STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155530	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Shore Health & Rehabilitation Center	353 Tyler St Gary, IN 46402

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain comfortable and safe temperature levels for 1 of 4 Units (500 Unit), where 22 residents resided.Finding includes:During the initial tour of the 500 Unit on 5/18/26 at 9:25 a.m., the hallway and resident rooms were very warm and humid. Resident G indicated it was warm.During an interview with the Maintenance Director on 5/18/26 at 9:55 a.m., he was on the phone with Corporate Maintenance and indicated the Heating/Cooling Company had been notified on 5/15/26 and were scheduled to come to the facility on 5/19/26 to change from the boiler to the chiller. He indicated the outside temperatures were cool at night, so the change over had not been completed.During an interview on 5/18/26 at 10:02 a.m., Resident F informed the Maintenance Director it was hot in his room. The Maintenance Director indicated he would go and obtain a thermometer to monitor the room temperatures.A wall thermometer outside of room [ROOM NUMBER] indicated the hallway temperature was 82.During observations on 5/29/26 at 10:41 a.m. through 10:50 a.m., the Maintenance Director obtain the temperatures in the following rooms:The temperature in room [ROOM NUMBER] was 82.2. Residents H and J indicated their room was warm.The temperature in room [ROOM NUMBER] was 82.2.The temperature in room [ROOM NUMBER] was 81.6. Resident K indicated it was quite warm in the room.The temperature in room [ROOM NUMBER] was 81.5.The temperature in room [ROOM NUMBER] was 81.6.The temperature in room [ROOM NUMBER] was 81.2.The temperature in room [ROOM NUMBER] was 81.6.During an interview on 5/18/26 at 12:26 p.m., Resident G indicated it had been warm in her room for the past three days.A facility maintenance policy for a safe and homelike environment, dated 4/9/23 and received from the Director of Nursing as current, indicated temperatures should be in relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia/hyperthermia and is comfortable for the residents. The facility would maintain comfortable and safe temperature levels. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit.IAC (Indiana Administrative Code) 16.1-3.1-19(h)

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