STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146164	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspyre of Bronzeville	4314 South Wabash Avenue Chicago, IL 60653

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations, interviews and record reviews, the facility failed to ensure temperatures were comfortable and offer room changes to residents whose room temperatures exceeded 81 F due to air cooling units not working. This affected five (R6, R7, R8, R9, and R10) residents of 20 reviewed for physical environment. Findings include:On 7/1/2026 starting at 10:30 AM, R6's room felt hot and uncomfortable. R6's floor air conditioning wall unit (called by the facility's maintenance director, V11, a radiator) was not working. Even though it was on, no air came from its vent. R6 walked over to the unit, opened the flap and said it was not working. R6 said R6 was hot and uncomfortable.On 7/1/2026 starting at 10:30 AM, R8's air conditioning unit was on but the air coming through it was weak. R8 looked uncomfortable (seemed to have difficulty breathing) and said he was hot. The room was very warm and stuffy. On 7/1/2026 starting at 10:30 AM, R9 and R10's rooms were dark, warm and stuffy though the windows were closed, and the curtains were pulled shut. R9's roommate was asleep lying in his bed wearing shorts. On 7/1/2026 starting at 10:30 AM, R7's room was very hot and the air from the floor air conditioning unit was blowing out weak air. R7 was lying in the room alone closest to the door and farthest away from the air conditioner. R7 said the room was hot.The surveyor returned to the above rooms at 10:42 AM with V11 (Maintenance Director). V11 stated that the air thermometer device was calibrated. The room temperatures were as follows:R6's room measured 84.5F R7's room measured 89.5FR8's room measured 85.2FR9 and R10's room measured 82.9FOn 7/1/2026 at 4:00PM, the surveyor accompanied by V11 and V1(Administrator), revisited the residents' rooms that were hot and where the residents complained of being uncomfortable. The room temperatures were as follows:R6's room measured 80.4F R7's room measured 85.6FR8's room measured 83.1FR9 and R10's room measured 80.9FR7 and R8 rooms were still hot and comfortable. And residents were still in their rooms. R6 stated that R6 was offered a room changed just a few minutes ago. R7 and R8 stated R8 they were not offered a room change during the hot room temperatures.The facility failed to follow their undated Hot Weather policy that reads they will relocate residents to the cooler part of the facility and temperature and humidity should be measured in several rooms on each floor that has been identified as the warmest area of each floor or unit.

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