

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/31/2023
NAME OF PROVIDER OR SUPPLIER CONTINENTAL NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5336 NORTH WESTERN AVENUE CHICAGO, IL 60625		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2382536/IL158046	S 000		
S9999	Final Observations Statement of Licensure Violation 300.690(c) Section 300.690 Incidents and Accidents c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These regulations were not met as evidenced by: Based on interview and record review the facility failed to follow its Accident Incident Reporting policy for one resident (R1) out of three residents reviewed for supervision. This failure resulted in facility not reporting an incident to IDPH until 72	S9999		
			Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>hours after it occurred.</p> <p>Findings include:</p> <p>R1's 3/14/2023 15:51 Nursing Progress Note Text reads: Resident is a 75 year old male, came from {local} hospital via wheelchair accompanied by {transportation} staff member to unit, was admitted at hospital due to acute psychosis. Resident is alert and oriented x3.</p> <p>R1's 3/25/2023 19:15 Nursing Progress Note reads: While attending to the complaint and answering the other resident's family concern regarding the situation, code 99 was called, notified of resident's exit of the building.</p> <p>R1's 3/26/2023 19:05 Nursing Progress Note Text reads: Resident came back at 6pm escorted by 4 police officers. Resident in stable condition.</p> <p>Facility incident report date of alleged incident documents: On 3/25/23 around 5:25 PM R1 was aggressive and decided to leave the facility unsupervised. Receptionist did code 99/elopement and staff immediately responded. Police officer came and brought R1 back to the facility. Dated reported to IDPH: 3/28/23.</p> <p>On 3/28/23 11:30 am V1 (Administration) stated when R1 eloped on 3/25/23 he did not send an incident report to IDPH when the incident occurred or 24 hours after the incident occurred. V1 stated he will now fax the incident report to IDPH today (3/28/23).</p> <p>Facility Accident Incident Reporting Policy documents: Notifications to IDPH may be made within 24 hours or as soon as possible for any incident or accident when significant injury has</p>	S9999		

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S9999	Continued From page 2 occurred. To ensure that accidents and incidents that occur with residents are identified, reported, investigated and resolved. (C)	S9999		