

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  02/26/2025
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.

(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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</b></p> <p>Based on observations, interviews, and records review the facility failed to protect the rights of a resident to be free of resident to resident abuse for one (R5) out of three residents reviewed for abuse. These failures were not in accordance with abuse policy of facility and resulted to one resident (R5) with cognitive impairment sustaining injuries in two separate incidents with (R6 and R9). R5 sustained scratches and abrasion on the neck on 01/13/2025 and right eye swelling and redness on 11/18/2024 which resulted in R5 being sent to the hospital.</p> <p>Findings include:</p> <p>On 02/11/2025 at 11:10 AM, R5 was initially seen in his room sleeping. R5 was unable to respond by calling his name multiple times. On 02/14/2025 at 09:44 AM, R5 was with V19 (Certified Nursing Assistant) was seen doing bedside care. R5 was on his bed awake but does not respond when his first name was called. R5 stares to the wall without reaction to any conversation. V19 stated that R5 does not talk and only respond to his name. V19 stated that R5 can walk if he wants to, and that R5 declines because he is now on hospice. V19 said, He does not understand and only respond to his name.</p> <p>R5 is [AGE] years old, initially admitted in facility on 12/28/2020. R5 medical diagnosis includes dementia / Alzheimer's disease, cognition deficit, brain disorder, behavioral disturbance. R5 has severe impairment on his cognition. Per brief interview of mental status (BIMS) dated 02/07/2025, R5 never or rarely understood.</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
---	-------	-----------

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  02/26/2025
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.			
(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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/11/2025 at 11:16 AM, R6 was seen at dining room sitting on his wheelchair near the window with view overlooking the street. R6 is alert and able to express his thoughts within topic during conversation. R6 stated that he knows R5 and remember very well the incident or conflict that happened between him (R6) and R5. R6 stated that R5 was blocking the way so he punched R5 on his face. R6 said, I punch him in his face. I just hit him twice both in his face. R6 stated that he told R5 four (4) times to move but R5 did not move. R6 stated that R5 did not hit him back because R5 cannot fight. R6 said, R5 is an old timer, you know what I mean, he (R5) lost his memories. R6 was asked instead of hitting R5, why not inform the staff to move R5 if he was blocking the way? R6 replied, But I did, they were busy talking. I asked the nurse, but he won't stop it. I have to do what I have to do. On 02/14/2025 at 09:50 AM, R6 was seen at dining room same place near the window. R6 was able to make conversation with staff. R6 then wheeled himself moving his wheelchair to the hallway. On 02/18/2025 at 11:21 AM, R6 was seen at dining room same location. R6 stated that incident between him and R5 happened in the dining room. R6 said, I asked him many times, three (3) times to move. But he refused to move. So, I punched him on the face.</p> <p>R6 is [AGE] years old, initially admitted in facility on 03/23/2021. R6 medical diagnosis includes hypertension. R6 has intact cognition, per brief interview of mental status (BIMS) dated 01/13/2025, R6 scored 14.</p> <p>Documentation between R6 and R5 incident dated 01/13/2025 are as follows:</p> <p>V4 (Registered Nurse) clinical notes dated 01/13/2025 documents: It was reported by the Certified Nursing Assistant on duty that during her rounds, R5 and R6 had interaction. R5 sustained scratches on left side of the neck and face. Upon assessment of R5 abrasion noted on left side of the neck and face.</p> <p>V8 (Certified Nursing Assistant) written confidential witness statement dated 01/15/2025 reads: I saw them arguing and I separated them.</p> <p>On 02/18/2025 at 10:02 AM, V8 stated that while she was passing trays for dinner. She (V8) heard something on the dining room. V8 said, Shout, shout, shout. V8 stated that when she went to dining room, she saw R5 and R6 fighting. R6 was waving his hands on the air. R6 was on his wheelchair and R5 standing because he walks everywhere in the hallway and room to room. V8 stated that R5 needs to be monitored because R5 walks around. V8 stated that there was no staff in the dining room because they were passing trays, and she (V8) was on the hallway passing trays when she heard commotion in the dining room. It happened between 05:45 PM to 6:00 PM during dinner time. V8 stated that after separating R5 and R6, R5 has scratches and abrasions. V8 stated that she was going to tell the nurse (V4) but was not able to see or find him. V8 stated that she looked for V4 but nowhere to be found. V8 said, Maybe he (V4) was on a break. When V9 (Registered Nurse) came in for the next shift (from 7:00 PM to 7:00 AM), and during endorsement with V4, V8 stated that V9 inquired about R5's scratches during endorsement with V4, and that was the time she (V8) informed V4 and V9 what happened in the dining room. Per V8 during incident V4 was her nurse working from 7:00 AM to 7:00 PM, then V9 came in to work from 7:00 PM to 7:00 AM.</p> <p>V9 (Registered Nurse) written confidential witness statement dated 1/15/2025 reads: I saw R5 had a superficial scratch. I assessed him and started to evaluate what happened. I didn't see what happened, but I treated the scratch, and everything was fine. Signed by V1 (Administrator) only, signature of witness left blank.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/18/2025 at 10:33 AM, V9 stated that she came to work for 7:00 PM to 7:00 AM shift. Upon making her rounds at the beginning of her shift, R5 was seen with scratch and bruise on his neck. V9 said, I know it was fresh because it was a bit bleeding. V9 stated that because R5 was confused and cannot tell what happened, she (V9) asked around all CNA (Certified Nursing Assistant). Called V4 (Registered Nurse) and asked him about R5's neck abrasion. V4 came, stated he does not see anything. V8 (Certified Nursing Assistant) informed them about the incident that happened in the dining room between R5 and R6. V4 then made a report about the incident.</p> <p>Clinical Notes by V4 dated 01/13/2025 (late entry) documents: V8 reported to him (V4) that R5 and R6 had interaction, and that V8 noticed scratches on R5's left side of neck and face. Injury site was cleaned with normal saline and dried.</p> <p>On 02/18/2025 at 10:48 AM, V4 stated that he was on break at the time of the incident. When I came back from break, I was informed by V8 and V9 about the incident contact between R5 and R6. On 02/19/2025 at 10:44 AM, V4 clarified that it was V9 who informed him that something happened with R5 and R6. When he (V4) came to the floor, V8 told him that something happened to R5 and R6. That R6 made physical contact to R5. R6 touched R5 but V8 was not sure if it was done on purpose.</p> <p>Another incident that happened on 11/18/2024. In this incident, R5 was also the victim and sustained swelling and redness into his right eye when another resident R9 hit R5's face.</p> <p>V10 (Registered Nurse) clinical notes dated 11/18/2024, documents that on the hallway R5 bumps into R9. R9 then proceeded to tap R5's face. R5 was observed with slight swelling, redness in right eye area. Ice pack was applied, and neuro check was initiated to R5. R5 was transferred to the hospital for medical intervention including CT scan. Per hospital records, R5 was considered a victim of assault.</p> <p>V10 (Registered Nurse) written confidential witness statement dated 11/18/2024 reads: I observed from the nurse station the resident (R5) moved towards another resident (R9) and got tapped in the face. Resident was separated and moved away. Signed by V1 (Administrator) only, signature of witness left blank.</p> <p>On 02/14/2025 at 11:41 AM, V10 stated that R9 was sitting on wheelchair near the nurse station. Because R5 likes to wander, he accidentally bump to R9. R9 tapped face of R5 that resulted to slight redness. Then she (V10) applied ice pack to R5's right eye area. V10 was asked to elaborate more on R5's right eye after R9's tapped. V10 stated there were redness, erythema and swelling with skin irritation. V10 stated a soft tap will not result to redness or swelling. Yes, it needs to be force enough. V10 stated that R5 is not very much alert and wanders a lot. R5 is not able to make conversation, uses jumbles speech or incoherent speech. V10 stated that if what happened to R5, happened to any of his family or friends she will really feel bad. And would not want that to happened to any of her family members. V10 stated that she does not want resident that does not work well with other residents on the same floor. V10 stated that R5 likes to get up at times. And the incident happened around breakfast time. Nursing staff were busy, and she was busy with her computer. R5 may have been getting out for breakfast.</p> <p>Clinical notes of V11 (Registered Nurse) dated 11/18/2024, documents that she asked R9 why did he did that? R9 replied, Shut up you b***h! I wanna spill this coffee on your face.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/18/2025 at 02:50 PM, R9 was seen in front of nurse station sitting on his wheelchair. R9 was alert and able to express his thoughts within topic during conversation. R9 agreed to go to his room for an interview. When asked about R5, R9 a bit evasive with the question. R9 replied, R5 cannot talk to me, he is mad. He is here for murder. R9 was asked if he can elaborate more about his statement. R9 a bit uncomfortable, stated he cannot elaborate or cannot remember about the incident.</p> <p>R9 is [AGE] years old, initially admitted in the facility on 03/21/2011 with medical diagnosis that includes dementia, schizoaffective disorder, cognitive communication deficit. R9 assessment dated [DATE], documents that R9 has intact cognition to slight impairment with BIMS (Brief Interview of Mental Status) score of 13. And that R9 is non-ambulatory and uses motorize wheelchair per functional abilities assessment with the same date.</p> <p>On 02/19/2025 at 09:21 AM, V1 (Administrator) stated that on the incident dated 11/18/2025, R5 has dementia that likes to wander around. R9 tapped R5's face and staff immediately remove R5 and R9. V1 was asked how R9 able to tap R5's face? V1 stated that R9 cannot walk but can stand. R5 on the other hand cannot understand. V1 said, What happened was not intentional. It happened to two dementia residents.</p> <p>V1 was asked about the incident dated 01/13/2025. V1 stated that there was a concern between two individuals (R5 and R6). V1 stated that after investigation there was no proof that superficial scratch was done by R6. V1 said, I think R5 done it to himself. V1 was asked what did R6 said about the incident? V1 took written statement of R6 and read: He said R5 was in his way, and he asked him to move. V1 was asked how did she first learn about the incident? Who was the facility staff who contacted her? V1 replied that the person contacted her was V9 (Registered Nurse). V1 was made aware that V9 was not in the facility during the incident because she started working 7:00 PM. V1 then stated that V8 (Certified Nursing Assistant) was the only staff that saw what happened. And V8 did not see that scratches was done by R6. V1 was made aware that R6 stated that he punched R5 on the face because he told R5 to move multiple times but R5 did not move.</p> <p>Abuse policy dated 03/01/2021 reads:</p> <p>Policy</p> <p>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>This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends, or other individuals.</p> <p>For the purposes of this policy, and to assist staff members in recognizing abuse, the following definitions shall pertain:</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental psychosocial well-being. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>Identification of Allegations/ Internal Reporting Requirements</p> <p>The nursing staff is additionally responsible for reporting on a facility Incident Report the appearance of bruises, lacerations, or other abnormalities as they occur. Upon report of such occurrences, the Nursing Supervisor is responsible for assessing the resident, reviewing the documentation, and reporting to the Administrator or in the absence of the Administrator, the Director of Nursing.</p>		

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</b></p> <p>Based on observations, interviews, and review of records the facility failed to follow it's policy on investigating incidents of abuse for 1 out of 3 residents (R5) reviewed for the right of every resident to be free from abuse.</p> <p>Findings include:</p> <p>On 02/11/2025 at 11:10 AM, R5 was initially seen in his room sleeping. R5 was unable to respond by calling his name multiple times. On 02/14/2025 at 09:44 AM, R5 was with V19 (Certified Nursing Assistant) was seen doing bedside care. R5 was on his bed awake but does not respond when his first name was called. R5 stares to the wall without reaction to any conversation. V19 stated that R5 does not talk and only respond to his name. V19 stated that R5 can walk if he wants to. And that R5 declines because he is now on hospice. V19 said, He does not understand and only respond to his name.</p> <p>R5 is [AGE] years old, initially admitted in facility on 12/28/2020. R5 medical diagnosis includes dementia / Alzheimer's disease, cognitive cognition deficit, brain disorder, behavioral disturbance. R5 has severe impairment on his cognition. Per brief interview of mental status (BIMS) dated 02/07/2025, R5 never or rarely understood.</p> <p>On 02/11/2025 at 11:16 AM, R6 was seen at dining room sitting on his wheelchair near the window with view overlooking the street. R6 is alert and able to express his thoughts within topic during conversation. R6 stated that he knows R5 and remember very well the incident or conflict that happened between him (R6) and R5. R6 stated that R5 was blocking the way so he punched R5 on his face. R6 said, I punch him in his face. I just hit him twice both in his face. R6 stated that he told R5 four (4) times to move but R5 did not move. R6 stated that R5 did not hit him back because R5 cannot fight. R6 said, R5 is an old timer, you know what I mean, he (R5) lost his memories. R6 was asked instead of hitting R5, why not inform the staff to move R5 if he was blocking the way? R6 replied, But I did, they were busy talking. I asked the nurse, but he won't stop it. I have to do what I have to do. On 02/14/2025 at 09:50 AM, R6 was seen at dining room same place near the window. R6 was able to make conversation with staff. R6 then wheeled himself moving his wheelchair to the hallway. On 02/18/2025 at 11:21 AM, R6 was seen at dining room same location. R6 stated that incident between him and R5 happened in the dining room. R6 said, I asked him many times, three (3) times to move. But he refused to move. So, I punched him on the face.</p> <p>R6 is [AGE] years old, initially admitted in facility on 03/23/2021. R6 medical diagnosis includes hypertension. R6 has intact cognition, per brief interview of mental status (BIMS) dated 01/13/2025, R6 scored 14.</p> <p>Reportable Incident between R6 and R5 dated 01/13/2025 documents as follows:</p> <p>V4 (Registered Nurse) clinical notes dated 01/13/2025 documents: It was reported by the Certified Nursing Assistant on duty that during her rounds, R5 and R6 had interaction. R5 sustained scratches on left side of the neck and face. Upon assessment of R5 abrasion noted on left side of the neck and face.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V8 (Certified Nursing Assistant) written confidential witness statement dated 01/15/2025 reads: I saw them arguing and I separated them.</p> <p>On 02/18/2025 at 10:02 AM, V8 stated when she went to dining room, she saw R5 and R6 fighting. R6 was waving his hands on the air. R6 was on his wheelchair. V8 stated that after separating R5 and R6, R5 has scratches and abrasions.</p> <p>V9 (Registered Nurse) written confidential witness statement dated 1/15/2025 reads: I saw R5 had a superficial scratch. I assessed him and started to evaluate what happened. I didn't see what happened, but I treated the scratch, and everything was fine. Signed by V1 (Administrator) only, signature of witness left blank.</p> <p>On 02/18/2025 at 10:33 AM, V9 stated that she came to work for 7:00 PM to 7:00 AM shift. Upon making her rounds at the beginning of her shift, R5 was seen with scratch and bruise on his neck. V9 said, I know it was fresh because it was a bit bleeding. V9 stated that because R5 was confused and cannot tell what happened. She (V9) asked around all CNA (Certified Nursing Assistant). Called V4 (Registered Nurse) and asked him about R5's neck abrasion. V4 came, stated he does not see anything. V8 (Certified Nursing Assistant) informed them about the incident that happened in the dining room between R5 and R6. V4 then made a report about the incident.</p> <p>Clinical Notes by V4 dated 01/13/2025 (late entry) documents: V8 reported to him (V4) that R5 and R6 had interaction. And V8 noticed scratches on R5's left side of neck and face. Injury site was cleaned with normal saline and dried.</p> <p>On 02/18/2025 at 10:48 AM, V4 stated that he was on break at the time of the incident. When I came back from break, I was informed by V8 and V9 about the incident contact between R5 and R6. On 02/19/2025 at 10:44 AM, V4 clarified that it was V9 who informed him that something happened with R5 and R6. When he came to the floor, V8 told him that something happened to R5 and R6. That R6 made physical contact to R5. R6 touched R5 but V8 was not sure if it was done on purpose.</p> <p>Another incident that happened on 11/18/2024. In this incident, R5 was also the victim and sustained swelling and redness into his right eye when another resident R9 hit R5's face.</p> <p>V10 (Registered Nurse) clinical notes dated 11/18/2024, documents that on the hallway R5 bumps into R9. R9 then proceeded to tap R5's face. R5 was observed with slight swelling, redness in right eye area. Ice pack was applied, and neuro check was initiated to R5. R5 was transferred to the hospital for medical intervention including CT scan. Per hospital records, R5 was considered a victim of assault.</p> <p>V10 (Registered Nurse) written confidential witness statement dated 11/18/2024 reads: I observed from the nurse station the resident (R5) moved towards another resident (R9) and got tapped in the face. Resident was separated and moved away. Signed by V1 (Administrator) only, signature of witness left blank.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/14/2025 at 11:41 AM, V10 stated that R9 was sitting on wheelchair near the nurse station. Because R5 likes to wander, he accidentally bump to R9. R9 tapped face of R5 that resulted to slight redness. Then she (V10) applied ice pack to R5's right eye area. V10 was asked to elaborate more on R5's right eye after R9's tapped. V10 stated there were redness, erythema and swelling with skin irritation. V10 stated a soft tap will not result to redness or swelling. Yes, it needs to be force enough. V10 stated that R5 is not very much alert and wanders a lot. R5 is not able to make conversation, uses jumbles speech or incoherent speech. V10 stated that if what happened to R5, happened to any of his family or friends she will really feel bad. And would not want that to happened to any of her family members. V10 stated that she does not want resident that does not work well with other residents on the same floor. V10 stated that R5 likes to get up at times. And the incident happened around breakfast time. Nursing staff were busy, and she was busy with her computer. R5 may have been getting out for breakfast.</p> <p>Clinical notes of V11 (Registered Nurse) dated 11/18/2024, documents that she asked R9 why did he did that? R9 replied, Shut up you b***h! I wanna spill this coffee on your face.</p> <p>On 02/18/2025 at 02:50 PM, R9 was seen in front of nurse station sitting on his wheelchair. R9 was alert and able to express his thoughts within topic during conversation. R9 agreed to go to his room for an interview. When asked about R5, R9 a bit evasive with the question. R9 replied, R5 cannot talk to me, he is mad. He is here for murder. R9 was asked if he can elaborate more about his statement. R9 a bit uncomfortable, stated he cannot elaborate or cannot remember about the incident.</p> <p>R9 is [AGE] years old, initially admitted in the facility on 03/21/2011 with medical diagnosis that includes dementia, schizoaffective disorder, cognitive communication deficit. R9 assessment dated [DATE], documents that R9 has intact cognition to slight impairment with BIMS (Brief Interview of Mental Status) score of 13. And that R9 is non-ambulatory and uses motorize wheelchair per functional abilities assessment with the same date.</p> <p>On 02/19/2025 at 09:21 AM, V1 was given a copy of the final report submitted to State agency dated 11/18/2024 that documents: Under immediate action taken: There are no injuries. Body check completed with no concerns. V1 was asked why was it documented that there were no injuries when R5's right eye sustained swelling and redness due to the incident with R9? And in fact, it was witnessed by two (2) nursing staff V10 (Registered Nurse) and V20 (Registered Nurse) present at the nurse station. V1 replied, They did not tell me that there was an injury. I mean the staff when they give the report said there was no injury. V1 was informed that on R5's progress notes it was documented that R5 sustained redness, swelling on his right eye. Then R5 was transferred to the hospital for CT scan to rule out further injuries. V1 did not comment.</p> <p>V1 was asked about the incident dated 01/13/2025. V1 stated that there was a concern between two individuals (R5 and R6). V1 stated that after investigation there was no proof that superficial scratch was done by R6. V1 said, I think R5 done it to himself. V1 was asked what did R6 said about the incident? V1 took written statement of R6 and read: He said R5 was in his way, and he asked him to move. V1 was asked how did she first learn about the incident? Who was the facility staff who contacted her? V1 replied that the person contacted her was V9 (Registered Nurse). V1 was made aware that V9 was not in the facility during the incident because she started working 7:00 PM. V1 then stated that V8 (Certified Nursing Assistant) was the only staff that saw what happened. And V8 did not see that scratches was done by R6. V1 was made aware that R6 stated that he punched R5 on the face because he told R5 to move multiple times but R5 did not move. V1 said, Is that what he told you.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V1 stated that documents that were sent to State agency were final report of the incident and verification of date and time. Both final reports (11/18/2024 and 01/13/2025) were reviewed by V1 compared to abuse policy on final report requirements. The following discrepancies were identified: Both reports does not specify the place or location of the incident. Although in both incidents R5 sustained injuries. Final report dated 11/18/2024 documents there are no injuries or report of injuries. Final report dated 01/13/2025 documents body check showed no injuries to resident. Conclusion of investigation were not based on known facts. Final report dated 11/18/2024 documents R9 remains in the hospital. R5 remains comfortable and has no complaints. Non-emergency police made no further follow up. Upon return from the hospital, R9 will be evaluated for further interventions. Final report dated 01/13/2025 documents R6 stated he asked R5 to move, and he got frustrated. R6 did not touch R5. Staff statements did not uncover any evidence of abuse. Resident at baseline. Residents deny emotional distress. Police did not make any further contact on this report. All written witness statements were not signed by any of the witnesses. Only V1's signature were on the documents. The following staff have no signature on written statement reflecting their names: V10 (Registered Nurse), V20 (Registered Nurse), V22 (Certified Nursing Assistant), V11 (Registered Nurse), V9 (Registered Nurse), V23 (Certified Nursing Assistant), V24 (Registered Nurse), V17 (Certified Nursing Assistant), V25 (Certified Nursing Assistant). Police reports were not attached to both reports. When R6 was made as a witness in an incident (between R5 and R9) that R6 was not involved. R6 was able to sign. When R6 was made as a witness in an incident that R6 was involved (R6 alleged perpetrator). R6 was not able to sign, only V1's signature present. V1 stated, I see what you mean. V1 stated that she was busy during that time. And you have to understand it is not only me that review this information.</p> <p>Abuse policy dated 03/01/2021 reads:</p> <p>Policy</p> <p>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>Investigation</p> <p>All incidents, allegations or suspicion of abuse, neglect, exploitation, misappropriation of property, or a crime against a resident will be documented.</p> <p>Procedure</p> <p>Any alleged violations involving mistreatment, abuse, neglect, exploration, misappropriation of resident property, any injuries of an unknown origin, or reasonable suspicion of a crime against a resident MUST be reported to the Administrator or Director of Nursing. The Administrator is the Abuse Coordinator of the facility.</p> <p>Additionally, the person(s) observing an incident of resident abuse or suspecting resident abuse must IMMEDIATELY report such incidents to the Charge Nurse who will immediately report the allegation to the Administrator, regardless of the time lapse since the incident occurred. The charge nurse will immediately report the incident to the Administrator or to the DON during the Administrator's absence. Reporting procedures will be followed as outlined in the policy.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The following information should be reported to the Charge Nurse:</p> <ol style="list-style-type: none"> <li>1. The name of the resident(s) involved.</li> <li>2. The date and time that the incident occurred.</li> <li>3. Where the incident took place.</li> <li>4. The name(s) of all individuals suspected of committing the incident, if known.</li> <li>5. The name(s) of any witnesses to the incident.</li> <li>6. The type of abuse that was allegedly committed (i.e., verbal, physical, sexual, etc.) or the reasonable suspicion of a crime against a resident.</li> <li>7. Other information that may be requested by the Charge Nurse.</li> </ol> <p>Identification of Allegations/ Internal Reporting Requirements</p> <p>The nursing staff is additionally responsible for reporting on a facility Incident Report the appearance of bruises, lacerations, or other abnormalities as they occur. Upon report of such occurrences, the Nursing Supervisor is responsible for assessing the resident, reviewing the documentation, and reporting to the Administrator or in the absence of the Administrator, the Director of Nursing.</p> <p>Abuse allegations involving one resident upon another resident will be reported to IDPH.</p> <p>The investigator will submit a final report of the conclusion of the investigation in writing within 5 working days of the incident. The final investigation report shall contain the following:</p> <p>Name, Age, Diagnosis and mental status of the resident allegedly abused, neglected, or exploited.</p> <p>The original allegation (note day, time, location, the specific allegation, by whom, witnesses to the occurrence, circumstances surrounding the occurrence and any noted injuries.</p> <p>Facts determined during the process of the investigation, review of medical record and interview of witnesses.</p> <p>Conclusion of the investigation based on known facts.</p> <p>If there is a police report, attached the police report.</p> <p>If the allegation is determined to be valid and the perpetrator is an employee, include on a separate sheet the employee's name, address, phone number, title, date of hire, copies of previous disciplinary actions, and status (still working, suspended, or terminated)</p> <p>Attach a summary of all interviews conducted, with the names, addresses, phone, numbers, and willingness to testify of all witnesses.</p> <p>(continued on next page)</p>

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Any incident or allegation involving abuse, neglect, exploitation, misappropriation of resident property, or a crime against a resident will result in an abuse investigation.</p> <p>The investigative team will follow the investigation procedures outlined in this policy.</p> <p>The investigator shall do as much as possible to protect the identities of any employee and residents involved in the investigation. After a conclusion based on the facts of the investigation is determined, internal reports, interviews, and witness statements shall be released only with the permission of the administrator or facility attorney. Even if the investigation is not complete, the Administrator will cooperate with any Department of Public Health investigation in the matter.</p> <p>The person in charge of the investigation will update the administrator or in the absence of the Administrator the DON during the progress of the investigation. The Administrator or in the absence of the Administrator the DON will keep the resident or resident representative informed of the progress of the investigation. If the Administrator was absent from the facility during an abuse, neglect, exploitation, misappropriation, or crime report and/or investigation then the Administrator shall be informed of the report and status of the investigation upon his/her return to the facility. The Charge Nurse must complete an incident report and obtain a written, signed, and dated statement from the person reporting the incident. If a resident is unable to sign, the statement will be witnessed.</p> <p>A completed copy of the incident report and written statements from the witnesses, if any, will be provided to the Administrator (in the absence of the Administrator, the DON) within twenty-four (24) hours of the occurrence of such incident.</p> <p>The final investigation report will be completed within five (5) working days of the reported incident. The final report shall include facts determined during the process of the investigation, review of medical records, personnel files, and interview of witnesses. All residents that are near the alleged incident and in the facility will be interviewed for concerns relating to abuse during the abuse investigation. The final investigation shall also include a conclusion of the investigation based on known facts. The Administrator or in the absence of the Administrator the DON will review the report. The Administrator or in the absence of the Administrator the DON is then responsible for forwarding a final written report of the results of the investigation and of any corrective action taken to the Department of Public Health within five working days of the reported incident.</p>		

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</b></p> <p>Based on observation, interview and record review, the facility failed to label and date oxygen equipment (oxygen tubing and nebulizer trach mask) and failed to properly contain oxygen equipment (nebulizer trach mask) per the facility policy. These failures affected one resident (R3) reviewed of oxygen care.</p> <p>Findings include:</p> <p>R3's face sheet shows that R3 has diagnoses which includes but not limited to quadriplegia, recurrent dislocation of right and left hip, asthma, epilepsy, tracheostomy, chronic respiratory failure with hypoxia, chronic embolism, and thrombosis.</p> <p>R3's Brief Interview for Mental Status (BIMS) dated 11/4/24 documents in part a BIMS score of 15. R3 is cognitively intact.</p> <p>On 2/10/25 at 1:35 pm, observation of R3's trach nebulizer mask lying in a grey basin with wound care cleaner and antifungal powder uncontained and not dated. Oxygen tubing not dated.</p> <p>On 2/11/25 at 10:36 am, observation of R3's trach nebulizer mask lying in a grey basin with wound care cleaner and antifungal powder uncontained and not dated. Oxygen tubing not dated.</p> <p>On 2/11/25 at 10:38 am, surveyor had V4 RN (Registered Nurse) to come into R3's room and inquired about the location of the trach mask and tubing. V4 stated, It should be in a bag and dated because of infection control issues. V4 stated the oxygen equipment should be changed weekly and dated.</p> <p>On 2/11/25 at 11:01 am, V2 DON (Director of Nursing) stated that oxygen tubing and mask are changed weekly on Sunday nights and as needed. The mask and tubing should be dated and contained in a zip lock bag when not used. Putting it in a bag is part of infection control. It needs to be covered to prevent dust or dirt.</p> <p>On 2/11/25 at 11:35 am, V13 Infection Prevention Nurse stated that oxygen equipment should be contained if not used so it does not get dirty. If it gets dirty an cause an infection.</p> <p>On 2/18/25 at 2:45 pm, V15 RN stated, The trach mask should be changed once a week, and it should be dated. The mask should be in a bag when not in use, because we don't know who is touching the mask or coming in contact with the mask when not covered.</p> <p>Facilities Policy undated and titled, Oxygen Administration documents in part, 4. Tubing, humidifier, bottles, and filters will be changed, cleaned, and maintained no less then weekly and PRN (As Needed). Each will be labeled with date time and initiates by staff completing this service to equipment.</p> <p>(continued on next page)</p>		

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  02/26/2025
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facilities job descriptions titled and Registered Nurse documents in part, Position Summary: The Registered Nurse provides direct nursing care to the residents, and supervises the day-to day nursing activities .The person holding this position is delegated the administrative authority, responsibility and accountability for carrying out the assigned duties and responsibilities in accordance with current existing federal and state regulations and established company policies and procedures to ensure that the highest degree and quality care is maintained at all times.</p> <p>Facilities job description titled Licensed Practical Nurse documents in part, Essential Job Functions: 6. Ensure that all nursing service personnel comply with the procedures set forth in the Nursing Service Procedure [NAME].</p>		