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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 Survey 300.230 a)3)4), and 300.686 a)8) cited	S 000		
S9999	Final Observations Statement of Licensure Violatriions (1 of 3): 300.230a)3)4) Section 300.230 Information to Be Made Available to the Public by the Licensee a) Every facility shall conspicuously post for display in an area of its offices accessible to residents, employees, and visitors the following: 3) A copy of any order pertaining to the facility issued by the Department or a court; and 4) A list of the material available for public inspection under subsection (b) and Section 3-210 of the Act. (Section 3-209 of the Act) These requirements were not met as evidenced by: Based on observation and interview, the facility failed to ensure that Colbert-Williams Retaliation Hotline posters was posted throughout the facility. Findings include: On 10/14/2021 from 9:55 AM to 10:15 AM, a tour of 1st, 2nd and 3rd Floors was completed. No Colbert-Williams Retaliation Hotline posters were observed in hallways or Activity/Dining Rooms Decree Posters found.	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
	IL6002026	A. BUILDING: _____ B. WING _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 On 10/14/2021 at 4:43 PM, V12 (PRSD-Psychiatric Rehabilitation Services Coordinator) said, the facility does have Colbert decree eligible residents residing in the facility. At 11:05 AM, V12 said no posters were posted in the facility. (C) Statement of Licensure Violations (2 of 3): 300.686a)8) Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications a) For the purposes of this Section, the following definitions shall apply: 8) "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow their Psychotic Medication Use Policy by failing to obtain informed consent from a resident or resident's representative, for one of	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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 two residents (R79), in a sample of 24. Findings include: R79 is a 76 year old with diagnoses including, but not limited to: Cognitive Communication Deficit, Dementia, Depressive Episodes, and Psychosis. R79's Physicians Order Sheet (10/2021) and EMAR (Electronic Medication Administration Record, 10/1/2021-10/31/2021) document an order for Quetiapine Fumarate Tablet 25 mg, give 75 mg by mouth two times a day for prophylaxis. No consent for Quetiapine was found in R79's medical record. 10/14/2021 at 1:35 PM, V10 (Assistant Administrator) said, the facility was unable to find any consents for R79's psychotropic medications. 10/15/2021 at 8:02 AM, V5 (Current Interim DON-Director of Nursing) said informed consent must be obtained from a resident or a resident's representative before psychotropic medications are administered. Facility's "Psychotropic Medication Use" policy (Effective 4/2021) states: Procedure: 1. Evaluation: i) Except in the case an emergency, psychotropic medication shall not be administered without the informed consent of the resident or the resident's surrogate decision maker. (C) Statement of Licensure Violations (3 of 3): 300.610a) 300.1210b)	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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 3 300.1210d)1)2) 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. Section 300.1210 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be	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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 administered as ordered by the physician. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to provide sufficient nursing staff to ensure residents received essential medications to treat their medical conditions as ordered by their physician. There was no nurse to pass medications on the third floor on one portion of a resident hallway and as a result, 13 residents (R18, R122, R58, R74, R32, R86, R5, R59, R61, R63, R106, R14, R95) did not receive their scheduled medications on 10/12/2021 on the day shift (7:00 AM - 3:00 PM). These failures have the potential to cause serious negative medical outcomes for all 13 residents Findings include: On 10/12/21 at 10:45 AM surveyor observed and interviewed residents on the third floor. R18, R122, R58, R74, R32, R86, R5, R59, R61, R63, R106, R14 and R95 stated that they had not received their morning medications. Surveyor observed V2 (Current Director of Nursing/DON) on third floor around noon time. On 10/12/21 at 11:43 AM, V2 stated that two nurses are required for the third floor but today only one nurse is available today. On 10/12/21 at 11:44AM, R50 stated that he did not receive his medications yet. R50 said, "I'm in pain. It's in my legs." When asked if R50 had told the nurse, R50 said, "I was on my way to ask the nurse." Surveyor was present when R50 asked one the nurse on the 3rd floor, opposite wing.	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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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		

On 10/12/21 at 11:46 AM, surveyor observed R50 ask V6 (LPN) his for medications. V6 responded to R50, "You will get your medications when your nurse comes up". R50 limped back to his room.

Reviewed the electronic medication administration records (e-MAR) for R50 and other resident's on the same wing of the third floor. Requested and received time stamped copies e-MAR records from V2 (Current DON). R18, R122, R58, R74, R32, R86, R5, R59, R61, R63, R106, R14, R95 e-MAR records were reviewed and were missing medications for the AM pass time, Tuesday 10/12/2021 (the spaces were blank). Surveyor also requested face sheet, and Physician orders the same residents.

On 10/12/21 at 1:45 PM, V6 stated she (V6) is only nurse on the third and that she is only responsible for passing medications and treatments for her assigned residents. V6 stated V2, who was standing nearby, was going to find someone to pass medications for the other residents. V6 said, "That was two hours ago that he (V2) was to get someone to pass medications for the other residents (R18, R122, R58, R74, R32, R86, R5, R59, R61, R63, R106, R14 and R95)." Surveyor asked V6, what she would do if a resident asked for their medications. V6 said, "They would have to wait and that I don't have time because of my residents".

During an interview on 10/13/21 at 1:03 PM, V5 (Interim DON) stated that the expectation is for the staff to know the medication rights, also to administer medications safely. V5 said, "I believe most of the nurses have had in-services on how to pass medications. The expectations are to pass meds one hour prior and then one hour after

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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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		

scheduled time of administration. V5 also stated every nurse is responsible for every resident on their floor regardless of their room section. V5 further stated nurses are to provide pain medications and wound assessments for any resident in need. When surveyor mentioned to V5 the response of V6 (LPN) to R50 in an earlier nurse patient interaction, V5 said, "The nurse should not have responded in that manner. I will have an in-service with V6".

On 10/13/21 at approximately 3:30pm, V20 (Primary Care Physician for R74) stated that "Plavix (clopidogrel) medication (to prevent blood clots) and Keppra (Levetiracetam) (treatment for Seizures) are significant medications. Plavix and Keppra are the most important medications. It is not good if a resident missed those medications because it could reduce the therapeutic level. Resident is at risk for compromised patient care if medications were missed."

The following medications were missed on 10/12/21:

1. (R18) - Lisinopril (Daily) for Hypertension.

2. (R122) - Divalproex for Seizures 3x/day (missed 9AM and 1:30 PM) Hydroxyzine for anxiety, 2x/day (missed 9AM)

3. (R58) - Benztropine Mesylate for Schizophrenia 2x/day (Missed 9AM dose), Divalproex Sodium for schizophrenia 2x/day (missed 9AM). Metformin 2x/day (missed 9AM) for diabetes, Metoprolol for hypertension 2x/day (missed 9AM), Hydroxyzine Pamoate for Schizophrenia 3x/day (missed 9AM and 1:00 PM)

4. (R74) - Topiramate Tablet for seizures 2x/day

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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 (missed 9AM), Duloxetine for Major Depressive disorder Daily (missed 9AM), Lamotrigine Tablet 25 MG for anticonvulsants (missed 9AM) 5. (R32) - Furosemide 2x/day (missed 9AM) for heart failure, Quetiapine Fumarate Tablet for Schizoaffective disorder 3x/day (missed 2PM). 6. (R86) - Levetiracetam for seizures 2x/day (missed 9AM). 7. (R5) - Benztropine Mesylate for Schizophrenia 2x/day (Missed 9AM dose), Divalproex Sodium 2x/day (missed 9AM), risperidone 2x day (missed 9AM), Hydroxyzine for Schizophrenia 3x/day (missed 9AM), Seroquel (for Schizophrenia) 3x/day (missed 9AM and 1PM) 8. (R59) - Clopidogrel for blood thinner (missed 9AM), Levetiracetam for Seizures 2x/day (missed 9AM). 9. (R61) - Haloperidol for psychosis daily (missed 9AM), Benztropine Mesylate for schizophrenia 2x/day (missed 9AM), Tramadol for chronic pain 3x/day (missed 8AM). 10. (R63) - Benztropine Mesylate for Parkinson's 2x/day (Missed 9AM dose), Divalproex Sodium for psychosis 2x/day (missed 9AM), Risperidone 2x/day (missed 9AM). 11. (R106) - Dilantin for Seizures daily (missed 9AM), Levetiracetam for Seizures 2x/day (missed 9AM), Memantine HCl Tablet 10 MG 2x/daily (missed 9AM), risperidone 2x/day (missed 9AM). 12. (R14) - Latuda (lurasidone) for Psychosis daily (missed 9AM), Memantine HCl Tablet 5 MG	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 _____	10/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY CARE 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 2x/daily (missed 9AM), Metformin for diabetes 2x/day (missed 9AM), Topiramate Tablet for seizures 2x/day (missed 9AM). 13. (R95) - Sitagliptin daily for Diabetes (missed 9AM), Benztropine Mesylate for Parkinson's 2x/day (Missed 9AM dose). Metformin for diabetes 2x/day (missed 9AM). Risperidone 2x/day missed 9AM). Blood glucose was not checked at 11am, Gabapentin for seizures 3x/day (9am and 1:00PM missed), Humulin 100units/mL for diabetes (missed 11AM). Facility's Medication Administration policy (4/2020) documents in part: "Medications are administered according to state and federal law. Medications are to be administered with an order. Five rights: Right time- 60 minutes before or after the scheduled time unless otherwise specified. If resident is not available, return to resident before or at the end of med pass. Document medication administration after delivering. (A)	S9999		