findings include:</p> <p>On 07/15/24 at 11:36 AM Observed V6 apply gloves to hands without using hand sanitizer to do blood glucose on R120. V6 observed stepping away from R120, remove gloves then open medication cart without sanitizing hands.</p> <p>On 07/15/24 at 11:40 AM V6 Licensed Practical Nurse (LPN) stated, I (V6) should have used hand sanitizer before applying the gloves. I (V6) also should have sanitized before touching the cart. Gloves are not 100% effective against germs, but it does reduce germs. The staff receive infection control in-services often, but I (V6) am not here that often, if I (V6) am here then I (V6) attend the in-service.</p> <p>Facility's undated policy titled Hand Hygiene documents in part, III. Procedure .b. When criteria above have not been met it is appropriate to use a waterless alcohol-based agent .i. Apply product to palm of one hand and rub hands together .ii. Cover all surfaces of hands and fingers .iii. Continue to rub until dry, remembering to not fan your hands .iv. Allow hands to completely dry prior to applying gloves or interacting with a resident.</p> <p>Facility's undated job description titled Licensed Practical Nurse documents in part, I. Role Responsibilities - Infection Control and Sanitation: .8. Ensures that assigned personnel follow established handwashing techniques in the administering of nursing care procedures.</p> <p>40067</p> <p>Findings include:</p> <p>1) On 7/14/24 at 11:05 am, R36's room observed with no Enhanced Barrier Precautions (EBP) isolation sign posted on R36's door, and no PPE bin positioned outside R36's room.</p> <p>On 7/14/24 at 12:53 pm, R36's room observed with no EBP isolation sign posted on R36's door, and no PPE bin positioned outside R36's room.</p> <p>On 7/15/24 at 11:19 am, R36's room observed now with an EBP sign posted on R36's door, and a PPE bin noted outside R36's room.</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  07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/15/24 at 11:25 am, V27 (Agency Registered Nurse, RN) confirms that V27 is R36's nurse. When asked the reason that R36 is on EBP precautions, V27 stated, It's (R36's) wound. When asked what PPE is to be donned when performing R36's care in the room, V27 stated that gowns and gloves need to be worn by staff.</p> <p>R36's Admission Record documents, in part, diagnoses of dementia, dysphagia, hereditary motor and sensory neuropathy, type 2 diabetes mellitus, limitation of activities due to disability, reduced mobility, weakness, malaise and fatigue, hypertension, endothelial corneal dystrophy (right eye), and local infection of the skin and subcutaneous tissue.</p> <p>R36's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 8 which indicates that R36 has moderately cognitive impairment. R36's Skin Conditions documents, in part, that R36 has unhealed pressure ulcers.</p> <p>R36's Order Summary Report documents, in part, an order date of 5/15/24 of Enhanced Barrier Precaution r/t (related to) wound and an order date of 7/10/24 of Lt (Left) Hip: Clean site with nss (normal saline). Apply collagen powder to site. Covet (Cover) with ABD/Dry drsg (dressing). Every day shift every other day for Wound care.</p> <p>On 7/15/24 at 1:06 pm, V31 (Wound Care Coordinator) stated that R36 is on EBP precautions due to R36's left trochanter (hip) wound, and we (staff) are supposed to wear gown and gloves when we are doing treatments or care.</p> <p>R36's Weekly Wound Evaluation, dated 7/10/24, documents, in part, R36's left trochanter pressure injury wound (stage 3) with undermining and a moderate amount of exudate (drainage) with current treatment as daily/PRN (whenever needed) dressing.</p> <p>On 7/15/24 at 12:30 pm, V2 (Director of Nursing, DON) stated that residents are placed on EBP isolation due to having a wound, indwelling catheter or gastrostomy tube. V2 stated that the purpose of the EBP isolation for these residents is for preventing the spread of infection. V2 stated that the staff providing direct care for a resident with a wound is to wear gloves and a gown to protect staff from passing infection from the wound to other residents the staff care for. When asked how would staff know what PPE to wear before caring for a resident with a wound, V2 stated, It's on the sign. There are pictures too (gown and gloves). The EBP sign tells you.</p> <p>On 7/16/24 at 3:22 pm, when asked when a resident has an order for EBP isolation, where should the PPE bin be placed, and V2 (DON) stated that the PPE bin should be directly outside the door and is to be stocked with the gowns and gloves needed for EBP isolation rooms. When asked the purpose of having the PPE bin located directly outside the resident's EBP room, V2 stated, So they (staff) can put it on before entering the room.</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  07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R36's Care Plan with a date initiated of 7/8/24, documents, in part, a focus of R36 am on enhanced barrier precautions for Wounds or skin opening requiring a dressing and interventions of Follow Enhanced Precaution Guidelines when providing care or coming in direct contact with potentially infected material or devices that put me at risk. Direct care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting and incontinence care, device use, catheter, trach/vent, central lines, feeding tube, wounds care or any skin opening requiring a dressing and Set up isolation per facility protocol. Follow the enhanced precautions guidelines.</p> <p>Facility Isolation Sign (untitled) titled Enhanced Barrier Precautions and dated documents, in part, Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following High-Contact Resident Care Activities: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, Device care or use: Device care or use: central line, urinary catheter, feeding tube, tracheostomy. Wound Care: any skin opening requiring a dressing.</p> <p>Facility policy titled Clinical Standard &amp; Guideline Enhanced Barrier Precautions with a last revised date of 5/23/23 documents, in part, Enhanced Barrier Precautions-(EBP) An extension of Personal Protective Equipment-(PPE). Policy: It is the policy of the facility to ensure that additional and appropriate PPE (Personal Protective Equipment) is utilized, when indicated, to prevent to spread of Multidrug-resistant Organisms also known as MDROs. Enhanced Barrier Precautions (EBP): Enhanced Barrier Precautions are define as the use of PPE (gowns and gloves) during high-contact resident care activities that generate opportunities for transfer of MDROs in the form of blood or body fluids, onto the hands and/or clothing of the rendering caregiver . The precautions are generally in place for the duration of a resident's stay, or until there is resolution of the wound or discontinuation of the device that placed the resident at higher risk. Who is at High Risk for acquiring or spreading a MDRO? . Residents with wounds regardless of MDRO status . Examples of High Contact Resident Care Activities at which time EBP is to be practices are: . g) . Wound Care. Procedure: . 3) Ensure that proper signage is posted on the resident's room door . 4) Ensure that all necessary supplies are available in an enclosed clean labeled container outside the resident's room.</p> <p>2) On 7/14/24 at 12:40 pm, R36 observed in reclining wheelchair in dining room sitting at a larger circular table. V16 (Certified Nursing Assistant, CNA) lifts up R36's reclining wheelchair to an upright position. V16 observed cutting up R36's meatloaf patty with gravy into smaller pieces while standing on R36's right side. V16 remains standing and begins feeding R36 the meatloaf patty pieces with the fork. V16 then lifts up R36's cup filled with apple juice and gives R36 a drink from the cup. V16 continues standing while feeding R36 the meatloaf patty and mashed potatoes from the lunch meal plate.</p> <p>On 7/14/24 at 12:44 pm, V16 remains standing feeding R36 and is looking around at other residents in the dining room. R42 is observed with R42's head down and not eating any more of R42's food. V16 leaves R36's side (stops feeding R36) and walks over to R42, who is sitting at a different table, and takes R42's fork from the tray, sticks R42's fork into a piece of the meatloaf and encourages R42 to eat. V16 did not perform hand hygiene in between residents.</p> <p>On 7/14/24 at 12:45 pm, V16 walks back to R36's left side, stays standing and picks up R36's fork to feed R36 a bite of mashed potatoes.</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  07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/14/24 at 12:46 pm, R79 observed turning R79's fork sideways to cut the meatloaf patty on the plate, and R79 is sitting at same circular table with R36. V16 (CNA) stops feeding R36 and walks around to R79, picks up R79's fork and then cuts R79's meatloaf patty into smaller pieces. V16 observed next opening R79's 2 individual, sealed apple juice containers (4 fluid ounces) and placing the apple juice containers back on R79's tray. V16 did not perform hand hygiene in between residents.</p> <p>On 7/14/24 at 12:47 pm, V16 then walks back to R36 sitting in the reclining wheelchair at the circular table. V16 observed standing while feeding R36 again the meatloaf and mashed potatoes.</p> <p>On 7/14/24 at 12:48 pm, R79 observed struggling to reach the food with the fork on the plate on R79's lunch tray. V16 leaves feeding R36, walks back over to R79 and lifts up R79's plate to move it closer to R79's body and positioned R79's two apple juice containers at the top of the lunch tray. V16 then walks back to R36, while standing, and restarts feeding R36 food with the fork. V16 did not perform hand hygiene in between residents.</p> <p>On 7/15/24 at 1:26 pm, when asked about performing hand hygiene in between assisting residents with feeding, V2 (Director of Nursing, DON) stated that hand hygiene is to be done in between each resident. V2 stated that a staff member who is touching resident's food tray items and utensils during resident feeding needs to perform hand hygiene before going to another resident to assist with feeding. When asked the purpose of performing hand hygiene in between assisting residents with feeding, V2 stated, Contamination. To prevent infection.</p> <p>R42's Admission Record documents, in part, diagnoses of dementia, Alzheimer's disease, weakness, limitation of activities due to disability, unsteadiness on feet, lack of coordination, hypertension and hyperlipidemia.</p> <p>R42's MDS, dated [DATE], documents, in part, a BIMS score of 5 which indicates that R42 has severe cognitive impairment.</p> <p>R79's Admission Record documents, in part, diagnoses of dementia, schizoaffective disorder, dysphagia, osteoarthritis, weakness, reduced mobility, lack of coordination, hypertension, asthma, and limitation of activities due to disability.</p> <p>R79's MDS, dated [DATE], documents, in part, a BIMS score of 3 which indicates that R79 has severe cognitive impairment.</p> <p>Facility resident roster titled Midnight Census Report and dated 7/14/24 documents, in part, that 31 residents reside on the 1st floor, and 58 residents reside on the 3rd floor.</p> <p>Facility undated policy titled Policy and Procedure: Meal Service documents, in part, Policy Statement: It is the policy of this facility that all residents are provided adequate supervision to meet each resident's nursing and personnel care needs including meal service and assistance with eating . Procedure: . 6. Staff will wash their hands after removing dirty dishes from a resident's table and/or assisting another resident with their meal/tray delivery and set up . The staff may use an appropriate antibacterial hand hygiene preparation 3 x (times), then staff will perform hand hygiene by use of soap and water per the handwashing policy.</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  07/17/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility undated policy titled Hand Hygiene documents, in part, I. Scope: a. The scope of this guideline includes all interdisciplinary members, visitors, and individuals that partake in the resident plan of care. II. Equipment required. a. Sink. b. Handwashing items such as soap and water. c. Paper towels. d. Waterless alcohol-based agent. III. Procedure: a. When hands are visibly soiled, exposure to a spore forming organism has been a suspected or proven, before and after eating, and after using the restroom hand should be washed with a non-microbial or antimicrobial soap. i. Use towel to turn on faucet. ii. Wet hands with warm water. Iii. Apply generous amount of soap to hands and run hands vigorously for at least 20 seconds, keeping in mind to cover surfaces of the hands and fingers.</p> <p>Facility Job Description titled Certified Nursing Assistant and with a revised date of 4/1/23 documents, 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 preservice each resident's independence. Essential Job Functions: . B. Role Responsibilities - Food Service: Prepares residents for meals . C. Role Responsibilities - Safety and Infection Control: . Ensures that established infection control and standard precaution practices are maintained when performing nursing procedures according facility policies. Role Responsibilities - Resident Care/Dignity: . Ensures that all residents are treated fairly, with kindness, dignity, and respect . Upholds compliance with all rules regarding Residents' Rights.</p>		