STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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 ANNUAL LICENSURE AND CERTIFICATION SURVEY	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.1810l) 300.3210u) 300.3210v) Section 300.1810 Resident Record Requirements l) All Cook County facilities with Colbert Class Members shall submit to the Colbert Lead Defendant Agency, or successor Colbert Lead Defendant Agency, on a monthly basis, an accurate census of all Medicaid-eligible residents, the previous month ' s voluntary and involuntary discharges conducted under Section 300.3300, including any voluntary and involuntary discharges scheduled to be conducted within 48 hours after the end of the reporting month. This monthly census must be submitted on the form prescribed by the Colbert Lead Defendant Agency using secure (encrypted) email, no later than the fifth business day of each month. Section 300.3210 General u) Cook County facilities with Colbert Class Members shall provide residents access to the supports and services they need in the most integrated settings appropriate to their needs, including community-based settings, to promote	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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	S9999		

and maximize their independence, choice, and opportunities to develop and use independent living skills. For the purposes of this subsection (u), "community-based setting" means the most integrated setting appropriate to promote the resident's independence in daily living and ability to interact with persons without disabilities to the fullest extent possible.

v) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.

Section (V) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all newly admitted Colbert Class Members within one to three days of admission, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide verification that the educational materials and information were given to the Colbert Class Members, as requested by a Colbert Defendant Agency.

These Requirements were NOT MET as evidenced by:

Based on interview and record review the facility failed to provide newly admitted Colbert Class Members within one to three days of admission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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	S9999		

with educational materials and information informing them of their rights and services under the Colbert Consent Decree. This failure affected four (R13, R16, R17, R203) out of four residents reviewed in the sample of 19.

Findings include:

On 07/31/24 at 9:41 AM, R203 stated no one told R203 anything about the Colbert Program and R203 did not receive any educational materials or other information about it. R203 stated, "I've never heard anything about it."

On 08/01/24 at 11:15 AM, R17 stated R17 was not provided with any information when R17 was admitted to the facility on the Colbert Program. R17 stated, "I'm trying to get out here. Maybe they can help me?"

On 08/01/24 at 11:20 AM, R16 stated R16 did not know anything about the Colbert Program. R16 asked, "can they help me get out of this place?"

On 08/01/24 at 11:25 AM, R13 stated no one explained to R13 about the Colbert Program. R13 asked, "what is that?"

R13 was admitted to the facility on 05/07/24 and currently resides at the facility. R13's electronic health record (EHR) does not include any documentation that R13 was educated about the Colbert Consent Decree.

R16 was admitted to the facility on 02/05/2024 and currently resides at the facility. R16's EHR does not include any documentation that R16 was educated about the Colbert Consent Decree.

R17 was admitted to the facility on 03/28/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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		

and currently resides at the facility. R17's EHR does not include any documentation that R17 was educated about the Colbert Consent Decree.

R203 was admitted to the facility on 07/18/2024 and currently resides at the facility. R203's EHR does not include any documentation that R203 was educated about the Colbert Consent Decree.

On 07/30/24 at 12:27 PM, V10 (Psychiatric Rehabilitation Services Director) stated Envision Unlimited is the company that manages the Colbert Program for the facility and that a representative from Envision Unlimited comes to the facility once a month to screen residents to see if they want to enter the program. V10 stated the purpose of the Colbert Program is to get residents out of the nursing home and back into the community with support to prevent the residents from living in the nursing home indefinitely if they could be living on their own in the community. V10 stated the facility does not provide any education materials or information about the Colbert program to resident when they get admitted to the facility. V10 stated "we don't provide any educational materials or information about Colbert because Envision Unlimited does that when they meet with the resident."

On 07/31/24 at 10:35 AM, V32 ((Vice President of Williams/Colbert Program at Envision Unlimited) during phone interview stated the facility should be giving educational material to Medicaid residents upon admission about the Colbert Program so residents are aware of the program. The facility can do that by giving out pamphlets and in addition they should also have signage up with a contact phone number for the Colbert Program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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		

On 08/01/24 at 11:30 AM, V35 (Out Reach Specialist for Envision Unlimited) stated all Medicaid residents are class members but only some of them choose to enter the program. V35 stated everyone who is in the building is part of the Colbert Decree. V35 stated the resident must be here 60 days before V35 can see them.

On 08/01/24 at 11:41 AM, V1 (Administrator) stated we don't do any education about the Colbert Program when residents are admitted to the facility. We don't give out educational material because the outside agency who services the facility are the ones who do it. We do post a sign about Colbert Program.

(C)

2 of 2

300.625c)1)2)
300.625k)

Section 300.625 Identified Offenders

c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:

1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.

2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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		

other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.

k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)

Based on interview, and record review the facility failed to arrange or order fingerprint within 72 hours for residents that criminal history background check revealed "HIT" results for qualifying offenses for 9 (R2, R12, R13, R16, R17, R25, R44, R50, 206) out of 10 residents reviewed for Identified Offender Protocol.

The findings include:

On 07/30/24 at 12:27 PM, V10 (Psychiatric Rehabilitation Services Director) stated the CHIRP (Criminal History Information Response Process) is run the day of admission by the Admissions Director and if there is a "HIT" then V10 schedules the resident to be fingerprinted. V10 stated the fingerprinting must be done within 30 days of the resident's admission date. V10 stated the facility gets the results the same day the fingerprinting is performed. V10 stated once the fingerprinting is completed V10 submits the information into the online IDPH (Illinois Department of Health) portal for the Identified Offender Program within the week of the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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		

getting fingerprinted. V10 stated V10 updates the care plan at that time and that all residents who are Identified Offenders should have care plans for this.

On 07/31/24 at 3:30 PM, V10 stated V10 calls the fingerprinting company on the phone and does not keep a log of when V10 called to schedule the appointment and cannot provide any proof of when V10 called to schedule the appointments. V10 there is no CHIRP available to R206. V10 stated "I've be trying to get a fingerprint waiver for him because he is bedridden and cannot leave his room to do the fingerprint test. We started the process in March of 2024 but there was some mix up and we had to resend all the documentation again in June 2024."

The residents' clinical records and background checks were reviewed and revealed the following:
1. R2 admitted 02/05/24, CHIRP dated 02/06/24 result came back with a "HIT" for a qualifying offense. R2's fingerprint completed 02/27/24. R2 IOP IDPH facility submission done 02/29/24. R2's identified offender care plan was initiated 04/26/24.
2. R12 admitted 05/07/24, CHIRP dated 05/07/24 result came back with a "HIT" for a qualifying offense. R12's fingerprint completed 05/13/24. R12 IOP IDPH facility submission done 05/24/24. R12's identified offender care plan was initiated 07/24/24.
3. R13 admitted 05/07/24, CHIRP dated 05/07/24 result came back with a "HIT" for a qualifying offense. R13's fingerprint completed 05/13/24. R13 IOP IDPH facility submission completed however date of submission not printed on the form. R13's identified offender care plan was initiated 05/09/24.
4. R16 admitted 04/30/24, CHIRP dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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		

04/30/24 result came back with a "HIT" for a qualifying offense. R16's fingerprint completed 05/13/24. R16's IOP IDPH facility submission completed however date of submission not printed on the form. R16's identified offender care plan was initiated 07/24/24.
5. R17 admitted 03/28/24, CHIRP dated 03/29/24 result came with a "HIT" for a qualifying offense. R17's fingerprint completed 04/12/24. R17's IOP IDPH facility submission done 04/15/24. R17's identified offender care plan was initiated 05/21/24.
6. R25 admitted 03/21/24, CHIRP dated 03/22/24 result came with a "HIT" for a qualifying offense. R25's fingerprint completed 05/13/24. R25's identified care plan was initiated 07/25/24.
7. R44 admitted 05/24/24, CHIRP dated 05/24/24 result came with a "HIT" for a qualifying offense. R44's fingerprint completed 06/13/24. R44's IOP IDPH facility submission done 06/14/24. R44's identified care plan was initiated 05/28/24.
8. R50 admitted 05/21/24, CHIRP dated 05/22/24 result came back with "IN PROCESS, HELD", 2ND CHIRP dated 07/02/24 result came with a "HIT" for qualifying offenses. R50's fingerprint completed 06/13/24. R50's IOP IDPH facility submission done 07/24/24. R50's identified care plan was initiated 07/24/24.
9. R206 admitted 01/25/24, CHIRP not available. Facility submitted waiver for fingerprint check dated 06/25/24.

Facility provide policy titled, Identified Offender Facility Policy and Procedure undated which documents in part,
1.) It is the policy of this facility to establish a resident sensitive and resident secure environment.
2.) Once the facility determines the resident is an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002026	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE NURSING CENTER	4314 SOUTH WABASH AVENUE CHICAGO, IL 60653

(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 Identified Offender, the facility must request in 72 hours for the resident to undergo a live scan state and Federal Bureau of investigation fingerprint check on the premises within five business days. 3.) Immediately complete and submit the IDPH Identified Offender Information Form. The facility will not wait for the fingerprint results to send the identified offender information form to IDPH. 4.) The facility may also request a waiver of the fingerprint check within 72 hours from the division of healthcare regulations if the resident is completely immobile or meets the criteria related to the residence health or lack of potential risk such as the existing of severe debilitating physical, mental or mental condition that nullifies any potential risk presented by the resident. A waiver will only be valid while the resident is immobile or why the criteria supporting the waiver exists. 5.) Upon admission of an identified offender or the decision to retain and identify offender the facility shall specifically address the residents needs in an individualized plan of care. (C)	S9999		