

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/30/2024
NAME OF PROVIDER OR SUPPLIER  Central Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 North Central Avenue Chicago, IL 60639	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45110</p> <p>Based on observation, interview, and record review, the facility failed to follow their call light protocol to ensure residents always have accessibility to the call light for 6 [R1, R2, R3, R4, R5, R6.] of residents reviewed for call lights.</p> <p>Findings Include:</p> <p>R1 clinical record indicates in part; R1 was admitted with the following medical diagnoses of primary osteoarthritis, right shoulder, anxiety disorder, bilateral primary osteoarthritis of knee, hypertensive heart disease with heart failure, chronic embolism and thrombosis of unspecified vein, and obesity.</p> <p>R1's Minimum data set [MDS] indicates the following: section [C] dated 3/8/24- R1's cognition score [13] indicates R1 is cognitively intact, section [GG] dated 3/8/24- R1 is dependent (Staff does all the effort, resident does none of the effort to complete the activity, two or more helpers is required to complete the task.</p> <p>R1's care plan dated 6/1/23- R1's call light to be reach.</p> <p>On 6/29/24 at 10:20 AM, R1 stated, There are plenty of times whenever I have my call light in reach, I must wait over an hour to two hours for assistance. Once the staff come in, they leave the call light out of reach, so I cannot place the call light back on. I need a lot of assistance and I cannot get out of bed by myself. So, when the staff leave the call light on the nightstand or floor, I cannot reach it. This has been happening for over a month. I told V1 [Administrator] and nothing has been done to correct this problem.</p> <p>On 6/29/24 at 10:35 AM, R2 stated, I have to wait over an hour for anyone to answer my call light. I understand sometimes the staff might be with another resident, but I must wait almost two hours is ridiculous. During the night shift, I can forget it, the call light is not answered until day shift arrive.</p> <p>R2's MDS dated [DATE] indicates: R2 is cognitively intact, and R2 is dependent for ADL (Activities of Daily Living) care, need total staff assistance.</p> <p>On 6/29/24 at 10:49 AM, surveyor knocked and then entered R3's room. Observed V3 [Certified Nurse Assistant] sitting on another resident's bed on his cell phone with ear buds in his ears.</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:  145648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/30/2024
NAME OF PROVIDER OR SUPPLIER  Central Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 North Central Avenue Chicago, IL 60639	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/29/24 at 10:50 AM, V3 stated, I am a certified nurse assistant, and I am assigned to this room. I'm sorry, I did not hear you come in the room.</p> <p>Surveyor and V3 observed R3 sleeping in bed, with his call light on the floor underneath the head of bed.</p> <p>V3 stated, R3 can use his call light. R3 usually places on the call light when I need to be cleaned up. R3 cannot talk clearly, but he would point to his back side, letting me know he had a bowel movement. The call light should always be in reach next to R3, so he can call for assistance.</p> <p>R3's MDS dated [DATE] indicates R3 cognitively impaired and is dependent for ADL care, need total staff assistance.</p> <p>On 6/29/24 at 11:02 AM, R4 stated, My call light is answered at times over two hours, I watched the time on my cell phone, I am sure it took two hours. Plus, there are times that the certified nurse assistants would answer the call light and move the light so I cannot reach the call light to call for assistance. The nursing staff do not want to be bothered. Sometimes, I hate to press the call light, to bother the staff. When my call light is on the floor, it is hard for me to pick it up off the floor, I use a wheelchair and walker with staff assistance, I hope I don't fall trying to pick up the call light.</p> <p>R4's MDS dated [DATE] indicates R4 cognitively intact and need assistance with ADL care.</p> <p>On 6/29/24 at 11:07 AM, surveyor and V7 [Certified Nurse Assistant] observed R5 resting in bed with his call light on the floor. V7 stated, R5 can use his call light. The call light should not be on the floor, it should be in reach or R5.</p> <p>R5's MDS dated [DATE], indicated R5 is cognitively impaired and is dependent for all ADL's.</p> <p>On 6/29/24 at 11:15 AM, V6 stated, Almost all the time I have to wait over an hour for assistance, before anyone comes into my room. I have to wait to get help.</p> <p>R6's MDS dated [DATE], indicated R6 is cognitively mildly impaired and is dependent for all ADL's.</p> <p>On 6/29/24 at 1:15 PM, V6 [MDS Consultant] stated, The facility does not complete a call light assessment. All independent or dependent residents are provided education regarding the proper use of the call light. Staff is educated upon hire, that to ensure all residents call lights are in reach at all times. The nursing staff and or therapy will order and note if any resident need a special call light device.</p> <p>On 6/29/24 at 1:28 PM, V2 [Director of Nursing] stated, My expectation is that all call lights need to be within reach at all times. When nursing staff make rounds, they should ensure residents call light are in place. If the call light is not in place, it could potentially cause harm, if a resident is sick, or has fallen and need to call for help.</p> <p>Policy documents in part:</p> <p>Call Light dated 7/2014</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145648	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/30/2024
NAME OF PROVIDER OR SUPPLIER  Central Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2450 North Central Avenue Chicago, IL 60639	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Be sure call lights are placed within residents reach at all times.</p> <p>-Orient all new residents to the call light at the bed side.</p> <p>-Answer all call lights in a prompt, calm manner.</p>