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| 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 01/09/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>32819</p> <p>Based upon observation, interview, and record review the facility failed to follow policy procedures and failed to ensure the (3rd floor) medication cart was locked or attended by authorized staff. These failures have the potential to affect 48 (3rd floor) residents.</p> <p>Findings include:</p> <p>The 1/5/25 facility census includes 48 (3rd floor) residents.</p> <p>On 1/6/25 at 12:52pm, surveyor arrived on 3rd floor (via elevator) with V3 (Housekeeping) and entered the unit. Upon arrival, there were no staff present in the (3rd floor) hallway and/or Nursing station (except V3, who had just arrived) and the medication cart was noted to be unlocked and unattended. Surveyor inquired if staff were present at the Nursing station (where the unlocked medication cart was located) V3 stated No. Surveyor subsequently inquired if V3 could open drawer of the medication cart, V3 was hesitant to do so however was able to open the drawer. Surveyor inquired if the medication cart was locked at this time V3 responded It not locked.</p> <p>On 1/6/25 at 12:54pm, V4 (Licensed Practical Nurse) approached the (3rd floor) medication cart and immediately locked it. Surveyor inquired why the medication cart was left unlocked and unattended by authorized staff V4 stated It's locked. Surveyor advised that V3 opened the medication cart drawer (prior to V4's arrival) V4 responded I did not remember but I'm pretty sure I locked it but if its open I'm sorry.</p> <p>The (May 2024) Medication Storage policy states medications and biologicals are stored safely, securely, and properly following the manufacture or supplier recommendations. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Medication rooms, carts, and medication supplies are locked or attended by person with authorized access: a.) Licensed Nurses, b.) Consultant Pharmacist, c.) Pharmacist Technician, d.) Individual lawfully authorized to administer drugs, e.) Consultant Nurses.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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