

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  South Shore Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 East 71st Street Chicago, IL 60649	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32338</b></p> <p>Based on observation, interview, and record review, the facility failed to implement pressure ulcer prevention interventions as stated in the care plan for residents at risk for pressure ulcers. This failure has the potential to affect six residents (R2, R3, R4, R5, R6, and R7), reviewed for wheelchair cushions as a pressure ulcer prevention intervention for residents.</p> <p>Findings include:</p> <p>On 1/15/25 at 11:50am during observation of residents in the fourth-floor dining room, R2 and R3 were observed sitting in the wheelchair without pressure relieving cushion. At 12:13pm, both residents were still in the wheelchairs without cushions. At this time, V9 (CNA/Certified Nurse Assistant) who was with the residents at the time was notified and stated that she (V9) would ask Restorative. V9 stated that residents need the cushions in the wheelchair to prevent wounds. V3 (Unit Manager) also stated that she (V3) would find cushions for the wheelchairs immediately she finishes assisting the resident with lunch.</p> <p>On 1/15/25 at 12:18pm during observation of residents in the third-floor dining room, R4, R5, R6, and R7 were observed sitting in the wheelchair without pressure relieving cushion. At 12:27 pm, all 4 residents were still in the wheelchair without cushion. At this time, V12 (Wound Care Technician) was notified and stated, I am the Wound Care Tech. They need cushions in the wheelchairs to keep the buttocks from breakdown and from having pressure ulcer. I will put the cushions in the wheelchair.</p> <p>On 1/15/25 at 1:00pm, V13 (Wound Care Nurse) stated, Residents' wheelchairs should have cushions to prevent pressure ulcers. We will in-service them.</p> <p>R2's records show the following:</p> <p>Multiple diagnoses which include but are not Limited Mobility.</p> <p>Pressure Ulcer Risk assessment dated [DATE] shows that R2 is at risk for pressure ulcer.</p> <p>MDS (Minimum Data Status) section M dated 11/3/24 states that R2 is at risk of developing pressure ulcers/injuries and should have a pressure reducing device for chair.</p> <p>Care plan dated 12/16/20 states: R2 is at risk for impaired skin integrity. Intervention states to provide cushion to wheelchair.</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:  145977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  South Shore Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2425 East 71st Street Chicago, IL 60649	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's records show the following:</p> <p>Multiple diagnoses which include but are not limited generalized muscle weakness and reduced mobility.</p> <p>Pressure Ulcer Risk assessment dated [DATE] shows that R3 is at risk for pressure ulcer.</p> <p>MDS section M dated 11/30/24 states that R3 is at risk of developing pressure ulcers/injuries and should have a pressure reducing device for chair.</p> <p>Care plan dated 8/3/21 states: R3 is at risk for impaired skin integrity. Intervention states to provide cushion to wheelchair.</p> <p>R4's records show the following:</p> <p>Multiple diagnoses which include but are not limited generalized muscle weakness and reduced mobility.</p> <p>Pressure Ulcer Risk assessment dated [DATE] shows that R4 is at risk for pressure ulcer.</p> <p>MDS section M dated 11/3/24 states that R4 is at risk of developing pressure ulcers/injuries and should have a pressure reducing device for chair.</p> <p>Care plan dated 11/9/22 states: R4 is at risk for impaired skin integrity. Intervention states to provide cushion to wheelchair.</p> <p>R5's records show the following:</p> <p>Multiple diagnoses which include but are not limited generalized muscle weakness and reduced mobility.</p> <p>Pressure Ulcer Risk assessment dated [DATE] shows that R5 is at risk for pressure ulcer.</p> <p>MDS section M dated 10/25/24 states that R5 is at risk of developing pressure ulcers/injuries and should have a pressure reducing device for chair.</p> <p>Care plan dated 4/18/24 states: R5 is at risk for impaired skin integrity. Intervention states to provide cushion to wheelchair.</p> <p>R6's records show the following:</p> <p>Multiple diagnoses which include but are not limited generalized muscle weakness and difficulty walking.</p> <p>Pressure Ulcer Risk assessment dated [DATE] shows that R6 is at risk for pressure ulcer.</p> <p>MDS section M dated 11/25/24 states that R6 is at risk of developing pressure ulcers/injuries and should have a pressure reducing device for chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145977	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  South Shore Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2425 East 71st Street Chicago, IL 60649	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Care plan dated 1/13/20 states: R6 is at risk for impaired skin integrity. Intervention states to provide cushion to wheelchair.</p> <p>R7's records show the following:</p> <p>Multiple diagnoses which include but are not limited Dementia and Difficulty Walking.</p> <p>Pressure Ulcer Risk assessment dated [DATE] shows that R7 is at risk for pressure ulcer.</p> <p>MDS section M dated 1/3/25 states that R7 is at risk of developing pressure ulcers/injuries and should have a pressure reducing device for chair.</p> <p>Care plan dated 7/3/23 states: R7 is at risk for impaired skin integrity. Intervention states to provide cushion to wheelchair.</p> <p>Facility's policy titled Pressure Ulcer and Wound Prevention/Management Program with latest revision date 12/5/06, states under Purpose: To identify residents who are at risk for pressure ulcers and skin breakdown, and to prevent pressure ulcers and skin breakdown. #7 states: The residents plan of care is audited at least quarterly or more frequently when change in condition occurs by the interdisciplinary team. Each intervention is analyzed to determine if the intervention is still appropriate and is actively provided. Interventions are added or changed as necessary to prevent further breakdown and promote healing as necessary. #8: The preventative measures from residents at risk will be implemented based on Braden Score and as deemed necessary based on clinical condition by the interdisciplinary team.</p>