

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  05/30/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>15301</p> <p>Based on interview and record review, the facility failed to prevent verbal abuse by a staff member for one resident (R1) and physical abuse by residents for three residents (R3, R5, R7) reviewed for abuse, in a total sample of eight.</p> <p>Findings include:</p> <p>Facility's final incident report date (4.23.2025) documents in part: On 4.17.2025, at approximately 11:40 AM, writer received a report of a verbal altercation between a resident (R1) and employee (V3 LSW-Former Licensed Social Worker) in the 2nd floor dining room. Investigation completed. Based on statements and observations it is determined that employee (V3) was inappropriate in the way she was speaking to the resident. Although the resident was very inappropriate as well and antagonizing towards the employee, it is not acceptable for employees to engage in argumentative behavior or use profanity with residents. The employee has been terminated.</p> <p>On 5.29.2025, at 12:25 PM, via telephone, V8 (LPN-Licensed Practical Nurse) stated, I didn't see it happen (altercation between V3-Former LSW and R1), I heard everything. I heard people arguing. It was during lunch time. As I was rounding the corner with my medication cart, on my way to the dining room. I saw V3 first, she was yelling F*** you, b****. Then I heard R1 say, no F*** you. Then V3 say, no F*** you. V3 continued to the desk, saying what is her problem? V3 picked up the phone, called someone then ran downstairs. I went downstairs after attending to R1 and reported the incident to V2 (DON-Director of Nursing). V8 stated I also spoke with V2 (Administrator), she took my statement. When asked by surveyor if this was an example of abuse, V8 responded, absolutely, it's abuse, that's why I reported it.</p> <p>On 5.29.2025, at 2:21 PM, V5 (CNA-Certified Nursing Assistant) stated, I was passing trays. I didn't hear exactly how it started. I just heard some loud arguing between V3 and R1. From what I heard, R1 had said a bad word to V3, that's how it escalated. V3 screamed back at R1 using the f word and the b word. It was screaming back and forth, V3 just walked out. She (V3) shouldn't had done that. That's verbal abuse. That was wrong to scream back even though she was overwhelmed.</p> <p>V3 was not available for interview.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5.29.2025, at 3:07 PM, R1 stated, I was talking to someone, V3 interrupted. I told her (V3), I wasn't talking to you. V3 said, 'you don't tell me what to do. I told her she's always up in people's business and to mind her own business. She said f*** you. I said no, f*** you. She kept repeating that as she was going down the hall. I couldn't believe it. I felt that was abusive, that was so wrong.</p> <p>Facility's final incident report dated (5.4.2025) documents in part: it was reported that (R2) allegedly hit (R3) on her head. Based on the investigation it does not appear the (R2) was willful in his actions.</p> <p>On 5.29.2025, at 4:00 PM, R2 denied hitting R3.</p> <p>On 5.30.2025, at 10:00 AM, via telephone, V11 (CNA-Certified Nursing Assistant) stated, R3 was sitting in a chair near the nurse's station. R2 was walking around the unit. He (R2) passed by R3 and hit R3 on the head with his fist and kept walking. It was unprovoked. I reported it to the nurse.</p> <p>R3 was not available for interview.</p> <p>Facility's final incident report dated (5.13.2025) documents in part: residents started arguing and (R4) used a comb and scratched (R5) on her face. Interviews of both residents conducted. (R4) stated that she felt like (R5) was putting gas in her face when she noticed (R5's) stump shrinker in the bathroom. She (R4) did not know what it was and in her mind it was spreading gas in her face. When interviewing (R5) she stated that all of a sudden (R4) came out of the restroom and hit her in the face with her comb causing some superficial scratches.</p> <p>On 5.28.2025, at 12:03 PM, R5 stated, R4 was angry with me about my sleeve (for prosthetic devices). I washed my sleeve and told R4 it was hanging on the towel rack to dry. She (R4) started to make all these accusations. She (R4) said I was going to give her coronavirus and a foot disease. She (R4) attacked me with a sharpened comb. She (R4) raked it across my face. I defended myself and I hit her (R4). She (R4) left the facility. They promised me she wouldn't return to the facility, that's why I didn't press charges. But she's (R4) back. I don't feel safe here. She's (R4) on a different unit.</p> <p>On 5.29.2025, at 12:52 PM, V10 (CNA-Certified Nursing Assistant) stated, the two of them (R4 and R5) were arguing, getting into an altercation of fighting. What it was about, I think, was that R4 thought that she could catch coronavirus or a disease from R5's sleeve (prosthetic). I was at the nurse's station; I heard a loud commotion. I ran toward the arguing. They were just verbally arguing when I first found them. Then, R4 was getting more excited and swung at R5 with a comb. R4 made contact with the comb. R5 had scratch on her face.</p> <p>On 5.29.2025, at 3:55 PM, R4 stated (referencing R5's prosthetic sleeve), it was burning my face. She (R5) was hitting me and rolling over me with her wheelchair. I did not touch her at all.</p> <p>Facility's final incident report dated (5.23.2025) documents in part: residents had a verbal confrontation and (R6) slapped a cup out of (R7's) hand causing the cup to hit her (R7) in her lip. (R6) was very apologetic that he lost his temper but feels (R7) kept telling him what to do. (R7) denied saying anything to (R6)</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Abuse Prevention Program (reviewed 9.1.2024) documents in part:</p> <p>Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms.</p> <p>Policy Interpretation and Implementation: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual.</p> <p>Residents' Rights for People in Long-term Care Facilities (undated) documents in part: You have the right to safety and good care. You must not be abused by anyone-physically, verbally, financially or sexually.</p>		