STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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: 2384014/IL00159849	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210c) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 1 facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 300.1210 Section General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. These Regulations were not met as evidenced by: Based on observations, interviews and records review, the facility failed to (a) ensure resident safety by allowing a medically compromised resident (R1) out on a community pass without a medical provider authorization/order, (b) notify the police of missing resident (R1), and (c) thoroughly investigate the location of R1 after R1 did not return to the facility. Resident (R1) of 3 residents reviewed for community pass supervision. This failure resulted in R1 being hospitalized in the intensive care unit (ICU). According to medical records dated 05/12/2023, R1 remained in a coma for 14 days. R1's family made the decision to discontinue life support for R1 and R1	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 2 expired 2 days later. Facility observed to have secured front door entry/exit-electronically controlled by front desk staff. Findings Include: Face sheet dated 06/13/2023, documents that R1 is a 57-year-old female with diagnoses not limited to: Bipolar disorder, End-Stage Renal Disease (ESRD), dependence on renal dialysis, cognitive communication deficit, opioid dependence, unspecified atrial flutter, anemia, cardiomegaly, unsteadiness on feet, weakness, and anxiety disorder. R1's MDS (Minimum Data Set) dated 04/10/2023, documents that R1 has a BIMS (Brief Interview for Mental Status) of 12/15 indicating that R1 is alert and oriented x2 and moderately cognitively impaired. R1's Activities of Daily Living (ADL) Assistance documents that R1 requires extensive assistance with bed mobility and transfer, requiring two+ persons' physical assist. R1's ADL Assistance also documents that R1 requires extensive assistance with locomotion on/off the unit, dressing, toilet use, and personal hygiene, requiring one-person physical assist. R1 is frequently incontinent of bowel and bladder. R1's MDS dated 04/10/2023 documents that walking activity for R1 did not occur. R1 is not steady, only able to stabilize with staff assistance with moving from a seated to standing position, moving on and off the toilet, and surface-to-surface transfer (transfer between bed and chair or wheelchair). The activity of walking 10 feet, car transfer, and going up/down a curb was not attempted due to R1's medical condition	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 3	S9999		

or safety concerns. R1 utilized a manual wheelchair and required substantial/maximal assistance with wheeling 50 feet with two turns and wheeling 150 feet.

R1 has a history of recent hospitalizations within recent months since being admitted to the facility. R1's admitting diagnoses while hospitalized includes, but not limited to chest pain, shortness of breath, fluid volume overload, and hypertensive urgency. R1 is power of attorney (POA) for herself and makes her own decisions. R1's Physician order sheet (POS) documents "Hemodialysis 5 times per week on MON-TUE-WED-THUR-FRI Venous Access Site: Left Chest Perma Cath Venous Access Site care and dressing change during dialysis days and as needed (per dialysis)."

R1's physician order sheet (POS) does not document a physician order for R1's community pass.

On 06/13/2023 at 2:23pm during a telephone interview, V5 (R1's family member #1) stated "I received a call from the facility/nurse on 05/12/2023 informing me that R1 went out on pass and did not return. R1 could not walk and was on dialysis. The facility asked me if I knew where R1 was." V5 stated that he was annoyed that the facility allowed R1 out on pass. V5 stated that R1 had a drug abuse problem and that he was trying his best to get R1 back on the right track. V5 stated that he commented to the nurse "I did not even know that R1 had left the facility at all."

V5 stated "The facility/nurse told me that R1 left with my family member (V8-/R1' family member #2) but I spoke with V8 and V8 informed me that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 4	S9999		

he did not pick R1 up from the facility. V8 told me that R1 left with an old friend (identified as R1's friend/V10) who also has a history of drug abuse. I received a call from Hospital C the next day on 05/13/2023. Hospital C informed me that R1 had a heart attack, needed cardiopulmonary resuscitation (CPR), and was in the intensive care unit (ICU) in a coma, on life support, unable to breathe on her own and in a vegetative state. V5 stated, after 2 weeks, our family made the decision to "pull the plug" and take R1 off life support on 05/27/2023. R1 expired on 05/29/2023."

Death certificate documents R1's date of death 05/29/2023. Cause of death: Non-Traumatic Respiratory Failure, Non-Traumatic Anoxic Brain Injury, and Cardiac Arrest.

R1's care plan dated 01/27/2023 states in part, "Obtain a physician's order for "outside pass privilege." R1's care plan documents that R1 is care planned for: refusing to attend dialysis, risk for cardiac distress, substance abuse, impaired decision making, signs/symptoms of delirium, requiring psychotropic medication, impaired mobility, risk for falls, and risk for abuse.

On 06/13/2023 at 2:17pm during a telephone interview, V3 (R1's Physician) stated that he cannot recall if R1 had an order to go out on pass. V3 stated that he could not give surveyor information that he did not know and referred surveyor to speak with V4 (R1's Nurse Practitioner) instead since V4 visited/assessed R1 more often than he did.

On 06/13/2023 at 2:51pm during a telephone interview, V4 stated "Yes, I am the one who visits/assess R1 at the facility. R1 has end-stage

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 5	S9999		

renal disease and requires dialysis. R1 also has a history of heroin abuse and frequently asks for pain medication. I was not made aware that R1 had gone out on pass. I don't know who gave R1 a pass to go out in the community. V3 and I did not give any orders for R1 to go out on pass. We were not informed that R1 had left the facility against medical advice (AMA). I never knew R1 had a community pass. I visit the facility every week on Wednesdays and was not informed of R1 being out of the facility until I visited the facility the following Wednesday on 05/17/2023. That is when I was made aware that R1 went out on 05/12/2023 and never returned to this day."

On 06/13/2023 at 3:13pm during a telephone interview, V8 (R1's family member #2) stated "I spoke to R1 on the phone that day and R1 told me that a photo ID was needed to provide it to the facility to take R1 out on pass. I spoke with V10 (R1's friend) on the phone on 05/12/2023 after V10 picked R1 up from the facility. V10 told me that he picked up R1 from the facility on 05/12/2023 and did not provide any form of identification to the facility. V10 is an old roommate of R1."

An attempt to contact V10 via telephone was made on 06/13/2023 at 3:20pm. Surveyor left voicemail with contact information, awaiting call back.

On 06/13/2023 at 1:58pm, V7 (Dementia Care Coordinator) stated "I've been in this role as the Dementia Care Coordinator since March 2022. I work alongside social services and help in that area. Green passes are guided by physician recommendations, and the doctor let us know if it is reasonable for the resident to go out into the community. If a doctor approves a resident to go

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 6	S9999		

out on pass, then either the nurse or the doctor will put the order in the physician order sheet (POS). This is how everyone knows if a resident can go out on pass or not. Before a resident goes out on pass, the protocol is for the resident to obtain the pass from the nurse, then take the pass down to the receptionist to show them, then that resident can leave the facility. I assessed R1 for a "yellow" supervised community pass. R1 was in a wheelchair and on dialysis and the "yellow" pass was for R1's safety. A "yellow" pass indicates that a resident is allowed out on community pass with either a loved one or a friend. R1 was not allowed out overnight. If residents show up before 8pm the same day or by the final in/outs rounding at about 6pm, then it is okay for the residents to be back at the facility by 8pm the same day." V7 stated "Overall, R1 was alert and oriented X2. R1 could not recall the facility address, phone number, or who to contact in case of an emergency. This is why R1 was assessed for a "yellow" pass. When a resident does not return from out on pass, the protocol is for the nurse on duty (NOD) to reach out to the doctor, Director of Nursing (DON), and the family to alert them. As of today, I do not know where R1 is located."

V7 stated "V5 (R1's family member #1) came to the facility to pick up R1's medical records and belongings at the beginning of this month. V5 did not state where R1 was located at that time. V5 only requested R1's medical records and R1's belongings. V5 picked up R1's belongings but not R1's medical records because V5 needed to fill out a form first. I have R1's medical records in my possession and available for V5. When someone comes to pick up a resident to take them out on pass, they check in with the receptionist, they state who they are to the resident and based on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 7	S9999		

the resident's pass level, we allow the resident to get a pass from the nurse, and the resident can leave the facility. The nurses are the ones who gives out the community passes to the residents and the residents are required to show the pass to the receptionist prior to leaving the facility. Before a resident leave, they or the person picking them up, must sign out on the sign-out sheet kept at the receptionist desk. The person picking the resident up usually state who they are to the resident. To my knowledge, it was R1's brother-in-law who signed R1 out of the facility on 05/12/2023 but I was not here that day on 05/12/2023. There is no identification or contact information for R1's brother-in-law."

On 06/13/2023 at approximately 3:45pm, Surveyor verified with V7, a copy of R1's community pass dated 05/12/2023, titled "Release of Responsibility for out on Pass Green." V7 stated "I was here that day on 05/12/2023 and that is my signature, I signed R1's community pass that day on 05/12/2023, but I was not in the building when R1 left the facility, I left before R1 on 05/12/2023." Surveyor verified with V1 (Administrator) that V7 was on duty at the time that R1 left the facility.

Surveyor asks V7 to read the name of the person who signed R1 out, which was signed on R1's community pass on 05/12/2023. V7 stated "I am not sure of what the name reads for the person who picked R1 up that day on 05/12/2023."

On 06/13/2023 at approximately 3:45pm, V2 (Director of Nursing/DON) stated "The nurses and the social workers are allowed to give out the community passes. As of today, I do not know where R1 is located."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 8	S9999		

On 06/14/2023 at 9:36am, V2 stated "There must be a physician order for all residents, for all levels of the community passes, including red, yellow, and green. If a resident has a "Red pass", they cannot go out into the community. A "Green pass" indicates that a resident can go out in the community unsupervised and come back by curfew time to maintain pass privileges. A "Yellow pass" indicates that a resident can go out in the community with supervision, they are expected back at curfew time unless they call and say they are running late. If a resident wants to go out on an overnight pass, then we require a 24-hour notice. To my knowledge, this was the first time that R1 has ever went out on pass into the community. The physician should be notified of a resident's AMA status within 12 hours or by the next day. At least, by that next morning, someone should have informed R1's physician that R1 had went out on pass and never returned. Due to a previous knee injury, R1 ambulates via wheelchair and does not walk."

V2 stated that "V7 (Dementia Care Coordinator) was authorized to give R1 a community pass because V7 works in the social services department. I am not sure if V7 asked R1's physician for an order for R1 to go out on pass but V7 knows that she must obtain an order for R1 to go out and that has always been V7's process prior to letting residents out on pass. We do keep a list of residents who are on "Green passes" at the front desk in the receptionist office. This list is reviewed and updated on a weekly basis."

On 06/13/2023 at approximately 3:45pm, V1 (Administrator) stated "Once R1 did not return to the facility, R1 was considered to have left against medical advice (AMA). We do not have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 9	S9999		

video footage of R1 leaving the facility that day. Our camera footage only lasts 7 days. As of today, I do not know where R1 is located."

Per AMA policy dated 04/05/2023, Titled "Unplanned Discharge" documents in part, "The MD, NP or Nurse will: Advise resident of the risks to their health and well-being if they choose to leave with an unstable medical condition. Obtain and witness resident's signature on AMA form. Provide referrals for medical, psychiatric, or other services as needed."

On 06/13/2023 at 4:07pm, V6 (Social Services Director) stated "I was informed that R1 did not return to the facility when I came into work the morning of 05/13/2023. I was informed by V7 that R1's brother-in-law picked R1 up on 05/12/2023. On 05/13/2023, I called Hospital A, Hospital B, Hospital C, and Hospital D to see if R1 was located at their facility. All hospitals stated that R1 was not located at any of the hospitals. I did not document that I called any of the hospitals and I do not remember who I spoke with at any of the hospitals that I called. We do not ask for identification of the person picking up the residents to go out on pass."

On 06/13/2023 at 4:13pm during a telephone interview, V9 (Former Receptionist) stated "The residents are required to have a pass before they leave the facility. I no longer work there but I would usually keep a list of the residents who are on a "green" pass taped to the desk located at the receptionist desk. This would make the list easy to check if staff needed to know who is allowed out independently. On 05/12/2023, R1 came to the receptionist desk and showed me a "green" community pass. R1 was not listed on my list that I kept at the receptionist desk, so I called

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 10	S9999		

up to the 2nd floor (2 East) and spoke to R1's nurse. R1 was upset that I was doing this and kept asking "What's the problem?" I cannot remember the name of the nurse, but I told the nurse that R1 had a "green" community pass, and I asked the nurse was it okay for R1 to go out on pass. The nurse told me "If R1 has a pass, then let R1 go out." I did not feel that I had the right to question the nurse, so I let R1 leave the facility. I was thinking to myself, why would they let R1 leave knowing R1's condition of having a drug problem. Before R1 left, I saw the man who picked R1 up to take R1 out on pass. I do not remember his name, but the man was a short man about 5'2" or 5'3" tall, he was Hispanic, he had black hair, he was wearing glasses and a baseball cap. I asked the man who he was, but the man never spoke a word. R1 became upset again by this and spoke for him saying that the man was R1's brother-in-law and that he was taking her out for a Mother's Day meal. I asked the man to sign R1 out and he did. R1 then said, "come on, let's go" and they both left the facility. V5 called the facility saying "R1 died because of you guys, R1 was not supposed to go out with that man." V5 would call wanting to speak to someone in administration. Often, administration was in meetings so I told V5 that I would take a name and number and have someone from administration to give a call back."

The nurse on duty assigned to care for R1 on 05/12/2023 from 7am-7:30pm has been identified as V18/Agency Licensed Practical Nurse. An attempt to contact V18 via telephone was made on 06/14/2023. Surveyor left voicemail with contact information, awaiting call back.

R1 ambulates via wheelchair. Facility is unaware of R1's mode of transportation once leaving the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 11	S9999		

facility, which is located on a busy street with heavy traffic. Per R1's medical record dated 05/12/2023, R1 was found on the floor in a bathroom at an unknown residence and transported to a community hospital approximately 6 miles from the facility. R1 was transported to the community hospital on 05/12/2023, the same day that R1 did not return to the facility.

On 06/13/2023 at approximately 5:30pm, V1 (Administrator) stated "When R1 did not return to the facility, we did not contact the local police to inform them of this."

Per R1's medical record review, shows that R1 was medically compromised or vulnerable while residing at the facility:

R1 was admitted to the facility on 01/02/2023 and re-admitted to the facility on 05/02/2023. R1 has a history of recent hospitalizations within the recent months. R1's hospitalization records documents that R1 was hospitalized at Hospital A from 02/15/2023-02/19/2023 for chest pain, shortness of breath, deep vein thrombosis (DVT), abnormal electrocardiography (EKG), acute chronic congestive heart failure, hypertensive urgency, and End-Stage Renal Disease (ESRD) on hemodialysis.

R1's hospitalization records documents that R1 was hospitalized at Hospital A from 03/06/2023-03/07/2023 for hypertensive emergency, End-Stage Renal Disease (ESRD) on hemodialysis, hyperkalemia, and right upper extremity abscess with new medication for antibiotics and antihypertensives.

R1's hospitalization records documents that R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 12 was hospitalized at Hospital A from 03/24/2023-03/25/2023 for chest pain, shortness of breath, elevated brain natriuretic peptide (BNP) level, End-Stage Renal Disease (ESRD) on hemodialysis, hypertension, anemia, and pulmonary congestion. R1's hospitalization records documents that R1 was hospitalized at Hospital B on 04/03/2023 for right arm arteriovenous (AV) graft excision and repair of brachial artery, shortness of breath, and mild volume overload. R1's hospitalization records documents that R1 was hospitalized at Hospital A from 04/30/2023-05/02/2023 for chest pain, pulmonary edema, shortness of breath, hypertensive urgency, hyperkalemia, End-Stage Renal Disease (ESRD) on hemodialysis, and anemia. On 5/12/23, staff/ V9 (Former Receptionist) allowed, R1 to leave the facility on a "yellow" community pass and due to return to the facility by 8pm on 05/12/2023 and R1 failed to return the facility to date. On 05/12/2023 at 3:50pm, V9 allowed R1 to go out on a community pass with an unidentified male who presented as R1's brother-in-law and R1 never returned to the facility. Per V1 (Administrator), local police were never called and R1 was considered to have left the facility (AMA) on 05/12/2023 which contradicts the facility's AMA policy. R1s' community survival skills assessment dated 04/10/2023 and signed by V7 (Dementia Care Coordinator), documents that "R1 is unable to be out in the community w/o supervision or an escort	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 13	S9999		

d/t R1 physical and mental disabilities. R1 must be accompanied at all times by staff or a family member."

Release of Responsibility for Community Pass (dated 05/12/2023) documents, "R1 was released out on community pass on 05/12/2023 to go out to eat with R1's brother-in-law." However, R1 did not return to the facility. Pass indicates that R1 was released on a "Green" pass, which indicates that a resident may go out on community pass independently.

Facility policy dated 11/2014 titled "Outside Community Pass Privileges Policy" documents in part, "Green Pass- Resident who may go out in the community independently and return within curfew hours.
Yellow Pass-Resident who may go out in the community with a co-resident or responsible party and return within the designated time limit- residents will be given 2-hour yellow pass initially."

Concern logs reviewed for the past 3 months and documents a concern dated 05/16/2023 for R1 going out into the community unauthorized.

Facility policy, undated, titled "Physician orders", documents in part, "It is the policy of the facility to follow the orders of the physician."

Social Service Progress Note written by V6 (Social Services Director) dated 5/16/2023 at 4:40pm, documents "On 05/12/23, R1 was requesting to go out on pass with her brother-in-law. R1 stated that she was going to have Mother's Day dinner. Educated that R1 will need to have her family member signed her out. Also spoke to R1 about her safety while in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 14 community and what is expected from her. At around 3:50 pm, her family member signed her out and she left in stable conditions." Progress note written by V2 (DON) dated 5/16/2023 at 4:38pm documents "Spoke to R1's son in reference to his mother not returning to the facility from pass with brother in law. Son stated he was called on Friday night by the nurse on duty asking if he had seen her because she did not return to facility after being signed out by brother-in-law. Son states that he informed staff that he will call his brother and uncle to see if the resident is with them. Son reported to writer that when he called the family he was told they saw R1 earlier and she was going to the Humboldt Park area. Multiple calls were made to her cell number, but no answer. MD was notified of the resident's failure to return for out on pass." Social Service Progress Note written by V7 (Dementia Care Coordinator) dated 5/17/2023 at 1:45pm documents "Hard copy of the State ID arrived; writer gave the R1 hard copy; R1 thanked writer & asked if R1 may now go out on an out into the community. Writer explained just because R1 had an ID now didn't mean R1 could go out into the community. Writer reminded R1 that the GREEN PASS / YELLOW PASS policy was discussed with her son & R1 - both present & both agreed to understand the policy. R1 asked for a clarification; writer clarified her that since R1 is her own responsible party & does not have a current POA over her health & based on her hx. attending MD recommended her to not be out in the community by herself but that R1 was able to go out into the community w/a responsibly party as long as they signed her in & out upon departure / arrival. Resident then agreed to not go out on her own & wait until R1 has a family	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002075	A. BUILDING: _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONTINENTAL NURSING & REHAB CENTER	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
S9999	Continued From page 15 member come take her out to go shopping, for a stroll & bring her right back. Resident left w/no additional questions / concerns." (A)	S9999		