

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145938	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Landmark of Hyde Park Rehabilitation and Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 6125 South Kenwood Chicago, IL 60637	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview and record review, the facility failed to ensure a homelike environment for one resident (R30) in the sample of 80 residents. Findings include: On 02/23/2026 at 12:05pm observation made of R30's room. In R30's room bathroom upon entering the door observed a hole in the left lower wall, baseboard hanging off the lower left wall, a black substance between the floor and the lower left wall, and the lower left wall was covered with white plaster and not painted the color of the other walls in the bathroom. On 02/25/2026 at 1:00pm R30 observed sitting in a wheelchair in the third-floor dining room. R30 alert and oriented. R30 stated my room was not clean. Reviewed R30's BIMS (Brief Interview for Mental Status) score dated 01/14/2026, which documents R30's cognition is intact. On 02/25/2026 at 9:50am surveyor requested V19 (Maintenance Director) to come into R30's room bathroom. V19 arrived in R30's bathroom and observed a hole in the left lower wall, baseboard hanging off the lower left wall, a black substance between the floor and the lower left wall, and the lower left wall covered with white plaster and not painted the color of the other walls in the bathroom. On 02/25/2026 at 9:55am V19 (Maintenance Director) stated I just saw this yesterday (02/24/2026). I don't know why this happened, it may be because of water behind the wall dripping down. I will need to replace the drywall in this area of the bathroom. V19 stated the maintenance staff is responsible for making repairs to holes in the wall and making sure the baseboards are properly attached to the walls. V19 stated this does not represent a homelike environment for the residents, I would not want the bathroom in my home to be like this. On 02/25/2026 reviewed the facility's Resident Rights policy which documents in part, underneath Environment-The facility must provide a safe, clean, comfortable, home-like environment. On 02/26/2026 reviewed the Maintenance Staff's job description dated 01/24/24, which documents, in part, The Maintenance Assistant helps maintain buildings and grounds in a safe and comfortable environment. Must ensure that quality maintenance services are provided on a daily basis and safeguard the health, safety, and welfare of all residents. On 02/26/2026 the Maintenance Director's job description was reviewed, dated 01/01/24, which documents, in part, assist with all aspects of cleaning and maintaining the facility interior and grounds; ensure residents' rooms are clean, safe, comfortable, and maintained in an attractive manner.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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