

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER Community Care Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4314 South Wabash Avenue Chicago, IL 60653	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and review of records the facility failed to maintain resident rights to access personal funds in timely manner for 1 out of 1 resident (R41). These failures affected 1 resident (R41) in his ability to support his wants and/or needs due to lack of financial funds. Findings include: R41 is [AGE] years old with initial admission date of 07/17/2024. R4 diagnosis includes type 2 diabetes and kidney transplant. R41 has a BIMS of 15 dated 06/24/2025 that means resident cognition is intact. On 09/02/2025 at 10:05 AM, R41 stated that he asked for his monthly allowance of 30 dollars on August 1 and 2. Facility staff told him (R41) that it was not yet available. R41 stated that he asked multiple times for his monthly allowance from activity staff but still have the same answer. R41 stated it was very hard because he does not have any money at all. R41 stated that because of his frustration he told the facility that he would report to the State. It was only then that facility gave him his monthly allowance. On 09/03/2025 at 10:28 AM, V15 (Business Manager) stated that facility give residents their personal funds or monthly allowance between day 2 to 5 of each month. V15 stated that itemization of personal funds is being done by corporate office. Every time resident received personal fund, a receipt will be made with residents' signature. Review of R41 July itemization documents that 30-dollar allowance was debited on July 18. V15 stated that it may be recorded but it is not the actual date of disbursement depending on the receipt. Review of R41's receipt for 30-dollar allowance for the month of August was dated on the 27 of August almost September. V15 stated that if it was available, it should have been given to R41. V15 was made aware that based on R41's itemization record of funds, R41 has enough balance to cover 30-dollar allowance at the start of August. V15 saw the record and did not comment. 09/03/2025 11:28 AM V18 (Activity Director) stated that when resident asked for trust fund it will be given right away. Once business office gave her (V18) the money, I gave it right away. V18 stated that what she received for resident's monthly allowance is always cash. V18 stated that for the current month (September 2025) business office will give her the money on Thursday (September 4) and will give it to the resident on Friday (September 5). V18 stated that monthly allowance of 30 or 60 dollars is the only money given to residents by the facility through Activity Department. V18 when made aware that R41 received his monthly allowance on August 27 almost September. V18 said, It's not that late. Under Resident Rights Policy dated 03/2021, residents will be assured of the following rights including rights regarding their money. And the right of every resident to manage their own money.</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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