

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 01/17/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dignity of one resident (R2) during incontinence care out of three residents reviewed for resident rights.</p> <p>Findings include:</p> <p>On 1/14/2025, at 9:53 AM, V6 (Laundry and housekeeping) stepping out of the laundry room. This surveyor asked V6 where the clean towels are. V6 showed this surveyor the folding laundry room. There were two towels in the folding laundry room.</p> <p>On 1/15/2025, at 2:29 PM, R2's room door closed with small linen cart in front of the room, no washcloth towels or regular towels noted. R2 agreed for this surveyor to observe V11 (Certified Nursing Assistant) providing patient care to R2. R2 lying on her bed, and in no apparent distress. V11 seen throwing one soiled towel in a clear bag. R2 is turned to her left side, facing the window, but able to turn her head to view the front end of her bed. V11 walked outside of R2's door and approached the small linen cart. R2 states they are always running out of towels and sometimes they wipe her (R2) with pillowcases and bed sheets. V11 then walked in and utilized a white bed/flat sheet to wipe R2's bottom. R2 states if they would provide them with towels, they will be able to provide residents with proper patient care.</p> <p>On 1/15/2025, at 2:33 PM, V11 (Certified Nursing Assistant) states that she used a bed/flat sheet to wipe R2's bottom because she didn't have any more towels.</p> <p>On 1/16/2025, at 2:04 PM, V1 (Administrator) states that before she was administrator there was a concern about having enough linen towels. V1 states that she has asked V7 (Transportation coordinator/Central Supplies) to routinely order the towels. V1 states that she thinks nursing aid staff get confused and throw away the towels. V1 continues I can't have housekeeping checking the garbage. V1 states that she does not refuse to buy towels. V1 reports that if the staff were to be not using the linen towels, the residents can have skin breakdown, and it also affects the residents' dignity. They have the right to have the same environment as they would at home.</p> <p>R2's current face sheet documents that R2 is a [AGE] year-old individual with diagnoses not limited to: osteoarthritis of knee, morbid (severe) obesity due to excess calories, type 2 diabetes mellitus with hyperglycemia, contracture, right knee, contracture, right ankle.</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's MDS/Minimum Data Set Section C dated 10/16/2024 documents that R2 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R2 is cognitively intact.</p> <p>R2's MDS/Minimum Data Set Section H dated 10/16/2024 documents that R2 is always incontinent of bowel, and occasionally incontinent of bladder.</p> <p>R2's current care plan does not document that R2 is to be provided incontinence care with bed sheets.</p> <p>Facility document not dated title Statement of Resident Rights Cont. documents in part respect and dignity. The resident has a right to be treated with respect and dignity, including: the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences.</p>