STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145730	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Continental Nursing & Rehab Center	5336 North Western Avenue Chicago, IL 60625

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45110 Based on interviews and record review the facility failed to follow their grievance policy. The facility [A] failed to immediately report all alleged lost or stolen items [B] failed to report missing items to administrator. The facility also failed to follow resident rights [C] failed to keep resident property from being lost or stolen. These failures affected one [R3] resident out of five reviewed for resident rights. Findings include, R3's clinical record indicates in part; R3 is a seventy-two-year-old admitted with limited to amenia, history of venous thrombosis, obesity, essential hypertension, lymphedema, delusional, schizophrenia, chronic ulcer, acute embolism right femoral vein. Minimum data set [MDS] Brief Interview Mental Status Score [13] Indicates R3 is cognitively intact. R3's care plan indicates in part: 3/12/25 R3 has shown a preference of wearing one outfit despites staff education and encouragement. R3's Progress Notes: 3/12/2025 18:00 V17 [Social Service Director] Note Note Text: Met with R3 to educate on the importance of maintain ADL's and grooming. R3 has stated a preference to wear certain clothing despite being provided with multiple clothing items from V17. 3/5/2025 16:51V17 [Social Service Director] Note Note Text: Met with R3 and provided with clothing. V17 also educated R3 on placing clothing in bag with name during laundering services to ensure items are returned, receptive to information. 1/31/2025 11:45 V33 [Social Service] Note (continued on next page)

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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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Note Text: Met with R3 to discuss how she (R3) is doing since entering the facility. Resident said she is ok but needs some clothing. V33 informed certified nurse assistant who is locating some clothing items for her. R3 said she has no issues at this time and is content to be here. Resident's [NAME] Team members came to see here as well. Alert and orientation X4. Mood: Friendly and Cooperative. Affect: Denies delusions and hallucinations currently. Will follow-up as need. On 3/25/25 at 11:36AM, R3 stated, The staff members and other residents are stealing. I have not saw any staff steal, but I just think they are stealing. The residents only get thirty dollars out of their social security for the month, so they must be stealing my items. March 6th, I received my Free Ride transportation pass and I place it in my red bag. The next morning the Free Ride pass, and six singles were missing out of my red bag. I told V33 [Social Worker], but V33 didn't really say anything about my missing card or six dollars. I called my [NAME] social worker and she applied for me another free ride card. She called me and said reported my new free ride card arrived at her office. She is going to keep the card until I am discharged from this facility into my own apartment. Soon after I was admitted , I sent my clothes down to the laundry for washing, but my pink zip up hoodie, and gray jogging pants did not come back to me. I told V17 [Social Service Director] that my hoodie and pants were missing from laundry. A few minutes later, V17 gave me two pairs of pants and two tops that was not new and not my size. V17 told me they came from the free clothes rack. I told V17 I want my own clothes and want my pink zip up hoodie and gray jogging pants with a cuff at the ankle replaced. V17 told me it was nothing wrong with the clothing she gave me. V17 gave me some one's old clothes, that was too big for me, and the clothes were stained up. I never was offered reimbursement, nor did I receive a hoodie and gray jogging pants. I do not want to wear other people used clothes. V17 suggested that I can go to Target with staff, and I could purchase my own clothing to my preference. Staff did take a few residents to Target, but I must stay with staff, and I was rushed through the store, unable to find me hoodie nor jogging pants. I told V17 I did not know why I had to buy new items when the laundry department lost my clothes or gave them to another resident. Now I am afraid to have my clothes washed, because I do not believe my clothes will return back to me. On 3/26/25 at 2:00 PM V17 [Social Service Director] stated, A month or so ago, R3 made me aware she was missing some clothing items, a pink zip up hoodie and gray jogging pant. I went to R3's room, there was dirty clothes in bags. I went to the free rack, and I picked her out some clothing items and placed her name on the items. I noticed R3 never worn the clothes. I did not ask R3 why she hasn't worn any of the clothing items. I did not offer R3 to replace the missing items, because I picked out clothing items from the free clothes rack. The clothes I gave R3 were not new. I did not complete a concern form regarding R3's missing clothing items, because I gave her clothes from the free rack. I eye balled the clothes and looked like the clothing items wound fit R3. I did not remember if I reported to V1 [Administrator] that R3 was missing clothes, I cannot remember, I did not feel well today and cannot think straight. When a resident report any concern and or missing items, I was supposed to complete a concern form. R3 was taken to the store with staff, so R3 could by herself another hoodie and jogging pants, I am not sure if she purchases any clothing items. On 3/26/25 at 2:35 PM, V33 [Social Worker] stated, On 1/31/25, R3 told me she need some clothes. I do not remember if she told me they were missing. I do remember one of the certified nurse assistants went to the laundry department and gave her some clothes from the free rack. I do not remember if R3 told me she was missing six dollars. R3 did tell me her free ride pass card was missing. R3 called her [NAME] case worker and she ordered R3 another card. R3's card was mailed to R3's [NAME] case worker. The case worker will keep until R3 is discharge to community living. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/26/25 at 3:10 PM, V1 [Administrator] stated, The facility concern policy protocol is if a resident has a concern the form is completed, and the team will come up with a plan to resolve the concern. Once the concern form is completed, I sign the form and its is placed in the concern binder. Once V17 [Social Service Director] or any staff is made aware of missing items or concerns I expect the concern form to be completed so the appropriate department head can resolve the issues. If the concern form is not completed, then it's a chance that I would not know of the concern. If R3 was missing clothing items that was sent to laundry, the facility is responsible to replace the items to R3's satisfaction. I would replace the items or if the resident prefers the cash value. I will speak to R3 and resolve the missing clothing concern today. I was not made aware R3 was missing six dollars, I will resolve the missing six dollars today as well. Policy documented in part: Grievances, Complaints, Missing Property Taking any required immediate action to prevent further potential violations of any resident right while the violation is being investigated. Immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source and or misappropriation of resident property by anyone furnishings services on behalf of the provider to the administrator of he provider. Working with the administrator to ensure that appropriate corrective action is taken. Resident Rights You have the right to keep and wear your own clothing. You have the right to expect your facility to have a safe place where you can keep your valuables. Your facility must try to keep your property from being lost or stolen.

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304 Based on observation, interview and record review the facility failed to ensure sufficient dietary staff to carry out the functions of the food and nutrition service by not following posted mealtime schedule resulting in residents receiving their meals late for six (R4, R6, R7, R12, R13 and R17) residents reviewed for Dietary Services. These failures have the potential to affect all 141 residents receiving oral diets from the facility's kitchen. The findings include: On 3/25/25 At 11:24am Observed R7 lying in bed, on moderate high back rest, alert and oriented x 3, verbally responsive. She stated dinner tray was very late several times in the past few weeks. R7 said dinner is usually served around 5pm, but these couple of weeks dinner tray were served past 7pm. She said dietary is short staff, so meal tray is served so late. R7's admission record showed initial admitted on 4/18/2024 with diagnoses not limited to Quadriplegia, Epilepsy, Iron deficiency anemia, Chronic respiratory failure with hypoxia, Essential (primary) hypertension. MDS (Minimum Data Set) dated 2/11/2025 showed R7's cognition was intact and needed total assistance with eating. R7's order summary report dated 3/26/25 showed order not limited to General diet, Regular texture, Thin Liquids consistency. On 3/25/25 At 11:50am R6 observed up on wheelchair, alert and oriented x 3, verbally responsive. He stated food is okay but at times tray comes late. R6 said usually dinner is around 5pm. He said couple of times these past few weeks, dinner tray has been arriving around 7pm, does not know why it was late. R6 stated he is a bit hungry when dinner is arriving late. R6's admission record showed initial admitted on 3/23/2021 with diagnoses not limited to Hydrocephalus, Essential (primary) hypertension, Type 2 diabetes mellitus. MDS dated [DATE] showed R6's cognition was intact. R6's order summary report dated 3/26/25 showed order not limited to Low Potassium diet, Regular texture, Thin Liquids consistency. On 3/25/25 at 1:35pm 1st lunch meal tray served to resident in 3rd floor dining room. Meal tray with country fried steak, mashed potatoes, green peas, vanilla pudding, juice, coffee. On 3/25/25 at 2:04pm last lunch meal tray served to 3rd floor resident's room. On 3/26/25 at 9:38am Breakfast meal cart was delivered on 3rd floor dining room. On 3/26/25 at 9:40am 1st breakfast meal tray was provided by staff to resident in the 3rd floor dining room. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/26/25 at 9:50am Observed R17 sitting up on chair in the dining room, breakfast meal tray served by staff. Meal tray with bacon, scrambled egg, oatmeal, sliced bread, juice and coffee. R17 stated meal is late most of the time. He said they are short staff in the kitchen. R17 said it bothers him when the meal tray is late because he is a bit hungry. He said breakfast is usually around 8-8:30am but there are times that meal tray comes around 10am. He said dinner is usually around 5:30pm - 6pm but at times tray comes out around 7pm. He said meal tray will be delivered on time depending on the staff in the kitchen. R17's admission record showed initial admitted on 01/25/2024 with diagnoses not limited to Atherosclerotic heart disease, Personal history of transient ischemic attack and cerebral infarction. MDS dated [DATE] showed R17's cognition was intact. R17's order summary report dated 3/26/25 showed order not limited to General diet, Regular texture, Thin Liquids consistency. On 3/26/25 at 10:04am V32 (LPN / Licensed Practical Nurse) said there are times that dinner is served late around 7pm. She stated resident would be frustrated and complaining regarding meal tray arriving so late. On 3/26/25 at 10:08am V31 (Certified Nursing Assistant / CNA) stated usual breakfast time at 8am - 8:30am but at times breakfast cart coming to the unit past 9:30am. She said she overheard residents complaining about the late meal trays. On 3/26/25 at 10:22am last breakfast meal tray was distributed to 3rd floor resident' room. On 3/26/25 At 1:33pm V49 (Memory Care Cirector) stated usual breakfast meal served to resident is between 8:30am to 9am but on occasion, breakfast served to 2nd floor residents was after 9:30am. V49 said usual lunch time is around 12:30pm - 1:30pm but on occasion lunch tray is served after 1:30pm. She said late meal trays served is due to down staff in the kitchen. On 3/26/25 at 1:40pm, V44 (Registered Nurse / RN) said dinnertime is usually between 5pm to 6pm but at times it is served late around 7pm depending on the staffing in the kitchen. He said resident would be complaining of the late meal. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/27/25 at 12:06pm, V26 (Dietary Manager) stated the meal trays are arriving late because we are short staffed in the kitchen. V26 stated they should have three dietary aides, and one cook working on the (6AM-2PM) and on the (12PM-8PM). She said since they are short staff, they are having days where there is only one cook and two dietary aides on each shift, instead of three dietary aides so they are missing a total of two dietary aides per day. V26 stated because they are short staffed in the kitchen it causes the meal trays to be delayed with delivery to the units. She said the other ways the kitchen staffing shortage is impacting the residents is that some of the residents are being served food on Styrofoam (disposable) plates. V26 stated for the trays left over from the night before there is not enough staff for the morning dietary staff to wash all those dishes before the breakfast tray line starts. V26 said the other way the kitchen staffing shortage is impacting the residents is some of the menu items are changed because the food cannot be prepared from scratch because that takes longer for the staff to prepare. She said for example, on Tuesday the recipe says to make the Country Fried Steak from scratch, but they ordered a frozen pre-prepared Country Fried Steak. V26 said, on Tuesday the menu calls for Bread Pudding to be made from scratch but because of staffing they did not have time to prepare this, so they served the residents vanilla pudding. V26 stated because the kitchen is not fully staffed the kitchen cannot effectively deliver and the complete all the dietary functions the kitchen is expected to do. V26 said Breakfast per the posted schedule should be served between 8:00 AM-9:15 AM and the latest time the breakfast trays have left the kitchen is 9:30 AM. She said lunch per the posted schedule should be served between 12:00 -1:15 PM and the latest time the lunch carts leave the kitchen is by 1:30PM. V26 said dinner per the posted schedule should be served between 5:00-6:15 PM and the latest time the dinner trays leave the kitchen is 6:30 PM. She said once the trays are delivered to the unit it is the nursing responsibility to distribute the trays to the residents, that means some of the residents may not be receiving their trays until later, more like 7:00 PM. V26 stated she has received complaints from the residents directly about the food being served late. She said some of the residents are getting upset because their mealtimes are not being served on time. V26 stated she told the residents that the meals were late because of staffing problems in the kitchen. On 3/27/25 at 1:45pm Lunch meal cart arrived on 2nd floor dining room. Observed V27 (CNA) and V50 (CNA) providing beverages (coffee, juice) on meal trays. On 3/27/25 At 1:47pm 1st meal lunch tray was served to resident in the 2nd floor dining room. On 3/27/25 at 1:56pm last meal tray was served to 2nd floor resident's room. On 3/27/24 at 2:09pm V4 (Regional Director of Operations / RDO) stated no policy regarding Dietary staff / personnel. Facility's Resident list report dated 3/25/25 showed total of 142 residents. Facility's NPO (nothing by mouth) list showed 1 resident. Facility's mealtime schedule showed in part: Breakfast: 8:00am - 9:30am. Lunch: 12:00pm - 1:15pm. Dinner: 5:00pm - 6:15pm. HS (Bedtime) snack: 7:30pm. Facility's dietary staff timecard dated 3/17/25 showed only 2 dietary aides and on 3/18/25 showed 4 dietary aides and 1 cook worked in the kitchen. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility's assessment tool dated 3/17/25 showed in part: Staffing plan = 5 dietary aides and 2 cooks. Facility's meal frequency policy dated 4/2017 documented in part: Meals will be provided at regular times comparable to normal mealtimes in the community or in accordance with resident needs, requests and plan of care. 46342 On 03/25/25 at 10:10 AM, R12 stated the food is always cold and her meals are served on disposable plates. R12 stated she did not eat breakfast today because the food was cold which made it unappealing. On 03/25/25 at 11:45 AM, R13 stated her food is served on disposable plates and the hot food is always cold. R13 stated the meals have been coming up later and later which is very frustrating. R13 stated they do not receive the meals at the times they should according to the posted meal delivery schedule. R13 stated lately the breakfast has been served between 9:30-10:30 AM, lunch between 2:30-3:00 PM and dinner between 6:30-7:30 PM. On 03/25/25 at 1:50 PM, R4 stated the past few weeks the breakfast trays come so late that it is almost lunch time by the time he receives breakfast. R4 stated it is almost 2:00 PM right now and he has still haven't received his lunch yet. R4 stated he is not getting his dinner until after 6:30 PM. On 03/25/25 at 11:20 AM, V21 (Certified Nursing Assistant) stated lately the meals have been coming up very late and she thinks it is because they are having staffing issues in the kitchen. V21 stated the food for 2nd floor residents are served on disposable plates. V21 stated the kitchen used to serve the food on non-disposable plates and used a heated pallet system which helped to keep the food warm during delivery. V21 stated she is not sure why the heated pallet system is not being used anymore. At 2:12 PM, V21 stated if the resident complains about cold hot food, we are supposed to call down to the kitchen but the kitchen never answers the phone because they are short staffed. On 03/27/25 at 9:16 AM, V38 (Dietary Aide) stated when she comes into the kitchen in the morning there are dirty plates leftover from dinner the night before left in the dish room. V38 stated the kitchen is short employees which is why the dirty plates were not washed the night before. V38 stated the dietary staff in the morning do not have time to wash the dirty dinner plates before the breakfast tray line starts, which is the reason the kitchen does not have enough regular plates for everyone and why they have to use disposable plates for the 2nd floor. V38 stated there should be three dietary aides working on the morning shift but there is only two dietary aides working. V38 stated this means during the breakfast and lunch tray line the tray line has to stop when it is time for V38 to deliver the meal carts to the unit and wait until she returns before restarting the tray line. V38 stated this slows down the whole delivery process. V38 stated the kitchen used to use a heated pallet system but stopped about one year ago because of staffing issues. V38 stated using the heated pallet system creates more pieces of equipment which need to be washed after every meal and we don't have enough staff to wash all of those pieces. (continued on next page)

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F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/27/25 at 10:53 PM, during phone interview V39 (Registered Dietitian) stated the meal schedule is decided by the kitchen and should be followed. V39 stated the meal schedule lets the residents on the unit know when they can expect to receive their meals. V39 stated if there is problem with the kitchen staffing in terms of low employment than a meal may be served late one meal but if the problem is consistent meaning it is happening for multiple meals and/or days than there should be an intervention put in place to address the problem. V39 stated it is not appropriate for staff to use disposable plates instead of regular plates because of low staffing and disposable plates are not providing a homelike environment for the residents. R4's diagnosis includes but not limited to Type 2 Diabetes Mellitus with Hyperglycemia, Chronic Diastolic (Congestive) Heart Failure. R4's Brief Mental Status Interview (BIMS) dated 02/18/25 documents score of 15/15 indicating intact cognition. R12's diagnosis includes but not limited to Seizures, Type 2 Diabetes Mellitus Without Complications, Osteoarthritis, Anemia, Difficulty In Walking, Weakness, Need For Assistance With Personal Care. R12's BIMS dated 03/13/25 documents score of 15/15 indicating intact cognition. R13's diagnosis incudes but not limited to Type 2 Diabetes Mellitus Without Complications. Morbid (Severe) Obesity Due to Excess Calories, Unspecified Asthma, Chronic Obstructive Pulmonary Disease, Weakness, Need for Assistance With Personal Care, Encounter For Attention To Colostomy, Chronic Pain, R13's BIMS dated 01/29/25 documents score of 13/15 indicating intact cognition. Facility provided document titled, Illinois Long-Term Care Residents' Rights for People in Long-Term Care Facilities which documents in part, you have a right to make your own choices and your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life, and your facility must be safe, clean, comfortable, and homelike.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 46342 Based on observation, interview, and record review the facility failed to serve adequate food portions as documented on the recipes and spreadsheets. This failure has the potential to affect all 141 residents receiving food prepared in the facility's kitchen. Findings Include: On 03/25/25 at 12:10 PM, surveyor entered kitchen and observed lunch tray line in progress. V23 (Cook) stated the residents were receiving Country Fried Steak, Mashed Potatoes, Peas, and Vanilla Pudding for lunch today. Observed V24 (Cook) using the following serving utensils to serve food on the tray line including #10 scoop for Mashed Potatoes, #16 scoop for Pureed Country Fried Steak, #20 scoop for Ground Country Fried Steak. The Vanilla Pudding had already been pre-portioned into bowls. Portions of Mashed Potatoes, Pureed Country Fried Steak, Ground Country Fried Steak and Vanilla Pudding appeared smaller than standard portion size. On 03/25/25 at 12:25 PM, V25 (Dietary Aide) stated she is the one who portioned out the Vanilla Pudding for dessert and she used the #12 scoop. On 03/25/25 at 12:32 PM, V24 stated he follows the recipes when preparing the food for a meal and on the recipe, it lists the portion size to be served at the meal. V24 stated it is important to serve the correct portion size to make sure the residents are receiving the right amount of food at their meals. Surveyor asked V24 to show survey recipes for ground Country Fried Steak and Pureed Country Fried Steak in the recipe binder. V24 looked through the recipe binder and then stated those recipes were not available to him today. Surveyor did not observe any posted spreadsheet for the meal in the kitchen. V24 stated for the pureed food portions they are repetitive so V24 knows what serving utensils should be used because those do not change. On 03/25/25 at 12:45 PM, V26 (Dietary Manager) stated V25 (Dietary Aide) used the wrong scoop to portion out the vanilla pudding and this was a mistake. V26 stated V25 should have used a #8 scoop (1/2 cup) to portion out the vanilla pudding, not the #12 scoop (1/3 cup). V26 showed surveyor recipes for items served at lunch and the recipes listed the following portions to be served. 1.) Mashed Potatoes recipe documents to use #8 scoop (1/2 cup). Surveyor observed #10 scoop (3/8 cup) being used. 2.) Pureed Country Fried Steak recipe documents to use #8 scoop (1/2 cup). Surveyor observed #16 scoop being used (1/4 cup). 3.) Ground Country Fried Steak recipe documents to use #8 scoop (1/2 cup). Surveyor observed #20 scoop being used (3 1/3 Tablespoons). On 03/25/25 at 1:04 PM, V26 stated all the residents at lunch did not receive the correct portions based on the recipes which means the residents did not receiving enough food to give enough nutritional value and this could cause the residents to lose weight. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/27/25 at 10:53 AM, via phone interview V39 (Registered Dietitian) stated the menus follow the national standards regarding calories, protein, and vitamins/minerals. V39 stated the menus and recipes should be followed. V39 stated it is important for the kitchen staff to follow the portion sizes listed on the menus/recipes and use the correct serving utensil to ensure the residents get enough nutrients. V39 stated the scoop size should be followed based on what is listed on the spreadsheets and recipes. V39 stated if the kitchen staff is using the wrong serving utensils, then the residents may get less nutrition than they are supposed to be receiving and overtime this has the potential to cause weight loss, protein deficit and impaired wound healing process if a resident has a pressure wound. Reviewed with V39 observations from 03/25/25 wherein a #16 scoop (1/4 cup) was being used to serve the pureed Country Fried Steak instead of the #8 scoop (1/2 cup) as documented on the spreadsheet and a #20 scoop (3 1/3 Tablespoon) was being used to serve ground Country Fried Stead instead of #8 scoop (1/2 cup). V39 stated that is a problem because that means the residents were not being served enough protein, which has the potential to mean they did not receive an adequate amount of protein to meet their needs. Reviewed with V39 other observations from 03/25/25 wherein a #10 scoop (3/8 cup) was being used to serve mashed potatoes to all the residents instead of #8 scoop (1/2 cup) as documented on the spreadsheet and using #12 scoop (1/3 cup) to serve the vanilla pudding instead of a #8 scoop (1/2 cup). V39 stated the problem with the residents receiving less mashed potatoes than they should is that they will get less vegetable and get less nutrients out of the food. V39 stated the smaller dessert portion could decrease resident's satisfaction with the meal and contribute to overall less calories served. V39 stated the overall problem with food portions being less than what they should be is the overall calorie intake will be less than what should be provided .and this could cause weight loss. V39 stated it is the dietary manager to make sure the recipes and menus are followed. V39 stated recipes and menus should be accessible to the cooks and stored in a binder, so it is easy for the cooks to find the recipes. Facility provided list of resident's diet orders based on census on 03/25/25. There is one resident who receive nothing by mouth (NPO). Facility provided document titled, Diet Spreadsheet Week 1 Day 5 dated 03/25/25 which documents in part, #8 dip portion size for Mashed Potatoes, #8 dip portion size for Ground Country Fried Steak, #8 dip portion size for Pureed Country Fried Steak and #8 dip for Bread Pudding with Vanilla Sauce. Facility provided document titled Job Description for Dietary Director dated 01/29/24 which documents in part the Dietary Director is held accountable for the decision making and directing the overall operation of the Dietary Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility to assure that quality nutritional services are provided on a daily basis. Facility provided document titled Job Description for [NAME] undated which documents in part, prepares meals in accordance with planned menus, serves food in accordance with established portion control procedures, and prepares food in accordance with standardized recipes and special diet orders. Facility policy titled, Portion Control dated 01/2025 documents in part, residents will receive the correct portions of food through adherence to planned menus and standardized recipes and utilization of proper serving utensils, dietary staff will serve portions to residents based on planned menus that list the portion size for each food item, food items are prepared using standardized recipes, proper serving utensils (i.e. scoops ladles or spoons) are used to assure accurate portions are served. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility provided policy titled Portion Sizes dated 04/2017 which documents in part, prior to serving foods, the food service employee will check to ensure proper serving utensils are being used. Facility provided policy titled Menu Requirements dated 06/2020 which documents in part, menus will be planned in accordance with the Illinois Administrative Code Section 300.2050 and menus are planned using established national guidelines to assure menu meets nutritional needs.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46342 Based on observation, interview, and record review the facility failed to provide food at an appetizing temperature for four (R4, R7, R12, R13) of four residents reviewed for Dietary Services. Findings include: On 03/25/25 at 10:10 AM, R12 stated the food served to her is horrible. R12 stated the food is always cold and served on disposable plates. R12 stated she received oatmeal, scrambled eggs, sausage links and a sliced of white bread today for breakfast. R12 stated, I did not eat it because the food was cold which made it unappealing. At 2:15 PM, R12 stated when she received her lunch tray the potatoes and peas were cold. R12 stated, I cannot eat this and I'm going to call my friend to bring me something I can eat. On 03/25/25 at 11:45 AM, R13 stated the food at the facility is terrible. R13 stated it has no taste or flavor. R13 stated the food is served on disposable plates and the hot food is always cold. R13 said, the food is not palatable. At 2:18 PM, R13 tasted her lunch food and stated the hotdog was cold and the mashed potatoes and peas were lukewarm. On 03/25/25 at 1:48 PM, R4 stated the food served to him at the facility is horrible. R4 stated the food is so bad that he is having to order out for his meals because the food is served cold and is such poor quality it is inedible. R4 stated the food is always served to him cold. R4 stated there is no microwave on the unit available to him all the time to reheat his food. R4 stated they say there is a microwave in the activity room, but someone is not always in there and he is not allowed to go into that room by himself, so to him that is not a real option. R4 stated the food is always cold and he is not going to eat cold food. R4 stated he has gone down and told the kitchen staff that the food is cold, but they said nothing. At 2:05 PM, when R4 was served his lunch tray felt the food with his fingers and stated, I won't eat this. It looks terrible and feels cold. On 03/25/25 at 12:10 PM, surveyor observed lunch tray line in progress. R24 (Cook) was plating food onto non-disposable and disposable plates. Did not observed a heating palate system being used. Once plated the food was covered with an insulated dome lid. On 03/25/25 at 2:06 PM, a test tray was conducted using a digital thermometer after the last tray was passed out. V26 (Dietary Manager) is the one who tested the temperatures of the food served and read the results out loud. The temperatures were as follows: Country Fried Steak (100 degrees F), Mashed Potatoes (108 degrees F), Peas (99 degrees F), Vanilla Pudding (65 degrees F), Pureed Country Fried Steak (102 degrees F), Pureed Peas (96 degrees F). Surveyor tasted all the food items on the test tray. All the food tasted cold, and bland. The food was not appealing or palatable. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/25/25 at 11:20 AM, V21 (Certified Nursing Assistant) she receives a lot of complaint from the residents about the food service. V21 stated the residents complain about the quality of the food, the hot food is cold, food portions are small, and the timing of the meals is very sporadic. V21 stated the food on the 2nd floor is served on disposable plates. V21 stated the kitchen used to serve the food on hard plastic plates and used a heated palate system which helped to keep the food warm during delivery. V21 stated she is not sure why the heated pallet system is not being used anymore. At 2:12 PM, V21 stated there used to be a microwave on the unit but they removed it so, now if the resident complains about cold hot food V21 is supposed to call down to the kitchen but the kitchen never answers the phone because they are short staffed. On 03/26/25 at 10:13 AM, V30 (Certified Nursing Assistant) stated if residents complain about the hot food being cold there is not a microwave on the unit anymore so if the resident wants their food reheated the staff have to take it back down to the kitchen because they have a microwave down there. On 03/27/25 at 9:16 AM, V38 (Dietary Aide) stated the 2nd floor gets food served on disposable plates. V38 stated the kitchen used to use a heated pallet system but stopped about one year ago because of staffing issues in the kitchen. V38 stated using the heated pallet system creates more pieces of equipment which need to be washed after every meal and we don't have enough staff to wash all of those pieces. On 03/27/25 at 12:06 PM, V26 (Dietary Manager) stated the kitchen is short staffed which impacts the residents in that some of the residents are being served food on disposable plates. V26 stated for the trays left over from the night before there is not enough staff for the morning dietary staff to wash all those dishes before the breakfast tray line starts. V26 stated so when the kitchen runs out of regular plates, they must use the disposable plates, and this usually impacts the 2nd floor because that is the last unit served at every meal. V26 stated she is not sure if the facility has ever used a heated plate system. She has only been working at the facility since October 2024. V26 stated that system requires more pieces to run through the dishwasher each meal and is more labor intensive. V26 stated the kitchen does not have enough staff to use the heated plate system right now even if they had it. V26 stated if the kitchen was fully staffed, V26 would be able to use the heated [NAME] system, and this would improve the food temperatures. The hot food received by the residents would be hotter because the system helps to keep the food warm during delivery. On 03/27/25 at 10:53 AM, via phone interview V39 (Registered Dietitian) stated food temperatures at point of service for cold food should be 40 degrees or less, and for hot food the temperature should be 140 degrees or above. V39 stated the hot food should be hot and cold food should be cold. V39 stated if a resident was to receive cold hot food this would not be appealing to the residents, and they may not want to eat which could negatively impact their intake which could lead to weight loss and a nutrient deficit. Reviewed with V39 test tray temperature results from 03/25/25 and V39 stated those temperature are below what they should be. V39 stated serving food on disposable plates could contribute to the loss in temperature and if the kitchen used a heated pellet system with an insulated cover this could help to retain heat of the hot food. V39 stated it is not appropriate for staff to use disposable plates instead of regular plates (non-disposable) when serving food to residents because of low staffing and disposable plates are not providing a homelike environment for the residents. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R4's diagnosis includes but not limited to Type 2 Diabetes Mellitus with Hyperglycemia, Chronic Diastolic (Congestive) Heart Failure. R4's Brief Mental Status Interview (BIMS) dated 02/18/25 documents score of 15/15 indicating intact cognition. R12 diagnosis includes but not limited to Seizures, Type 2 Diabetes Mellitus Without Complications, Osteoarthritis, Anemia, Difficulty In Walking, Weakness, Need For Assistance With Personal Care. R12's BIMS dated 03/13/25 documents score of 15/15 indicating intact cognition. R13 diagnosis includes but not limited to Type 2 Diabetes Mellitus Without Complications. Morbid (Severe) Obesity Due to Excess Calories, Unspecified Asthma, Chronic Obstructive Pulmonary Disease, Weakness, Need for Assistance with Personal Care, Encounter For Attention To Colostomy, Chronic Pain, R13's BIMS dated 01/29/25 documents score of 13/15 indicating intact cognition. 47304 On 3/25/25 At 11:24am Observed R7 lying in bed, on moderate high back rest, alert and oriented x 3, verbally responsive. She stated food temperature is terrible, she was served with cold food instead of being warm / hot. R7's admission record showed initial admitted on 4/18/2024 with diagnoses not limited to Quadriplegia, Epilepsy, Iron deficiency anemia, Chronic respiratory failure with hypoxia, Essential (primary) hypertension. MDS (Minimum Data Set) dated 2/11/2025 showed R7's cognition was intact and needed total assistance with eating. R7's order summary report dated 3/26/25 showed order not limited to General diet, Regular texture, Thin Liquids consistency. Resident Council Meeting Minutes dated 02/26/25 documents in part, residents noted that meals and coffee are not consistently served hot. Facility provided policy titled, Resident Satisfaction dated 04/2017 which documents in part, the facility will serve foods that are palatable, attractive and at proper temperature to ensure resident satisfaction. Facility provided document titled, Illinois Long-Term Care Residents' Rights for People in Long-Term Care Facilities which documents in part, you have a right to make your own choices and your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life, and your facility must be safe, clean, comfortable, and homelike.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304 Based on observation, interview and record review the facility failed to provide meals as per posted mealtime schedule and to ensure there are no more than 14 hours between the evening meal and breakfast the following day with a substantial or nourishing bedtime snack available/offered to everyone for six (R4, R6, R7, R12, R13 and R17) residents reviewed for Dietary services. These failures have the potential to affect all 141 residents receiving oral diets from the facility's kitchen. The findings include: On 3/25/25 At 11:24am Observed R7 lying in bed, on moderate high back rest, Alert and oriented x 3, verbally responsive. She stated dinner tray was very late several times in the past few weeks. R7 said dinner is usually served around 5pm, but these couple of weeks dinner tray were served past 7pm. On 3/25/25 At 11:50AM R6 observed up on wheelchair, alert and oriented x 3, verbally responsive. He said at times, meal tray comes late. R6 said usually dinner is around 5pm. He said couple of times these past few weeks, dinner tray has been arriving around 7pm. R6 said he is a bit hungry when dinner is arriving late. On 3/25/25 at 1:35pm 1st lunch meal tray was served to resident in 3rd floor dining room. Meal tray with country fried steak, mashed potatoes, green peas, vanilla pudding, juice, coffee. On 3/25/25 at 2:04pm last lunch meal tray was served to 3rd floor resident's room. On 3/26/25 at 9:38am Breakfast meal cart was delivered on 3rd floor dining room. On 3/26/25 at 9:40am 1st breakfast meal tray was distributed to resident in 3rd floor dining room. Meal tray with bacon, scrambled egg, slice bread, oatmeal, coffee. On 3/26/25 at 9:50am Observed R17 sitting up on chair in the dining room, alert and oriented x 3, verbally responsive. Observed breakfast meal tray was served by staff to R17. Meal tray with bacon, scrambled egg, oatmeal, sliced bread, juice and coffee. R17 stated meal is late most of the time. He said it bothers him when the meal tray is late because he is a bit hungry. R17 said breakfast is usually around 8-8:30am but there are times that meal tray comes around 10am. He said dinner is usually around 5:30pm - 6pm but at times tray comes out around 7pm. On 3/26/25 at 10:04am V32 (LPN / LICENSED PRACTICAL NURSE) said there are times that dinner is served late around 7pm. V32 said resident would be frustrated and complaining regarding meal tray arriving so late. On 3/26/25 at 10:08am V31 (CNA / Certified Nursing Assistant) stated usual breakfast time at 8am - 8:30am but at times breakfast cart coming to the unit past 9:30am. She said she overheard residents complaining about the late meal trays. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 3/26/25 at 10:22am last breakfast meal tray was distributed to 3rd floor resident' room. On 3/26/25 At 1:33pm V49 (Memory Care Director) stated usual breakfast meal served to resident is between 8:30am to 9am but on occasion breakfast was served to 2nd floor residents was after 9:30am. V49 said usual lunch time is around 12:30pm - 1:30pm but on occasion lunch tray is served after 1:30pm. On 3/26/25 at 1:40pm, V44 (REGISTERED NURSE / RN) stated dinnertime is usually between 5pm to 6pm but at times it is served late around 7pm depending on the staffing in the kitchen. He said resident would be complaining of the late meal. On 3/26/25 At 2:30pm V45 ([NAME] OFFEH - CNA) stated dinner tray comes around 7pm occasionally. He said residents have been complaining and frustrated about late mealtime. On 3/27/25 at 12:06 PM, V26 (Dietary Manager) stated the meal trays are arriving late because we are short staffed in the kitchen. V26 stated we should have three dietary aides, and one cook working on the (6AM-2PM) and on the (12PM-8PM). Since we are short staff, we are having days where there is only one cook and two dietary aides on each shift, instead of three dietary aides so we are missing a total of two dietary aides per day. V26 stated because they are short staffed in the kitchen it causes the meal trays to be delayed with delivery to the units. She said Breakfast per the posted schedule should be served between 8:00 AM-9:15 AM. The latest time the breakfast trays have left the kitchen is 9:30 AM. Lunch per the posted schedule should be served between 12:00 -1:15 PM. The latest time the lunch carts leave the kitchen is by 1:30PM. Dinner per the posted schedule should be served between 5:00-6:15 PM. The latest time the dinner trays leave the kitchen is 6:30 PM. Once the trays are delivered to the unit it is the nursing responsibility to distribute the trays to the residents. That means some of the residents may not be receiving their trays until later, more like 7:00 PM. V26 stated she has received complaints from the residents directly about the food being served late. V26 stated some of the residents are getting upset because their mealtimes are not being served on time. V26 stated they are sending up the unit ten PB&J sandwiches after dinner for the evening snack. No pureed sandwiches are sent to the units. V26 stated the number of sandwiches being sent up to each unit is not enough for every resident to receive one. On 3/27/25 at 1:39PM V50 (CNA) stated has been working in the facility for 5 years and regularly assigned on the 2nd floor. Stated most of the time lunch cart arrived late on the floor around 2pm and on occasion lunch meal tray will be served almost 3pm. She said residents are complaining about a late meal tray and they are getting frustrated. At 1:43pm V27 (CNA) stated most of the time lunch tray is coming late around 2pm. On 3/27/25 at 1:45pm Lunch meal cart arrived on 2nd floor. Observed V27 (CNA) and V50 (CNA) providing beverages in a cup (coffee, juice) on meal trays. On 3/27/25 At 1:47pm 1st meal lunch tray was served to 2nd floor resident in the dining room. On 3/27/25 at 1:56pm last meal tray was served to 2nd floor resident's room. Facility's Resident list report dated 3/25/25 showed total of 142 residents. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility's NPO (nothing by mouth) list showed 1 resident. Facility's mealtime schedule showed in part: Breakfast: 8:00am - 9:30am. Lunch: 12:00pm - 1:15pm. Dinner: 5:00pm - 6:15pm. HS (Bedtime) snack: 7:30pm. Facility's meal frequency policy dated 4/2017 documented in part: Meals will be provided at regular times comparable to normal mealtimes in the community or in accordance with resident needs, requests and plan of care. There will no more than 14 hours between a substantial evening meal and breakfast the following day unless a nourishing snack is served at bedtime. In this case, up to 16 hours between evening meal and breakfast the following day is allowed if a resident group agreed to this meal span. 46342 On 03/25/25 during initial tour on units observed mealtime schedule posted outside the elevators which documented in part, Breakfast 8:00-9:15 AM, Lunch 12:00-1:15 PM, Dinner 5:00-6:15 PM and HS (Evening) Snack at 7:30 PM. On 03/25/25 at 11:45 AM, R13 stated the meals have been coming up later and later which is very frustrating because the kitchen never sticks to a set schedule. R13 stated they do not receive the meals at the times they should according to the posted meal delivery schedule. R13 stated lately the breakfast has been served between 9:30-10:30 AM, lunch between 2:30-3:00 PM and dinner between 6:30-7:30 PM. On 03/25/25 at 1:50 PM, R4 stated the past few weeks the breakfast trays come so late that it is almost lunch time by the time he receives breakfast. R4 stated it is almost 2:00 PM right now and he has still haven't received his lunch yet. R4 stated he is not getting his dinner until after 6:30 PM. R4 stated he has to wait a long time between dinner and when breakfast is served, and no snacks are offered to him after the dinner meal is served. On 03/25/25 at 2:10 PM, R12 said, I'm still waiting for my lunch. It hasn't arrived yet and I'm hungry and that is the norm here. R12 stated the kitchen does not follow any type of meal schedule and the meals come at all different times which she does not like. R12 stated it would be better if they kept to a schedule so she would know when she was going to eat. On 03/25/25 at 2:18 PM, observed a Certified Nursing Assistant deliver R13's lunch tray. R13 stated she is hungry and should not have to wait this long to receive her lunch meal. On 03/26/25 at 10:00 AM, observed a Certified Nursing Assistant deliver R12's breakfast tray to her. R12 stated, see what I mean? This just came. It should be coming around 8:30-9:00 AM, not 10:00 AM. R12 stated, I'm hungry. R12 stated last night she got dinner delivered to her at 7:00 PM and she has not eaten anything then. R12 stated none of the staff offered her an evening snack after dinner. R12 stated her dinner should be delivered to her around 6:00 PM, 7:00 PM is too late. R12 stated the mealtimes are extremely erratic. On 03/26/25 at 10:06 AM, R13 stated she just received her breakfast today at 10:00 AM. R13 stated last night she did not receive her dinner until 7:00 PM. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/25/25 at 11:20 AM, V21 (Certified Nursing Assistant) stated she receives complaint from the residents that the timing of the meals are very sporadic. V21 stated lately the meals have been coming up very late and the late meal delivery time is a problem. V21 stated breakfast is delivered to the unit between 9:30-10:00 AM, lunch anywhere between 1:30-2:45 PM and the residents tell her dinner is served as late as 7:00 PM. V21 stated her shift is over at 3:00 PM so the problem with the units getting their lunch trays delivered late is it does not leave her much time to feed those residents she is assigned that require 1:1 feeding. On 03/26/25 at 4:49 PM, V43 (Certified Nursing Assistant) stated he works the 3-11 shift and that the kitchen sends up some Peanut Butter & Jelly Sandwiches are night after dinner is served. V43 stated he does not know exactly how many sandwiches are sent up. V44 (Registered Nurse) stated that there are 57 residents on the unit. Surveyor asked if the kitchen sends enough Peanut Butter & Jelly Sandwiches for each resident to be given/offered an evening snack and V43 stated no, not for 57 residents. On 03/27/25 at 10:53 PM, during phone interview V39 (Registered Dietitian) stated the meal schedule is decided by the kitchen and should be followed. V39 stated the meal schedule lets the residents on the unit know when they can expect to receive their meals. V39 stated the potential problem with serving meals late is that it could affect the resident because residents could get angry because they are expecting the meal to be served at the posted time, the resident could become extremely hungry, and this may cause them to eat snacks if available to them in their room instead of eating the nutritious meal served by the kitchen. Surveyor reviewed observed meal delivery times on the 2nd and 3rd floor during unit observations on 03/25/25, 03/26/25 and 03/27/25 and V39 stated, those are too late. V39 stated the hours between dinner and breakfast must not exceed more than 14 hours. V39 stated if dinner is served at 7:00 PM, then breakfast should not be served later than 9:00 PM. V39 stated the exception would be if a substantial/nutrient dense snack is provided sometime after dinner and the snack would have to be provided to every resident, including those residents on pureed diets. V39 stated if there are 57 residents on a unit, then the kitchen would have to provide a substantial/nutrient dense snack to all 57 residents if they were serving meals outside the 14-hour time frame. V39 stated the snack should be the equivalent of a meal tray. V39 stated a Peanut Butter & Jelly Sandwich and juice would not be adequate, it should include some kind of dairy source. R4's diagnosis includes but not limited to Type 2 Diabetes Mellitus with Hyperglycemia, Chronic Diastolic (Congestive) Heart Failure. R4's Brief Mental Status Interview (BIMS) dated 02/18/25 documents score of 15/15 indicating intact cognition. R12 diagnosis includes but not limited to Seizures, Type 2 Diabetes Mellitus Without Complications, Osteoarthritis, Anemia, Difficulty In Walking, Weakness, Need For Assistance With Personal Care. R12's BIMS dated 03/13/25 documents score of 15/15 indicating intact cognition. R13 diagnosis incudes but not limited to Type 2 Diabetes Mellitus Without Complications. Morbid (Severe) Obesity Due To Excess Calories, Unspecified Asthma, Chronic Obstructive Pulmonary Disease, Weakness, Need For Assistance With Personal Care, Encounter For Attention To Colostomy, Chronic Pain, R13's BIMS dated 01/29/25 documents score of 13/15 indicating intact cognition. (continued on next page)

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Continental Nursing & Rehab Center	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)
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility provided document titled, Illinois Long-Term Care Residents' Rights for People in Long-Term Care Facilities which documents in part, you have a right to make your own choices and your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life, and you have the right to choose activities and schedules.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46342 Based on observation, interview and record review, the facility failed to provide safe and sanitary environment for one resident (R12) reviewed for Physical Environment. Findings include: On 03/25/25 at 10:08 AM, observed R12 lying in bed with a soft cast on her right hand/arm and a black eye. R12 stated she has been at the facility for approximately two weeks and has been in the same room the entire time. Observed sink in R12's bathroom with a garbage can underneath the sink filled approximately 25% with water. When surveyor turned on the cold water there was a steady stream of water dripping from the pipe under the sink and into the garbage bucket. No water was observed on the floor in the bathroom. On 03/25/25 at 10:10 AM, R12 stated her bathroom sink leaks and has been like that since she was admitted to the facility. R12 stated they keep a garbage can underneath to catch the water and dump out the water when it fills up. R12 stated she uses the bathroom sink to wash her face and brush her teeth but that she has to be careful that the garbage can is not knocked out of the way. R12 stated one time when she had a roommate, the roommate had moved the garbage can, so the water was leaking all over the floor and R12 almost slipped on the water. R12 stated she recently had a fall at home from slipping on water and that is how I broke my wrist! On 03/25/25 at 11:15 AM. V20 (Maintenance Director) observed the garbage bucket underneath R12's bathroom sink containing water. Surveyor turned on the cold faucet and observed with V20 a constant stream of water falling from the sink pipes into the garbage bucket. V20 stated he was not aware that R12's sink was leaking and that R12's sink needed to be fixed. On 03/25/25 at 11:20 AM, V21 (Certified Nursing Assistant) viewed R12's leaking bathroom sink and stated I'm aware that her sink was leaking. It has been like that even before R12 was admitted into this room. I told the Maintenance Director (V20) about it almost one month ago. I saw him write it down on his clip board. He said he'd take care of it. On 03/26/25 at 9:44 AM, V29 (Licensed Practical Nurse) stated if a resident's bathroom sink was leaking, she would report this right away so it would be fixed because if the water was leaking onto the floor there is a potential that the resident could slip on the water and get hurt. On 03/25/25 at 10:08 AM, observed empty bed next to R12's bed. The plastic covering of the mattress on the empty bed appeared to be spotted with black areas of mold-like substance with multiple ripped areas and holes in the plastic. Also, observed on R12's ceiling what appeared to be water damage with circular spots of black and brown substance along the outline of a pipe. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/25/25 at 10:15 AM, R12 stated she thinks there is mold in her room which is aggravating her allergies. R12 stated she has watery eyes; her nose is constantly stuffed up and she has headaches on and off. R12 says that she noticed that the mattress she was sleeping on was full of black stuff on it. R12 said, to me it looked like mold or mildew, so I asked for them to give me a different mattress. R12 stated they did give her a different mattress, but instead of removing the moldy mattress from her room they just put it in the bed next to her. R12 said, that is not hygienic and it's triggering my allergies. R12 stated she also noticed spots of mildew and/or mold on her ceiling. R12 said, I don't know what that is from, but it shouldn't be there. R12 stated she sits in her bed and looks up at the ceiling at the mildew. R12 said, I don't want to see it and I wouldn't have any of this in my house and I don't want it in my room and I shouldn't have to breath in those mold spores into my lungs. On 03/25/25 at 10:45 AM, V19 (Housekeeping Director) observed the mattress in R12's room next her bed and said, I would throw this away because of the holes, scratches, and ripped plastic. I don't know if that is mold or mildew. I don't know what that is, but it should not be there and this mattress will be discarded because it is damaged. On 03/25/25 at 11:09 AM, V20 (Maintenance Director) observed water stains and black spots on the ceiling in R12's room and stated there was a flood upstairs and those spots are dirty water. V20 stated he would not know if the black circle spots were mildew or mold. V20 stated that is something the painter can paint over to cover it up. On 03/25/25 at 11:33 AM, V22 (Paint Contractor) stated he works for an outside contractor and is currently working at the facility painting. V22 looked at the ceiling in R12's room. V22 said, I'm guessing that those spots are mold because you can see where there was a water leak. V22 stated the building had a leak on the roof approximately one year ago and that is probably what cause the water leak in the ceiling. V22 stated he'd use special paint on that area to kill the mold first. V22 stated he would not just put regular paint over that area because the mold will still stay there and may continue to grow. V22 stated the mold needs to be killed which is why he'd treat the area with the special paint. On 03/27/25 at 12:43 PM, V4 (Regional Director of Operations) stated mattresses should it be clean and in good condition; there should be no ripped area or holes in the mattress. V4 stated if there was a mattress that was ripped or had holes or had stains on it then that mattress should be discarded and not put into use. V4 stated the ceiling tiles should be clean and intact and no discoloration or anything that appears like it could be mold or mildew. V4 stated the sinks in the resident bathroom should be in good working condition with no drips or leaks. V4 stated maintenance should be notified if a sink is leaking and take care of that issue right away. V4 stated if there was a garbage can under a sink catching water from a leaking pipe and that garbage can was moved it would cause the water to go on the floor which could potentially cause a resident to fall. V4 stated the facility should be providing a safe, homelike environment for the residents and everything should be in working order. R12 admitted to the facility on [DATE] and has a diagnosis of but not limited to Seizures, Type 2 Diabetes Mellitus Without Complications, Osteoarthritis, Anemia, Essential (Primary) Hypertension, Difficulty In Walking, Weakness, Need For Assistance With Personal Care, Allergic Rhinitis. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R12's Brief Mental Status Interview (BIMS) dated 03/13/25 documents score of 15/15 indicating intact cognition. R12's Fall Risk assessment dated [DATE] documents in part R12 is at high fall risk with history of falls within the last three months. R12's Fall Risk Care Plan documents in part, I (R12) would like staff to provide me (R12) with a safe environment with floors free from spills and/or clutter. Facility provided job description titled Maintenance Director which documents in part under essential duties/responsibilities to ensure residents' rooms are clean, safe, comfortable, and maintained in an attractive manner and recognize, remove and/or report potential hazards. Facility provided document titled, Illinois Long-Term Care Residents' Rights for People in Long-Term Care Facilities which documents in part, your facility must be safe, clean, comfortable, and homelike.