

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 08/26/2025
NAME OF PROVIDER OR SUPPLIER Continental Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5336 North Western Avenue Chicago, IL 60625	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review the facility failed to follow their policy to ensure a safe and healthy living environment for the 59 residents residing on the third floor. Findings include: 8/21/25 at 12:36 PM, Survey team smelled cigarette smoke inside a resident room. Survey team had recently left the room less than five minutes prior. R1 had just gone into the room from talking to surveyors in the hallway and did not smell of cigarette smoke. 8/21/25 at 12:38 PM, while observing R11s room, survey team observed cigarette butts on the floor next to R11s bed. 8/26/25 at 11:48 AM, V9 (Assistant Director of Nursing) stated smoking is not allowed in the building. I have been here four months. I have not witnessed residents smoking in the facility. No staff has notified me of seeing residents smoking. If a resident is caught smoking, they would be put on pass restriction, we notify the physician, family, social service, Administrator, Interdisciplinary team. In case smoke is smelled in the room; we check where the smell is coming from. Two staff, including social service search resident pockets and room for cigarettes and lighter, any smoking material. R11 allowed us to search his pockets and room. No smoking material was found. If staff witness smoking in the facility, they immediately notify management so smoking materials are taken away and we educate the resident. 8/26/25 at 1:33 PM, V15 (Social Service Director) stated smoking is not allowed in the building. It creates an unsafe atmosphere. It's an Illinois law that prohibits smoking in and 15 feet from the doorway of a public building. We have oxygen in the building. Smoking in the facility is not allowed to keep residents and staff safe. R11 is a smoker. We observed old cigarette butts under R11s bed, at least two. R11 claimed they did not smoke in the building, that the butts must have fallen from their pockets. If staff catch a resident actively smoking inside the building, they should make supervisor, Administrator, Social Service aware and call a code for help. 8/26/25 at 2:10 PM, Observed R11 in the hallway headed to the front area of the facility in his wheelchair. R11 said R11 does smoke. R11 said R11 used to smoke inside the facility until the facility told R11 not to. R11 care plan reads in part: R11 is a smoker and have been non-compliant with smoking policy and use of substances while a resident of the facility. R11 violated the smoking agreement by being found and witnessed to smoke marijuana at facility premises on multiple occasions. Facility Smoking Safety Policy, 10/5/2015, reads 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 on-going compliance with this policy. Guidelines, 1. Smoking is only allowed in designated areas established by management. If indoor smoking is prohibited by state or local law the interior of the facility will remain smoke-free at all times. The designated area(s) will be outside in accordance with state/local standards.</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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