STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145648	A. Building B. Wing	07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Central Nursing Home	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304 Based on observation, interview and record review, the facility failed to ensure incontinence care was provided in a timely manner for 2 (R1 and R2) residents who needed assistance with toileting. This failure affected 2 (R1 and R2) residents reviewed for improper nursing care in a sample of 4. The findings include: R2's face sheet documented admitted on 12/3/2020 with diagnoses not limited to Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side, Type 2 diabetes mellitus with unspecified complications, Epilepsy, Other muscle spasm, Hyperlipidemia, Hypertensive heart disease without heart failure, Constipation, Long term (current) use of oral hypoglycemic drugs, Vitamin d deficiency, , Muscle weakness (generalized), Unspecified sequelae of cerebral infarction, Other abnormalities of gait and mobility. R2's MDS (minimum data set) dated 5/19/2024 showed R2's cognition was intact. She (R2) needs partial / moderate assistance with eating; Dependent with oral, toileting and personal hygiene, shower / bathe self, upper and lower body dressing, chair / bed, and toilet transfer. MDS showed R2 was always incontinent of bowel and bladder. On 7/21/24 at 10:05am observed R2 lying in bed on her left side, alert and verbally responsive, air mattress in place. R2 stated she is incontinent of bowel and bladder and wearing an incontinence brief. R2 stated she was last changed about 5 hours ago. At 10:20am V4 (Certified Nursing Assistant/CNA) stated she is assigned to R2, was not checked/changed yet. V4 stated she has not gotten to R2 yet. V4 stated her shift started at 6:30am. Surveyor requested to check R2 and conducted incontinence care observation with V4. Observed incontinence brief labeled 7/21/24 at 5:05am. V4 stated label indicated the last incontinence care done for R2. Observed R2's incontinence brief heavily soiled with urine. V4 completed incontinence care. R1's face sheet documented admitted on 5/31/2023 with diagnoses not limited to Primary osteoarthritis right shoulder, Type 2 diabetes mellitus with unspecified complications, Heart failure, Anxiety disorder, Bilateral primary osteoarthritis of knee, Anemia, Enlarged lymph nodes, Gastro-esophageal reflux disease without esophagitis, Hypertensive heart disease with heart failure, Chronic embolism and thrombosis of unspecified vein, Obesity. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 12:14pm observed R1 awake, lying in bed, alert, and oriented x (times) 3, verbally responsive. R1 stated she was last checked and changed around 9am. R1 Stated she is soiled now and needs to be changed. R1 stated at times she urinates in her incontinence brief for at least 4-5 times before staff will change her. R1 state she has to wait for 5-6 hours before she will gets changed. At 12:24pm Surveyor conducted incontinence care observation with V4. Observed R1's incontinence brief soiled with urine and feces. V4 wiped / cleaned genitalia and buttocks and completed incontinence care. V4 stated that R1 was last checked and changed before or around 9am. At 2:15pm V2 (Director of Nursing / DON) stated has been working in the facility for [AGE] years and transitioned as DON in March 2024. Staff is expected to check resident for incontinence episode and provide incontinence care at least every 2 hours and as needed to prevent skin breakdown or infection. R1's MDS (Minimum Data Set) dated 6/30/2024 showed R1's cognition was intact. She (R1) needs supervision / touching assistance with eating; Partial / moderate assistance with oral hygiene; Dependent with toileting and personal hygiene, shower / bathe self, upper and lower body dressing, and chair / bed transfer. MDS showed R1 was always incontinent of bowel and bladder. Facility's policy for perineal care dated 12/2013 documented in part: To cleanse the perineum and prevent infection and odors.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304 Based on observation, interview, and record review, the facility failed to use standard precautions and perform proper hand washing/hand hygiene while providing incontinence care to residents to prevent spread of infection or cross contamination. These failures could potentially affect 11 residents assigned to V4 as of census dated 7/21/24. The findings include: R1's face sheet documented admitted on 5/31/2023 with diagnoses not limited to Primary osteoarthritis right shoulder, Type 2 diabetes mellitus with unspecified complications, Heart failure, Anxiety disorder, Bilateral primary osteoarthritis of knee, Anemia, Enlarged lymph nodes, Gastro-esophageal reflux disease without esophagitis, Hypertensive heart disease with heart failure, Chronic embolism and thrombosis of unspecified vein, Obesity. R2's face sheet documented admitted on 12/3/2020 with diagnoses not limited to Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side, Type 2 diabetes mellitus, Epilepsy, Other muscle spasm, Hyperlipidemia, Hypertensive heart disease without heart failure, Constipation, Long term (current) use of oral hypoglycemic drugs, Vitamin d deficiency, Muscle weakness (generalized), Unspecified sequelae of cerebral infarction, Other abnormalities of gait and mobility. On 7/21/24 at 10:20am Surveyor conducted Incontinence care observation with V4. Observed V4 put on disposable gloves. V4 did not perform hand hygiene/hand washing. V4 wet the towel with water. Observed R2's incontinence brief heavily soiled with urine. V4 wiped perineal area with wet towel and completed incontinence/perineal care without properly cleansing or rinsing the affected area. V4 did not bring washbasin, soap, and water during incontinence/perineal care. V4 went outside of the room touching doorknob with soiled gloves. V4 came back to R2's room removed soiled gloves and put on new gloves without performing hand washing. At 12:24pm V4 observed putting on disposable gloves without performing hand washing/hand hygiene. V4 wet towel with water. Surveyor conducted incontinence care observation with V4. R1's incontinence brief soiled with urine and feces. V4 wiped/cleaned perineal area with wet towel. V4 touched the bedside table to obtain cream using soiled gloves in contact with feces. V4 completed incontinence care without properly rinsing perineal area contaminated with feces. V4 did not bring washbasin, soap, and water during incontinence care. V4 put on new incontinence brief to R1 and then went outside R1's room touching the doorknob using the same soiled gloves contaminated with feces. V4 then removed soiled gloves without performing hand washing /hand hygiene. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At 2:15pm V2 (Director of Nursing/DON) stated V2 has been working in the facility for [AGE] years and transitioned as DON in March 2024. V2 stated staff is expected to bring towel, washbasin with soap and water during incontinence care to properly cleanse perineal area. Staff should perform proper hand hygiene/handwashing before and after resident's care to prevent spread of infection. Staff are expected to properly wash/cleanse/rinse perineal area especially after a bowel movement for infection control and prevent cross contamination. V2 stated proper handwashing/hand hygiene is important to prevent the spread of infection or cross contamination especially when the CNA is taking care of or assigned to multiple residents. V2 said V4 is assigned to 11 residents and provided surveyor room assignment and list of residents. Facility provided V4's assignment list and showed 11 residents as of census 7/21/24. MDS (Minimum Data Set) dated 6/30/2024 showed R1's cognition was intact. She (R1) needed supervision / touching assistance with eating; Partial/moderate assistance with oral hygiene; Dependent with toileting and personal hygiene, shower/bathe self, upper and lower body dressing, and chair / bed transfer. MDS showed R1 was always incontinent of bowel and bladder. MDS dated [DATE] showed R2's cognition was intact. She (R2) needed partial/moderate assistance with eating; Dependent with oral, toileting and personal hygiene, shower / bathe self, upper and lower body dressing, chair / bed, and toilet transfer. MDS showed R2 was always incontinent of bowel and bladder. Facility's policy for perineal care dated 12/2013 documented in part: To cleanse the perineum and prevent infection and odors. Equipment: Washbasin, disposable gloves, soap and water / perineal cleanser, clean washcloths, bath towel, incontinent under pad. Wash hands and put on disposable gloves. After cleansing is complete, rinse if necessary, and then dry the resident by patting skin gently with a clean bath towel. Remove gloves and wash hands. Facility's policy and procedure for hand hygiene dated 4/15/2018 documented in part: Hand hygiene is the simple most efficient means of preventing the spread of infection. Decontaminate hands if moving from a contaminated - body site to a clean-body site during resident care. Decontaminate hands after removing gloves. Facility's infection control policy dated 12/15/18 documented in part: Hand hygiene guidelines - before and after resident care. Donning and doffing gloves.