PRINTED: 06/27/2023 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6014781 06/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET **SOUTHPOINT NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX-PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY)** S 000 S 000 **Initial Comments Annual Health Survey** S9999 S9999 **Final Observations** Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6 300.3210t) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care Attachment A plan. Adequate and properly supervised nursing

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

care and personal care shall be provided to each resident to meet the total nursing and personal

TITLE

Statement of Licensure Violations

(X6) DATE

PRINTED: 06/27/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6014781 B. WING 06/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET **SOUTHPOINT NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Requirements were not met as evidenced by: Based on interviews and record reviews, the facility failed to protect R110's right to be free from physical abuse by a resident. This failure resulted in R132 hitting R110 on the face. R110 was sent to acute hospital and showed R110 sustained a nasal fracture and dental injury. Findings Include:

Illinois Department of Public Health

On 6/06/23 at 11:22 AM, an interview conducted with R110. R110 stated that another resident (R132) who's room was right across R110's room had hit R110 on the face. R110 stated that R132 came in R110's room, woke R110 and started hitting R110. R110 stated. "The resident hit me on my nose bridge and my mouth. It was another

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6014781 06/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET **SOUTHPOINT NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 resident. His name was [R132] he was right next door across the hall. It was around 2 o'clock in the morning. I don't remember the exact date. It was last week Tuesday. I was sleeping he was waking me up then he hit me on the face. I yelled and the female CNA [Certified Nursing Assistant] came right away." R110 stated R110 went to the hospital because R110's mouth was bleeding and had a broken nose. R110 stated R110 felt scared after the incident happened. On 6/7/23 at 7:36 AM, a phone interview conducted with V23 (Certified Nursing Assistant). V23 stated that last week around 2 in the morning, V23 heard R110 "hollering" for help, V23 ran in R110's room and saw R132 standing over R110's bed. V23 stated R110 said that R132 had hit R110. V23 stated R132 tried to hit R110 again and also tried to hit V23. V23 stated that the bottom of R110's mouth was bleeding and was saying R110's tooth was loose. V23 stated R110 also said that R110 was frightened. At 7:46 AM, a phone interview conducted with V24 (Registered Nurse). V24 stated that V24 was alerted to R110's room because R110 was screaming for help. V24 stated that when V24 got to R110's room two CNAs were already in R110's room and found R132 standing next to R110. V24 stated V24 and the other two CNAs removed R132 from R110's room and V24 instructed the CNAs to monitor R132 in R132's room. V24 stated V24 saw R110 bleeding in R110's mouth and was told that R110 was woken up by R132 and started beating R110. V24 stated V24 provided first aid kit to R110 and was sent to the hospital via 911. V24 stated that R110 came back the same day from the hospital and R110 sustained a nasal fracture based on the

Illinois Department of Public Health

Computed Tomography (CT) Scan.

Q23611

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6014781 06/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET **SOUTHPOINT NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 R110's clinical record shows an initial admission date of 2/28/18 with listed diagnoses not limited to Cerebral Infarction, Type 2 Diabetes Mellitus, and Epilepsy. R110's Minimum Data Set (MDS) dated 4/8/23 shows R110 is cognitively intact. The facility's incident final report shows incident date of 6/2/23 with brief description of incident that reads in part: R110 "yelled out as [R110] awoke in [R110] bed, as the resident [R132] was hitting R110. CNA was at the nurses station and heard [R110] yell out. Both the CNA and Nurse immediately went to [R110] room, at which time [R132] standing at the bedside. [R132] was removed from the room immediately by the nurse. The nurse completed a total body assessment, contacted MD and sent [R110] put to the hospital. [R132] was petitioned out to the hospital." The conclusion of this final report reads in part: "Investigation was completed and allegations were substantiated. [R110] was sent to the hospital and has returned with a nasal bone fracture and dental injury." R110's hospital records dated 6/2/23 shows that R110 had CT scan of the face with conclusion that reads: "Slightly depressed bilateral nasal bone fracture" and "Very poor dentition with multiple missing and loose teeth, widespread dental caries and signs of chronic dental infection". The facility's policy titled; "ABUSE PREVENTION PROGRAM" with revision date of 1/2019 reads on part: Prevention

Illinois Department of Public Health

The facility desires to prevent abuse, neglect, exploitation, misappropriation, and a crime against a resident by establishing a

STATE FORM

PRINTED: 06/27/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING IL6014781 06/09/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 WEST 95TH STREET **SOUTHPOINT NURSING & REHAB CENTER** CHICAGO, IL 60643 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 S9999 Continued From page 4 resident-sensitive and resident-secure environment. The facility's "RESIDENTS' RIGHTS for People in Long-Term Care Facilities" reads in part: Your rights to safety You must not be abused, neglected, or exploited by anyone - financially, physically, verbally, mentally or sexually. (B)

Illinois Department of Public Health

STATE FORM