

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145730	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Continental Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5336 North Western Avenue Chicago, IL 60625	

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 - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>45346</p> <p>Based on observation, interview, and record review, the facility failed to provide accommodations for a resident to easily get to the bathroom in the resident's room. This failure affects two residents (R1, R3) of the three residents reviewed for accommodations of needs.</p> <p>Findings include:</p> <p>R1's diagnosis include but are not limited to type 2 diabetes mellitus without complications, morbid (severe) obesity due to excess calories, acute pulmonary edema, unspecified asthma, uncomplicated, chronic respiratory failure with hypoxia, heart failure, unspecified, weakness, unsteadiness on feet, cellulitis of left lower limb, acute embolism and thrombosis of unspecified veins of right upper extremity, idiopathic gout, essential (primary) hypertension, hyperlipidemia, unspecified, hypothyroidism, unspecified, body mass index [bmi] 70 or greater, adult.</p> <p>R1's Brief Interview for Mental Status (BIMS) dated 10/09/2024 documents R1 has a BIMS score of 15 which indicates R1's cognition is intact.</p> <p>On 10/22/2024 at 11:47am observed a wide sized wheelchair in R1's room.</p> <p>On 10/22/2024 at 11:48am interviewed R1's roommate, R2. R2 stated R1 cannot get her wheelchair into the bathroom door in this room.</p> <p>On 10/23/2024 at 10:51am V5(Wound Care Nurse) stated I am familiar with R1. V5 stated R1 has a thirty-inch high back bariatric wheelchair that she is currently using in the facility.</p> <p>On 10/23/2024 at 11:52am V7(CNA/Certified Nursing Assistant) stated I am familiar with R1. V7 stated R1 uses a larger sized wheelchair. V7 stated R1's wheelchair is too big to go into the bathroom in R1's room. V7 stated R1 cannot use the bathroom in her room by herself, R1 cannot get into the bathroom in her room with the wheelchair she has.</p> <p>On 10/23/2024 at 12:50pm V16(RN/Registered Nurse) stated I am familiar with R1. V16 stated R1's wheelchair is too big to fit through the doorway of the bathroom in R1's room.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/23/2024 at 1:47pm V2(ADON/Assistant Director of Nursing) stated I am familiar with R1. V2 stated R1 is about five hundred pounds and does use a wheelchair. V2 stated it is my expectation that R1 can move around her room easily with the wheelchair. V2 stated I think accommodations should be made for a resident who wants to independently use the toilet and the resident's wheelchair is too large to fit through the bathroom door in the resident's room.</p> <p>On 10/23/2024 at 2:58pm V1(Administrator) stated it is my expectation that a resident's room is set up so that the resident can get around the room easily. V1 was questioned if the resident's wheelchair is too wide to fit through the bathroom door in the resident's room, should accommodations be made for the resident to use the bathroom if the resident wanted to, V1 stated we have a duty to provide a wheelchair that fits the resident's girth.</p> <p>On 10/23/2024 at 10:32am V6(Maintenance Director) stated the bariatric wheelchair does not fit into the resident's room bathroom. V6 stated the bathroom doors in all the resident's rooms in the facility measure the same size. V6 stated I do not know what bathroom a resident with a bariatric chair would go to use the toilet in the facility, the resident would have to use a bedside commode in their room. V6 stated I do not know what bathroom a resident with the bariatric wheelchair would go to if the resident wanted to wash their face or brush their teeth in the sink, since the bariatric wheelchair does not fit into the bathroom in the resident's room. V6 stated this is not considered a homelike environment for the resident if he/she cannot get into the bathroom in his/her room. V6 stated if a resident who is in a bariatric wheelchair that cannot fit through the bathroom door in the resident's room and the resident is trying to use the bathroom independently this could pose a safety risk for that resident.</p> <p>On 10/23/2024 at 10:30am went into R1's room accompanied by V6(Maintenance Director) to measure the width of R1's bariatric wheelchair, R1's Bariatric wheelchair had been removed from R1's room.</p> <p>On 10/23/2024 at 10:32am R2, R1's roommate stated the staff came into the room yesterday and removed R1's wheelchair.</p> <p>On 10/23/2024 at 10:34am went into R3's room accompanied by V6(Maintenance Director) to measure the width of R3's bariatric wheelchair. Observed V6 use a tape measure to measure the width of R3's wheelchair from the right arm pad to the left arm pad, V6 stated it is 39 inches from the right arm pad to the left arm pad. Observed V6 measure the bathroom door width in R3's room, V6 stated the width of the bathroom door is 33 inches wide. Observed V6 rolling R3's bariatric wheelchair up to the bathroom door in R3's room, the wheelchair did not fit through the door in R3's room.</p> <p>Reviewed the facility's policy titled Guidelines to ensure reasonable accommodation of needs dated 6/20/23, which documents in part, 1. Upon admission, and as close to admission as possible-as an ongoing process, the facility will make every effort to individualize the physical environment for each resident-which is essential in creating a HOMELIKE environment. 2. The common areas which the resident may utilize, as well as the resident's room and their bathroom will have accommodations specific to the resident to accommodate any limitations of the resident. The objective is to support and maintain the independence of each resident as much as possible.</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662</p> <p>Based on interview and record review the facility failed to ensure that one resident (R2) was free from staff to resident mental abuse. This failure affected one resident (R2) in a total sample of three reviewed for abuse. This failure resulted in (R2) experiencing mental anguish.</p> <p>Findings include:</p> <p>On 10/22/24 at 11:28am R2 stated on 10/11/24 V12 (Psych tech) came to her room and threatened to have R2's green pass privileges removed if R2's family member continued to call the facility with complaints.</p> <p>On 10/23/24 at 10:30am R2 stated, The facility threatening to take my pass away made me feel threatened and abused. All me and my family did was advocate for them not picking me up. The mental abuse here is terrible. I don't feel safe here. V12 eyeballs me now but he doesn't say anything to me.</p> <p>On 10/22/24 at 12:15pm V12 stated that he only informed R2 that V13 (social service coordinator/SSC) wanted to speak with R2 regarding pass privileges.</p> <p>On 10/23/24 at 11:03am V12 read aloud V12's witness statement, Early a message was relayed to me that by the actions of her (R2's) sister calling the facility calling on her behalf saying there's no transportation for her, by the actions could get her pass took.</p> <p>On 10/22/24 at 12:40pm V13 stated that she never requested R2 to come to speak with her.</p> <p>V13's witness statement documents in part, R2 came to front office to discuss possible green pass issues. Resident was agitated with the news .she (R2) felt he (V12) disrespected her (R2) by letting her know I (V13) would have to speak with her about her pass.</p> <p>R1's witness statement documents in part, I (R1) heard V12 say to R2 your green pass is in jeopardy.</p> <p>On 10/23/24 at 1:46pm V2 (Assistant Director of Nursing/ADON) stated that on 10/11/24 R2 came to his office and told him that she (R2) was threatened to have her green pass privileges removed by V12 and V13. V2 stated that R2 informed him that she did not feel safe with V12 and V13. V2 stated that he asked R2 to calm down and have a seat in his office. V2 stated that he spoke to R2's roommate who witnessed V12 make the statement regarding the pass. V2 stated that R2's roommate R1 stated that V12 told R2 that her green pass was in jeopardy. V2 stated, A threat to take something away from someone is verbal abuse.</p> <p>On 10/23/24 at 2:58pm V1(Administrator) stated, Threatening to remove someone's privileges could be a form of abuse but in this situation, I don't believe that it was. Out of all the residents that reside here, I've completed the most abuse allegations for R2.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R2's care plan dated 10/16/24 titled Abuse, Neglect, Trauma Factors documents in part, The resident will be treated with respect, dignity and reside in the facility free of mistreatment.</p> <p>R2's medical diagnoses include chronic obstructive pulmonary disease, unspecified sequela of cerebral infarction, anxiety disorder, gastro-esophageal reflux disease without esophagitis, major depressive disorder, post-traumatic stress disorder.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] has a brief interview for mental status (BIMS) score of 14 which indicates R2's cognition is intact.</p> <p>R2's active physician order dated 8/12/24 documents, Resident may go out on green pass.</p> <p>Facility's job description titled Psychiatric Technician documents in part, Essential Position Functions . Intervenes with clients in a manner that offers dignity and support.</p> <p>Facility's policy revised 3/1/21 titled Abuse Prevention Program documents in part, It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility.</p> <p>Facility's undated policy titled Your Rights and Protection as a Nursing Home Resident documents in part, You have the right to be free from abuse and neglect: You have the right to be free from verbal, sexual, physical, and mental abuse.</p>