

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 06/10/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow the facility policy for smoking safety and failed to ensure that residents are not smoking inside a shared residents' room near oxygen equipment where oxygen is in use which affected 5 residents (R2, R7, R8, R9 and R10) of 12 residents reviewed for odors from smoking within the facility. This failure resulted in R10, who uses nasal cannula oxygen from an oxygen tank, experiencing psychosocial harm from sharing a room with R4 who was found on 5/31/25 by staff with a lit, half smoked cigarette in their shared room with visible smoke in the air and on 6/1/25 when R10 smelled cigarette smoke in their shared room, alerted staff, and staff confiscated a box of 14 cigarettes from R4's dresser drawer. Subsequently, R10 was transferred to a different room on the floor.</p> <p>Findings include:</p> <p>On 6/4/25 at 11:00 AM, R10 observed laying in bed with oxygen infusing at 3 liters/minute (L/min) via nasal cannula from an oxygen tank positioned upright in a holder on the side of R10's bed. R10 stated that R10 was admitted from another long-term care facility on 5/30/25 wearing the nasal cannula oxygen and that R10 wears continuous oxygen due to respiratory failure. R10 stated that R10 was admitted to the room at the end of the hallway where R10 resided with R4, R5 and R6. R10 stated that R10 witnessed R4 and R5 smoking in their shared room and also smelled smoke coming from their shared bathroom. R10 stated, Yes, I saw them smoking. I can smell it. I am a non-smoker. R10 stated that R10 cannot be around people smoking due to being on oxygen. R10 stated, That's why they (staff) moved me out of the room, but it was the next day (6/1/25). R10 stated that being close to R4 who was smoking cigarettes and R10 who uses continuous oxygen, R10 stated, I felt terrible. It was definitely hard on me. It's dangerous. They could have blew me up. R10 stated that staff didn't move me when I told them (5/31/25) and that the staff moved R10 away from R4 on 6/1/25 after R4 did it (smoked in their room) again.</p> <p>R10's admission Record documents, in part, diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, sequela of cerebral infarction, polyosteoarthritis, atherosclerotic heart disease of native coronary artery without angina pectoris, paroxysmal atrial fibrillation, peripheral vascular disease, chronic systolic (congestive) heart failure, ischemic cardiomyopathy, hyperlipidemia, occlusion and stenosis of bilateral carotid arteries, chronic kidney disease stage 3, chronic obstructive pulmonary disease, type 2 diabetes mellitus, Chron's disease, and intestinal obstruction.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R10's Census List documents, in part, that on 5/30/25 at 3:30 PM, R10 was active status as actual admission to the shared room with R4, R5 and R6. R10's Room Change to a different room on the same floor was effective on 6/1/25 at 12:00 PM.</p> <p>In R10's Progress Notes, dated 5/30/25 at 4:46 PM, V21 (LPN) documents, in part, Writer received a new resident from (another long term care facility) via stretcher, escorted by 3 EMT (emergency medical technician) staff, the resident is A/Ox3 (alert and oriented times three), able to express (R10's) needs . MD (medical diagnoses): acute respiratory failure with hypoxia . oxygen 98% (saturation percentage) via nasal cannula 2L (liters). Medication was confirmed by NP (V29, Nurse Practitioner).</p> <p>In reviewing R10's Order Summary Reports, an order (dated active on 5/31/25 and discontinued on 6/4/25) is noted to apply oxygen per nasal cannula whenever needed (PRN) and check for oxygen saturation every shift; and an order (dated active on 6/4/25) is noted to apply oxygen 3 L/min PRN and check for oxygen saturation every shift, as needed for shortness of breath.</p> <p>R10's Smoking Evaluation, dated 6/2/25, documents, in part, that R10 does not use smoking, tobacco or nicotine products.</p> <p>On 6/3/25 at 11:28 AM, R4 observed in room in R4's assigned bed which is closest to the outer wall with windows. R4 stated that R4 is a smoker and that R4 now has to go outside to smoke during the scheduled smoking breaks on the smoking outdoor patio. R4 stated that the facility staff provide R4 with cigarettes and the staff will light the cigarette on the patio. R4 stated that R4 used to go out by R4's self with no staff when R4 had a green pass. R4 stated that R4 doesn't know how R4 lost the green pass privileges but is currently on red pass. R4 stated that a nurse or CNA will take R4 out to smoke, usually in the morning around 8 am, and later in the evening, besides smoking during the 3 designated smoke breaks. When asked if R4 smokes inside R4's shared room, there was a long pause from R4 as R4 is looking at this surveyor. This surveyor then asked the question again, and R4 stated, Yes, I do. I'm not gonna lie. I know I'm not supposed to. R4 stated that when R4 does smoke cigarettes inside the shared room, R4 will blow the exhaled cigarette smoke out of the open window. R4 stated that R4 uses a water cup to put out the cigarette to stop from continuing to burn. R4 pointed to the &frac12; filled water cup (clear, plastic) observed in the room on R4's table, and R4 stated Safety first with the water. When asked if any other residents have smoked with R4 in the shared room with R4, R4 stated, Yes, but (R4) is not gonna name any names. R4 stated that R4 also smokes inside the shared bathroom because, it's safe in there.</p> <p>R4's admission Record documents, in part, diagnoses of nicotine dependence, chronic obstructive pulmonary disease, hypertensive heart disease without heart failure, type 2 diabetes mellitus, glaucoma, hyperlipidemia, hypertension, schizoaffective disorder bipolar type, pure hyperglyceridemia, weakness, need for assistance with personal care, abnormalities of gait and mobility, unsteadiness on feet, major depressive disorder recurrent, violent behavior, and schizophrenia.</p> <p>R4's Census List documents, in part, that on 4/15/25 at 4:04 PM, R4 was active status as actual admission to R4's current shared room, and R4 has not been moved to a different room since admission.</p> <p>In R4's Smoking Evaluation, on 4/18/25, V4 (Social Services Director, SSD) documents, in part, that R4 uses smoking, tobacco, and nicotine products and that R4 does not have a desire to stop smoking. In R4's Smoking Evaluation, on 5/2/25, V4 documents, in part, that R4 engaged in unsafe smoking behaviors. No Smoking Evaluation is noted for R4 on 5/31/25 or 6/1/25.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In R4's Community Survival Skills Assessments, dated 5/2/25, V4 documents, in part, that R4's green pass was revoked for a 14 day restriction, and on 5/16/25, V4 documents, in part that R4's green pass in reinstated.</p> <p>In R4's Community Survival Skills Assessments, dated 5/28/25, V9 (Psychiatric Rehabilitation Services Coordinator, PRSC) documents, in part, that R4 violated the facility's smoking policy and that R4's pass level was changed from green to red for the next 14 days.</p> <p>R4's Order Summary Report documents, in part, an active physician order for RED pass for 14 days dated 5/29/25.</p> <p>R4's Resident Behavior Contract, signed by R4 and dated 5/28/25, documents, in part, that R4 agrees to allow staff to check/search R4's room for contraband, such as hidden cigarettes, lighters, or matches, at the staff's discretion; that R4 agrees to only smoke in the designated area at the designated times; and that R4 will immediately turn over all smoking materials if so requested.</p> <p>R4's Care Plan, date initiated on 5/2/25 and revision date on 6/2/25, documents, in part, a focus of R4 expressing the desire to smoke with R4 demonstrating non-compliance with safe smoking regulations evidenced by smoking in resident rooms, bathrooms and other non-designated areas with an intervention of remind the resident that staff will be observing & supervising smoking-related behavior. Non-compliance is to be documented in the medical record (initiated 5/28/25).</p> <p>On 6/3/25 at 1:40 PM, during the scheduled outdoor smoking break outside on the smoking patio, V6 (Activity Aide) observed with the locked cart containing the cigarettes for residents and holding the lighter to light resident cigarettes. R4 observed sitting smoking a gray colored cigarette. V6 stated that V6 provided R4 and other attending residents with one gray cigarette and lit the cigarette for R4. Upon R4 finishing smoking the gray cigarette, R4 lifts up R4's left pant leg and retrieves a $\frac{1}{2}$ smoked, white colored cigarette from inside R4's sock. V6 observed watching R4, and R4 asks V6 to light this second (1/2 smoked, white) cigarette. V6 walks up to R4 and says that V6 cannot light it, asking where R4 got this cigarette, saying You (R4) are only supposed to smoke one cigarette. R4 observed turning sideways towards R14 (another resident sitting next to R4 who is currently smoking a lit gray cigarette). R4 then observed lowering the $\frac{1}{2}$ smoked, white cigarette with R4 bending head down towards R14's lit cigarette, inhales and ignites this cigarette in contact with R14's cigarette. Surveyor asked both R4 and R14 if they had a lighter in their possession, and both denied it. R4 stated that R4 lit that cigarette that R4 took out of R4's ankle sock, and R4 said, I (R4) put it up to (R14's) cigarette to light it. Am I in trouble? This surveyor then walked back over to V6 and asked about residents lighting another residence cigarette using a pre lit cigarette, and she said that sometimes he does that, is that not allowed?</p> <p>On 6/3/25 at 2:30 PM, V10 (LPN) observed at nurse's station on R4 and R10's floor and stated that R4 is currently on a red pass for only supervised smoking. V10 stated, Residents cannot smoke in their room. It's a fire hazard. This surveyor informed V10 about this surveyor's observation of seeing R4 on the smoking patio removing a 1/2 smoked, white cigarette from R4's ankle sock, and V10 stated that V10 will call and notify social services staff.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/25 at 2:37 PM, V10 and this surveyor walked down to R4's shared room (with the red and white oxygen in use sign posted on the door), and R4 is observed in the bathroom. V10 knocked on the bathroom door, and R4 opened the bathroom door. V10 asked R4 if R4 had any smoking materials like a cigarette or a lighter on R4's person and explaining to R4 that R4 is on a red pass and hopes that R4 does not have a lighter on R4's person. R4 stated that R4 did not have any lighter on R4's person, but stated, I (R4) got one (a lighter). R4 observed walking out of the bathroom and over to R4's dresser drawers where R4 opens the top drawer and removes a blue, small sized gas lighter but R4 states that the lighter fluid chamber is empty. R4 stated, I used up my fluid. R4 hands this blue lighter to V10 with V10 saying that it's not allowed for R4 to have this in R4's possession.</p> <p>In R4's electronic health record (EHR), on 5/31/25 at 12:56 PM, V8's (Registered Nurse, RN) authored progress note is stricken out for incomplete documentation with a line through the documentation; however, this surveyor is able to read V8's following nurse's note: The resident (R4) was found to have smoked in a shared room occupied by four residents, including a newly admitted resident on oxygen therapy (R10). No active smoking was observed at the time, but there was a strong smell of cigarette smoke, and a used cigarette was found with (R4), with cigarette smoke visible in his space. The resident (R4) denied smoking in the room. (R4) was educated on the facility's no-smoking policy in the room and the serious safety hazard posed by smoking near oxygen equipment and other residents. The social worker (V25) was notified of the incident and plans to speak with the resident regarding safety concerns. Ongoing care continues.</p> <p>On 6/4/25 at 2:29 PM, V8 (RN) stated that R4 is irrational when talking to R4, is hyperverbal and is a smoker. V8 stated that on 5/31/25, R10 told V8 about other residents smoking in R10's shared room. V8 stated that when V8 entered R4, R5, R6 and R10's room on 5/31/25, V8 observed R4 with a smoked cigarette but did not see R4 lighting the smoked cigarette or smoking the cigarette. V8 initially stated that their room was smoky, but then changed R8's statement saying that V8 was only documenting R10's verbal account of what R10 reported. V8 stated that R10 was using nasal cannula oxygen on 5/31/25. V8 stated that R5 and R6 (R4 and R10's fellow roommates) were in the room at the time, and R4, R5 and R6 all denied smoking cigarettes in the shared room. When asked if V8 smelled cigarette smoke upon entering their shared room, V8 stated that V8 uses a face mask, and V8 again repeating that R10 said that it was a strong smoke smell in the room. V8 stated that V8 the partially used, white cigarette in R4's space, on the bedside table with R4 laying on R4's bed. V8 stated that V8 notified V25 (PRSC) of this incident with R4 and confiscating the used cigarette, and that V25 will speak to R4.</p> <p>On 6/10/25 at 2:46 PM, V25 (PRSC) stated that V25 works Tuesdays through Saturdays in the facility. When asked on 5/31/25, which was a Saturday, was it reported to V25 that there was an alleged smoking incident in the facility with R4, V25 asked which residents were residing in that shared room at that time, and this surveyor informed V25 that it was R4, R5, R6 and R10. V25 stated, I (V25) may have been (notified), but I didn't go. I was busy. When asked did V25 follow up with the allegation of R4 smoking in the shared room before the end of V25's shift on 5/31/25, V25 stated, Nope. I didn't. If it would have been at the end of my shift, then nope. V25 stated that V25 has smelled cigarette smoke wafting down that hallway, and when V25 smells it, V25 will go investigate the smell.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In R4's EHR, on 6/1/25 at 8:06 PM, V7's (LPN) authored progress note is stricken out for incomplete chart with a line through the documentation; however, this surveyor is able to read V7's following behavior note, Resident (R4) awake/responsive verbally, alert/oriented X4 on stable condition. Compliant with meds but have behavioral issues. At 5pm resident (R4) caught smoking in the room. Cigarettes were confiscated but could not find the lighter. When nurse caught the residents one of them were flushing the toilet. When nurse ask residents if staff could see their pockets they strongly refused. Administrator, DON (Director of Nursing), and Primary MD (medical doctor) made aware. Unfortunately, Social Worker could not be reach. Will continue to monitor.</p> <p>On 6/9/25 at 2:07 PM, V26 (Certified Nursing Assistant, CNA) stated that on 6/1/25, while working the evening shift, I (V26) caught them (3 residents) smoking and let them (nurses) know. V26 stated that V26 caught smell of smoke (coming from R4, R5, R6 and R10's room). I opened their divider. I saw smoke in the air, and they had it (cigarette) lit. It was resting on windowsill. They were all together behind the curtain. V26 stated that it was R4's side of the room, and V26 identified the 2 remaining residents by their ethnicity, not names. V26 stated that R4 was standing next to the lit cigarette on the windowsill and that smoke was coming from the lit cigarette which was wafting out towards the open window. V26 stated that V26 told R4 to put out the cigarette and that R4 did. V26 stated that immediately informed V10 (RN) who informed R4's assigned nurse, V7 (LPN).</p> <p>On 6/4/25 at 1:26 PM, V7 (LPN) stated that on 6/1/25, R10 reported that smoking was happening in R10's shared room with R4, R5 and R6 present. V7 stated that R10 was wearing and using 2 L/min oxygen via nasal cannula from an oxygen tank at R10's bedside. V7 stated, At that time, I didn't smell smoke. I don't know what happened. V7 stated that R4 was the resident who was seen flushing the toilet upon entering the room. V7 stated that V7 questioned R4 and R5 about smoking in the shared room, and they denied it. V7 stated that R4 and R5 refused searches of their persons. V7 stated that V7 confiscated 14 cigarettes in a box that V7 observed in R4's dresser drawer (which was open that V7 could see into). V7 stated that V7 did not search the remainder of R4's room or R5's side of their shared room because V7 knows that V7 has to have 2 staff members present to conduct a room search for paraphernalia. V7 stated that V10 (RN) who was the other nurse on the floor was on break and that social services staff is not in the facility on Sundays. V7 stated that V7 did not perform a room search for R4 and R5 later on 6/1/25. V7 stated that V7 stated that R10 said that R10 was bed bound, was on oxygen and was asking to move to a different room, and V7 informed R10 that V7 has to check with V1 (Administrator) first. V7 stated, I move (R10) right away. (R10) was thanking us. V7 stated that V7 struck out V7's original documentation in R4's EHR due to V7 not actually witnessing the act of R4 smoking the cigarette. V7 stated that it's a dangerous risk to smoke cigarettes near an oxygen source, and that it is a fire hazard that can blow up the room.</p> <p>On 6/3/25 at 11:26 AM, R5 observed walking with a cane and standing near doorway in R5's shared room (with R4 and R5). R5 wrote R5's name on surveyor's paper with no clear verbalization noted when R5 attempts to speak. R5 denied ever smoking in R5's shared room on 5/31/25 or 6/1/25 by nodding no, and R5 nodded yes to being a smoker. When asked if other residents have smoking inside R5's room, R5 pointed to R4's curtain, which is closed, with R4 behind the curtain.</p> <p>R5's admission Record, documents, in part, diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, encounter for prophylactic measures, hypertension, type 2 diabetes mellitus with hyperglycemia, hyperlipidemia, aphasia following cerebral infarction, tobacco use, abnormalities of gait and mobility, weakness, and need for assistance with personal care.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/25 at 12:00 PM, R2 stated that R2 is a nonsmoker and keeps R2's door closed to prevent smelling the cigarette smoke in the hallway that is coming from R4's shared room. R2 stated that R4 was caught smoking in R4's shared room on 5/31/25 and 6/1/25 by staff. R2 stated that R2 smelled the cigarette smoke coming from the room and reported it to staff. R2 stated that R2 witnessed the staff addressing R4's smoking incidents on 5/31/25 and 6/1/25, and R10 being moved out of the shared room on 6/1/25, after the smoking incident. R2 stated, I (R2) heard the whole thing on Saturday and Sunday. (R10) had oxygen and (R10) had to be moved. It's an open secret that (R4) does it (smoke inside the room).</p> <p>R2's admission Record, documents, in part, diagnoses type 2 diabetes mellitus, obstructive and reflux uropathy, schizoaffective disorder, hypertension, abnormalities of gait and mobility, suicidal ideations, delusional disorder, polyosteoarthritis, peptic ulcer, and nasal congestion.</p> <p>R2's MDS, dated [DATE], documents, in part, that R2's BIMS score is a 10 which indicates that R2 has moderate cognitive impairment.</p> <p>R2's Smoking Evaluation, dated 12/20/24, documents, in part, that R2 does not use smoking, tobacco or nicotine products.</p> <p>On 6/3/25 at 11:46 AM, R7, R8 and R9's shared room door observed closed and is the neighboring room (same side) to R4, R5 and R6's room. Upon opening R7, R8 and R9's room, R7 stated that the door is closed so R7 does not smell the cigarette smoke coming from the hallway. R7 stated that R7 is a non-smoker.</p> <p>R7's admission Record, documents, in part, diagnoses of end stage renal disease, heart failure, type 2 diabetes mellitus, schizophrenia, anemia, asthma, hypertension, hyperlipidemia, cardiomegaly, vitamin D, chronic duodenal ulcer without hemorrhage or perforation, unsteadiness on feet, difficulty in walking, weakness, need for assistance with personal care, chronic kidney disease stage 4, acute pulmonary edema, and pleural effusion.</p> <p>R7's MDS, dated [DATE], documents, in part, that R7's BIMS score is a 15 which indicates that R7 is cognitively intact.</p> <p>R7's Smoking Evaluation, dated 1/11/25, documents, in part, that R7 does not use smoking, tobacco or nicotine products.</p> <p>On 6/3/25 at 11:49 AM, R8 that R8 is not a smoker and that R8 smells smoke from the hallway and from blowing in their room when the window is open. R8 stated that R8 cannot be near secondhand smoke. R8 stated that the facility staff caught R4 smoking inside R4's room last weekend and that during this last same weekend (5/30/25 to 6/1/25), the cigarette smoke was coming into R7, R8 and R9's room via their open window. R8 stated that the window is on R9's side of the room, and R9 likes to have the fresh air breeze come in their room from outside. R8 stated that R8 has reported smelling cigarette smoke coming from R4's room to multiple staff and that R8 told R4 to stop smoking in R4's room with R4 telling R8 to mind my own business.</p> <p>On 6/3/25 at 2:36 PM, R8 stated that R4 has no respect that (R4) keeps smoking in (R4's) room. With the way the wind blows, the smoke comes directly into our room.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8's admission Record, documents, in part, diagnoses cerebral infarction, asthma, transient cerebral ischemic attack, hypertensive heart disease without heart failure, bipolar disorder, hyperlipidemia, prediabetes, Parkinson's disease without dyskinesia, and chronic pancreatitis.</p> <p>R8's MDS, dated [DATE], documents, in part, that R8's BIMS score is a 15 which indicates that R8 is cognitively intact.</p> <p>R8's Smoking Evaluation, dated 5/17/25, documents, in part, that R8 does not use smoking, tobacco or nicotine products.</p> <p>On 6/3/25 at 11:51 AM, R9 observed laying in a bariatric bed positioned closest to the wall with the windows. R9's two windows are open approximately 6 inches with a breeze from outside felt blowing through. R9 stated that R9 sometimes smells the cigarette smoke coming from the outside air into the room. R9 stated that R9 is a non-smoker. R9 stated that R9 has not witnessed any resident smoking, but R9 is bedbound and doesn't go out of the room. R9 stated that smelling the cigarette smoke coming blowing in from the open window has increased R9's coughing, and R9 has asthma and has had to use R9's inhaler more often. R9 stated that R9 chokes on the smoke. R9 stated that R9 told the CNA but could not provide the name.</p> <p>On 6/5/25 at 11:11 AM, R9 stated that R9 administers a short-acting inhaler, Albuterol, when R9 feels short of breath due to coughing. R9 stated that R9 has R9's own Albuterol inhaler at R9's bedside to use and shows this surveyor the Albuterol inhaler held in a red key chain device. R9 stated that R9 did not tell the nursing staff when R9 has administers the extra doses of Albuterol to R9's self, and if I (R9) have to wait for them (nurses) to bring me the inhaler (Albuterol), I would be here choking.</p> <p>R9's admission Record, documents, in part, diagnoses of asthma, type 2 diabetes mellitus, personal history of other venous thrombosis and embolism, morbid (severe) obesity due to excess calories, anemia, body mass index (BMI) 70 or greater, adult, neuralgia and neuritis, and constipation.</p> <p>R9's MDS, dated [DATE], documents, in part, that R9's BIMS score is a 15 which indicates that R9 is cognitively intact.</p> <p>R9's Smoking Evaluation, dated 3/17/25, documents, in part, that R9 does not use smoking, tobacco or nicotine products.</p> <p>R9's May and June 2025 Medication Administration Record indicate R9's Albuterol Sulfate HFA (Hydrofluoroalkane) Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (micrograms per actuation), 2 puffs inhale orally every 4 hours as needed for asthma.</p> <p>Upon R9's EHR review, no self-administration assessment was noted for R9. On 6/9/25 at 11:54 AM, this surveyor requested from V1 the medication self-administration assessment for R9 and was not provided with one by end of the survey.</p> <p>On 6/4/25 at 11:18 AM and on 6/5/25 at 11:08 AM, R2 and R7, R8 and R9's rooms observed with the doors closed. On R7, R8 and R9's door, a handwritten sign is posted indicating to close the door behind whoever is entering or leaving the room.</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 06/10/2025
NAME OF PROVIDER OR SUPPLIER Continental Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5336 North Western Avenue Chicago, IL 60625	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/25 at 11:44 AM, R6's privacy curtains are closed all the way, separating R6 from the shared room open space. R6 stated that R6 is a nonsmoker; can't smell anything due to having a chronic plugged up nose; and keeps R6's privacy curtains closed at all time. R6 stated that there is a sign on the door that oxygen is in use and that no one can be smoking when there's oxygen in use. R6 stating that would be dangerous.</p> <p>R6's admission Record documents, in part, diagnoses of hyperlipidemia, bipolar disorder, hypertension, acquired absence of left and right toes, regular astigmatism bilateral, right eye secondary cataract, insomnia, right eye injury of conjunctiva and corneal abrasion, weakness, need for assistance with personal care, conjunctival hyperemia right eye, unsteadiness on feet, bipolar disorder, optic atrophy, myopia bilateral and presbyopia.</p> <p>On 6/4/25 at 3:12 PM, V4 (SSD) stated that V4 oversees the social services staff (V9 and V25) which is responsible for the assessing residents for safe smoking practices. V4 stated that community pass privileges are coded as red, yellow and green, and safe smokers are able to have a green pass to go outside (after nurse signs each daily pass) between 8 am and 8 PM to smoke. V4 stated that no residents are permitted to hold and possess their own smoking materials (cigarettes and lighters) in the facility, even the safe smokers on a green pass. V4 stated that a resident on a green pass will retrieve the cigarette and a lighter from the receptionist and will walk outside to a designated area at least 15 feet away from the door. V4 stated that residents who are on a red pass are deemed unsafe to smoke unsupervised and smoke during the designated smoke breaks on the patio or are taken outside with staff supervision to smoke in between scheduled smoke breaks. V4 stated that for R4's 5/2/25 smoking assessment, V4 stated that R4 did not follow the smoking safety rules and had smoked inside the facility. V4 stated that R4 had a red pass for 14 days until 5/16/25 when R4 obtained green pass privileges again (in conjunction with a physician's order). V4 stated that on 5/28/25, R4 was observed retrieving R4's cigarette and lighter from the receptionist, and as R4 was walking out the front door, R4 lit the cigarette and was not in the designated area at least 15 feet from the front door. V4 stated that R4 then went back to red pass status for breaking the facility smoking policy.</p> <p>On 6/5/25 at 3:58 PM, V2 (Director of Nursing, DON) stated that whenever there is an allegation of residents smoking inside the facility, the staff must check and investigate it. V2 stated, We want people to be safe. V2 stated that residents can't be smoking in the facility near oxygen and that it is a fire hazard. V2 stated that on 6/1/25, V7 (LPN) informed V1 and V2 of the allegation of R4 smoking in the shared room with R10, and that R10 was moved to a different room for safety since R10 was using oxygen.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/9/25 at 2:57 PM, V1 (Administrator) stated that R10 was a newer admission to the facility and was admitted with oxygen therapy. V1 stated that on 6/1/25, V7 notified V1 of a concern from R10 of R4 smoking; that V7 did not see R4 smoking; that V7 confiscated cigarettes from R4's room; and that R10 was not happy in this shared room with R4. V1 stated that V1 instructed V7 to move R10 to a different room and to search R4 and room for additional smoking materials. V1 stated, We don't want smoking on or around oxygen. We are taking every precaution to make sure everyone is safe. Nurse (V7) did mention (R10) is on oxygen, then I said to please move (R10) away from the situation. V1 stated that if smoking occurs near oxygen, a fire can start which could burn R10's face (since R10 wears nasal cannula oxygen), and adding, Oxygen can explode. When asked if V1 was notified on 5/31/25 of R10's allegation of R4 smoking in their shared room with V8 confiscating a partially smoked cigarette, V1 stated, No, I found out about on Monday (6/2/25). V1 stated that V2 (DON) met with V7 and V8 on 6/2/25 about being careful with documenting in the resident's medical record, ensuring that the nurse knows for sure that smoking occurred with actual proof of smoking. V1 stated that for proper follow up protocol, nurses are to document clinical information, and social services staff is to document on behaviors such as smoking inside the facility. V1 stated that there are no social services staff working on-site in the facility on Sundays.</p> <p>On 6/10/25 at 12:19 PM, V27 (Medical Director) confirmed that V27 is the medical director for the facility. When asked about V27's expectations staff to ensure safe smoking practices so residents are not smoking within the facility, V27 stated that residents receive information on day one of being admitted to the facility about smoking inside the facility being prohibited. When asked what effects could happen if a resident is smoking in the same room with another resident who is using oxygen, V27 stated, So that is a concern then. That's why the resident (R10) was removed, but it is a big concern with this smoking and oxygen. They don't mix well, we all know. V27 stated that smoking cigarettes in close proximity to an oxygen source is a combustible hazard.</p> <p>Facility Smokers List dated 6/3/25 documents, in part, that R4 and R5 are current smokers.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Facility Smoking Safety Policy dated 10/5/2015 documents, in part, Policy Objective: to provide a safe and healthy living environment with respect for the health and well-being needs of each resident, staff member and visitor. It is also the objective of this policy to communicate to each resident that they are responsible for following each rule and ongoing compliance with this policy. Guidelines: 1. Smoking is only allowed in designated areas established by management . The designated area(s) will be outside in accordance with state/local standards. The organization has the right to enforce a policy prohibiting residents from keeping any smoking materials in his/her possession for health, safety and security reasons . 3. Smokers will be evaluated to determine their ability to comply with safety rules and their ability to carry smoking materials. Residents requiring supervision shall receive this monitoring consistent with their assessment and plan care . 5. Individuals who are non-compliant, potentially dangerous, exercise poor judgment and show a lack of concern for the welfare of others will be counseled accordingly. The facility maintains the right to limit and restrict access to smoking products, matches and lighters for persons deemed unsafe. Smoking privileges will be revoked if there is a pattern of persistent, careless and hazardous behavior. 6. Oxygen use is prohibited in smoking areas for the safety of all parties (reference NFPA 101, 2000 ed., 19.7.4.). No resident may smoke near/around oxygen. 7. It is against facility policy to give away, sell, share and trade smoking materials or light another resident's cigarette . 9. All persons interested in retaining smoking privileges must follow the guidelines set forth in this policy. The following behaviors and or conditions will be considered when assessing residents. Independent privileges will not be granted if any of these behaviors are displayed. These behaviors will jeopardize and cause revocation of the person's independent privileges: 1. Smoking in any non-designated area, such as resident rooms, bathrooms, hallways, elevators, stairways and/or smoke-free courtyard . 4. poor safety awareness . making smoking dangerous f[TRUNCATED]</p>