FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING ___ COMPLETED B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE** COMMUNITY CARE NURSING CENTER **CHICAGO, IL 60653** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2386965/IL163487 S9999l Final Observations S9999 Statement of Licensure Violations (1 of 1): 300.610a) 300.1210b) 300.1210d)3) 300.3120a) 300.3120h)1)A)B) Section 300.610 Resident Care Policies 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

Illinois Department of Public Health

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

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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE** COMMUNITY CARE NURSING CENTER CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3120 Mechanical Systems Mechanical systems shall be maintained to assure proper working order and safe operation. Instructions in the operational use of the systems and equipment shall be available at the facility. Heating, Ventilating, and Air Conditioning **Systems** Areas of a nursing home used by residents of the nursing home shall be air conditioned and heated by means of operable air-conditioning and heating equipment. The areas subject to this air-conditioning and heating requirement include, without limitation, bedrooms or common areas such as sitting rooms, activity rooms, living rooms, community rooms, and dining rooms. (Section 3-202(8) of the Act) The mechanical system shall be capable of maintaining a temperature of at least 75

degrees Fahrenheit, pursuant to the requirements

PRINTED: 12/13/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE COMMUNITY CARE NURSING CENTER** CHICAGO, IL 60653 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **(EACH CORRECTIVE ACTION SHOULD BE** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 of Section 300.670(j). The air-conditioning system shall be capable of maintaining an ambient air temperature of between 75 degrees Fahrenheit and 80 degrees Fahrenheit, pursuant to the requirements of Section 300.670(j). These requirements were not met as evidenced Based on observation, interview and record review, the facility failed to provide a safe and home like environment by not maintaining comfortable and safe temperature levels in the entire premises of the facility; failed to monitor residents for heat exhaustion, failed to provide adequate hydration during hazardous temperature; failed to assess and supervise one resident (R21) with a change in condition related to heat exhaustion.; failed to document daily air temperatures, failed to identify hazardous temperature in the facility, failed to follow the hot weather/heat emergencies policy, and failed to implement the evacuation plan policies due to inoperable air conditioner identified prior to 8/23/2023. These failures affected R21 who was sent to the hospital exhibiting heat related signs and symptoms and affected 132 residents residing in the facility. Findings include:

Illinois Department of Public Health

78.2F at the (2nd floor) Nurse's station

The (8/23/23) census includes 132 residents.

The (8/23/23) facility Air Temperature Log affirms the temperature was 86.2F with humidity 76.1F in resident's room, 86.0F with humidity 77.2F in another resident's room and 86.1F with humidity

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	COMPLETED		
		IL6002026	B. WING		10/0	2 4/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COMMU	NITY CARE MURCINO	4314 SOU	TH WABASI	H AVENUE		
COMINIO	NITY CARE NURSING	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)		(XS) COMPLETE DATE
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29999	documented 10:00a temperature documented 10:40am - not hourd temperature above According to the Na Atmospheric Admin Service at https://www.weathemaximum temperat Chicago area. According to Weath at:https://www.wuno/il/chicago/KMDW/d8/23/23 times and to 7:53 AM 80 °F 8:53 AM 84 °F 9:53 AM 84 °F 9:53 AM 91 °F 11:53 AM 94 °F 12:53 PM 97 °F 1:53 PM 97	am-10:20am. The last sented (8/23/23) was at ly as warranted due to 80F. Itional Oceanic and istration, National Weather r.gov/wrh/climate?wfo=lot, the lare was 98F on 8/23/23 in the lare runderground derground.com/history/daily/us late/2023-8-23, in Chicago on emperatures were as follows:	S9999			
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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION I:	(X3) DATE SURVEY COMPLETED		
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		IL6002026	B, WING		10/0	4/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
COMMU	NITY CARE NURSING	CENTER	TH WABAS , IL 60653	SH AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTING (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	According to the Na Atmospheric Admin Service at: https://www.weathe #:~text=Chicago%/2%20high,was%201' officially observed at the 23rd at O'Hare / high temperature for index observed at C116°F**. City of Chicago, Defeffective date 8/23/2Commissioner Clos Center, located at 4 Emergency Closure Center, located at 4 Emergency Closure Center, located at 4 Chicago, Illinois is a dangerous, hazardo health due to the vicattached Property C therefore been deteconstitutes an immit tenants and occupa I hereby order that Clocated at 4314 S. V Illinois, be immediat vacant, and that enticensed and bonder examine, repair, and aforementioned con		3333			
	Department of Build Report, Building Coc an Actual and Immir	partment of Buildings, ings Property Condition de Violations That Constitute nent Danger, Inspection Date sioner Closure: Community				

STATE FORM

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE COMMUNITY CARE NURSING CENTER CHICAGO, IL 60653 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **(EACH CORRECTIVE ACTION SHOULD BE** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 Care Center, documents in part: Cooling system at this facility is inoperable, entire premises. On 8/23/23 at 6:15pm -Observed approximately 12 to 16 residents outside of the facility. They were sitting in wheelchairs lined up outside of the facility door. Most of the residents were sitting unshielded from the sunlight. No observation of water being offer or given to the residents outside. - observed a truck located on the side of the facility building pumping air into the facility through 2 blue tubes placed in open windows. On 8/23/23 at 6:30 pm, - observed the facility to be very hot inside and uncomfortable. - observed multiple fans/cooling units operating in the hallways and dining room area on the 1st floor. On 8/23/23 at 6:46 pm, the (2nd floor) temperature was uncomfortably hot and there was a notable urine odor. V8 (Social Service Director) stated the facility air conditioner has been out since Monday 8/21/23 (2 days prior). On 8/23/23 at approximately 7:00 pm, a total of 39 residents (R4, R5, R7, R8, R11, R19, R20, R25, R29, R32, R33, R38, R42, R43, R45, R54, R56, R62, R63, R65, R66, R74, R75, R82, R84, R85, R86, R88, R92, R94, R96, R99, R106,

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R107, R116, R120, R121, R127, R133) were observed inside and/or outside the facility therefore not evacuated from the facility (roughly 9 hours after hazardous temperature was

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
COMMU	NITY CARE NURSING	CENTER	ITH WABAS	H AVENUE		
		CHICAGO), IL 60653			
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	identified).					
		pm, 1st floor staff were noted their clothes visibly wet.				
	R21's diagnoses ind neuropathy, demen- and hypertensive he	ecord documents, in part, that clude Diabetes, depression, tia, Alzheimer's, glaucoma, eart disease. R21's admission				
	R21's Minimum Dat	documented as 3/26/23.				
	documents, in part, a Brief Interview for Mental Status (BIMS) score of 10 which indicates that R21 is moderately impaired.					
	R21's (6/30/23) functional assessment affirms (1 person) physical assist is required for bed mobility, transfers, locomotion, personal hygiene, and toilet use.					
	sitting in a wheelchatimes) in the (1st floorneed to lay down." Nurse) pushed R21 (Director of Nursing window unit air confeeling well, it's too	pm, surveyor observed R21 air leaning over throwing up (3 or) dining room. R21 stated "I V11 (LPN/Licensed Practical via wheelchair into V2's) office where there was a ditioner. R21 stated, "I'm not hot. I need to lie down, I feel 21's blood pressure which				
	pulse oximeter read however, was unsuc were taken for R21	ttempted to obtain R21's ling a total of three times, ccessful. No other vital signs before leaving the building ago Fire Department).				
11:	On 8/23/23 at 7:40 the wheelchair to be	om, R21 was transferred from ed. V12 (CNA/Certified attempted to obtain R21's				

STATE FORM

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		IL6002026	B. WING		10/04/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
COMMU	NITY CARE NURSING	CENTER 4314 SOU	TH WABAS	H AVENUE		
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S9999	Continued From pa	ge 7	S9999			
	physician was conta received to send R2	pm, V11 (LPN) affirmed the acted and orders were 21 to the hospital. V11 A) to stay in the room with				
	was going to pass of (LPN) obtained R21 96.2 (axillary) at this (CNA) also left the surveyor observed (41 minutes) howey	pm, R21 stated, "I felt like I but, I've been hot all day." V10 I's temperature which was stime then left the room. V13 room leaving R21 unattended. R21 from 7:50 pm to 8:31 pm rer, staff did not reassess e resident. R21 was left in it.				
	On 8/23/23 from 7:30 to 8:31 surveyor observed R21 not offered or given any kind of hydration from staff.					
	On 8/23/23 at 8:31 pm, the Fire Department arrived to transport R21 to the hospital who was appearing weak and slow to respond to questions.					:
	stated he (V21) is vistated the nurse (Visuas vomiting. V21 should be septic becauted the nurse to set stated the nurse (Visualding was without not aware of the extibuilding, that day (8 so I can imagine he building where the right I had known the building that the state of the state of the extibution of the extipation of the extibution of the extipation of the extipati	pm V21(Primary doctor) ery familiar with R21. V21 11) called and said that R21 stated, I (V21) thought R21 ause he has a wound, so I nd R21 to the hospital. V21 11) did not tell him that the t AC (Air Conditioner). I was treme temperature in the /23/23) was very hot outside, w hot it was inside of the esidents were. V21 stated, "If Iding did not have AC, I would r to call 911 asap (as soon as			Tio.	

10/04/2023

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ____ IL6002026

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COMMUNITY CARE NURSING CENTER

4314 SOUTH WABASH AVENUE

COMMU	NITY CARE NURSING CENTER CHICAG	O, 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)	(XS) COMPLETE DATE
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	possible) because in hazardous temperatures the residents can die. Some years ago, in Chicago there was an extreme heat advisory and there were 300 people who died in the city of Chicago because of extreme heat. I pronounced 20 of them, so I do not take lightly extreme heat situations. If I knew there was no AC, I would have told V11 to get him out of there now." Surveyor inquired if the signs and symptom R21 was exhibiting could have been due to the extreme temperature in the building. V21 stated, "I could say yes, his condition was due to the extreme heat that could cause heat exhaustion. The signs that could have been related to the extreme heat is hypotension, mental status change then death. The facility cannot have an AC not working in a heat advisory situation. Residents who have comorbidities and even staff who is working there with normal conditions are at risk with extreme heat advisories. R21's condition was due to the physical environment that caused him to be like he was with the weakness and vorniting. I did not have the information about the AC. If I had that information, I would have given an order to call 911 and get him (R21) out of there (facility). This situation with R21 was preventable. I feel bad for the residents. This is the facility's responsibility to make sure the residents are taken care of 100%. The residents should have been kept safe and this was not a safe environment for the residents." On 8/23/23 at 7:00pm, V16 (Maintenance Director) affirmed the portable air chillers came today around 3:00pm - after the evacuation was initiated. On 8/23/23 at 7:00pm, R19 stated the air is not			
linois Depar	working in my room. ment of Public Health			

PRINTED: 12/13/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6002026 B. WING 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE COMMUNITY CARE NURSING CENTER CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 9 59999 On 8/23/23 at 7:02pm, V5 (PRSA/Psychiatric Rehabilitation Service Aide) stated cooling buses got here this morning around 10am and left at 5:30pm when we began evacuating the residents, however residents remained at the facility with hazardous temperature till after midnight (6+ hours longer). On 8/23/23 at 7:07pm, R79 stated it has been hot for about a month now, they (staff) provided fans. R79's (6/6/23) BIMS (Brief Interview Mental Status) determined a score of 12 (moderate impairment). On 8/23/23 at 7:22pm, R92 reported feeling hot. R92 affirmed she was in her room and (approximately 1 hour ago) staff brought her to the 1st floor dining room. R92's (7/25/23) BIMS determined a score of 15 (cognitively intact). On 8/23/23 at 7:27pm, R75 stated I feel terrible, I feel hot, I have not had anything to drink. Staff offered me something to drink but I refused to keep from having to use the bathroom. R75's (8/17/23) BIMS determined a score of 10 (moderate impairment). On 8/23/23 at 7:30pm, R45 stated yesterday and today it got really hot. The AC (Air Conditioner) in my room didn't work this morning, staff tried to turn it on, but it didn't work. R45's (7/21/23) BIMS determined a score of 12.

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On 8/23/23 at 9:38pm, V9 (Regional Director of Operations) stated we (facility) were able to maintain comfortable temperature levels in the building until this morning. The City of Chicago Building Department called around 12:30pm, the temperature levels were not comfortable, but the

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE COMMUNITY CARE NURSING CENTER **CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 10 S9999 portable chillers were in route. We (facility) were told to evacuate the residents. At this time one resident (referring to R21) has been sent to the hospital. On 8/30/23 at 11:00 am V2 DON (Director of Nursing) stated that the building was warm, and I instructed my staff to keep checking on the residents and hydrating them. We (facility) did have a cooling bus for the residents till around 6:00 pm. The building inspector said the facility had to evacuate due to high temperatures in the building. The facility started to evacuate the building around 12:00 pm. V2 DON stated that a resident with change in condition should have vital signs taken every 15 to 30 minutes until they get out of the building. V2 stated a resident with a blood pressure of 100/62 should have their vital signs taken every 15-30 minutes. Surveyor inquired about the frequency of R21's vital signs and V2 stated the nurse should have taken more vital signs. V2 stated that every nurse and CNA in the building is equipped to take vital signs. V2 stated that staff should not leave a resident unattended if the resident is unstable. Surveyor asked the DON, if a resident says they're hot. feeling weak and feel like they're going to pass out are they considered unstable? V2 stated yes. they are unstable and should have staff at bedside. On 8/31/23 at 10:39am, surveyor inquired about the facility AC. V16 (Maintenance Director) stated two compressors went down (not working) a week prior to 8/23/23. We've (facility) been using 17 temporary portable air conditioning units. V16 affirmed on 8/23/23 around 7:30 am it was beginning to get hot in the facility, and around

Illinois Department of Public Health

9:30 am the temperature became uncomfortable. V16 stated, residents started to complain about

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPE A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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COMMUNITY CARE NURSING CENTER 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG SUMMARY STATEMENT OF DEFICIENCY IN THE PRECEDED BY FULL TAG CHICAGO, IL 60653 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE OF PREFIX TAG PROVIDER'S PLAN OF CORRECTION OF CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE S9999 Continued From page 11 Whe facility temperature around 10:30am. During an emergency weather plan, we (facility) make sure residents are hydrated and cool. We put them in one area that we know is cooler. V16 stated, my (V16) role in the emergency weather plan is to make sure the dining room is cool until everything is fixed. I (V16) put all the fans in the dining area. [note: documenting hourly hazardous temperature was excluded]. V16 stated, the facility had temporary fixes in place, but the main air conditioning unit would not be able to be fixed without new compressors. The city (Building Department, Fire Department, Police) was at the facility (8/23/23) because someone called 311. By the time the portable AC unit got to the facility it was too late, the evacuation had started. V16 said temperatures are not taken daily. When temperatures get above 80 degrees outside, then we (facility) start taking temperatures every two to three hours in random rooms and in all hallways. V16 stated, the air conditioning company came out to check the air conditioning unit, V16 thinks on the 17th, and found the compressors were down. We (facility) called the air conditioning normany because we (facility) frought the unit was low on freon because of the way it was blowing the air out. V16 affirmed the air was not as cold as it should have been. On 8/31/23 at 11:02 am, surveyor inquired if staff received in-services for facility stated, I want to believe they were trained on an annual basis. However, the requested evacuation in-service training (prior to 6/23/23) w			12002020			10/0	14/2023
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Illinois Department of Public Health

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Illinois Department of Public Health

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			A. BUILDING		COMP	LEIED
		IL6002026	B. WING		1	04/2023
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PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page	ge 13	59999			
\$9999	facility on 8/23/23, \around 12:00pm be notified (hazardous by facility at 9:35am Buildings Departme arrived at the facility around 12:00. Surv residents began evaresponded I want to [roughly 3.5 hours a was documented]. last resident was trav 17 replied I want to midnight. Surveyor not evacuated imme hazardous temperal I want to believe the immediately. The cisomething you can chave to find transport on 8/31/23 at 12:11 the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about the (8/23/23) facility Practical Nurse) state morning and got Around 3pm, V2 (Dimake sure residents inquired about t	/17 replied I want to believe cause that's when I was temperature was documented). Surveyor inquired when the nt and/or Fire Department // V17 stated I want to believe eyor inquired what time acuating from the facility V17 believe it was 1:00pm fter hazardous temperature Surveyor inquired when the insferred from the building believe it was after 12 inquired why residents were ediately after (8/23/23) ture was identified V17 stated y were evacuated ity evacuation it's not do immediate because we retation for the people. pm, surveyor inquired about temperature. V6 (Licensed ted it was humid and warm in hotter as the day went on rector of Nursing) said to a re hydrated. Surveyor (2/23/23) facility evacuation. In d 4pm, V2 announced that the degency, and the facility is after hazardous temperature /6 stated, the evacuation led chaos, there were no late before we (staff) did it.	S9999			
	The only orders before	orehand where to hydrate the ed at 11:20pm, there were				
	nine residents still in	the facility.				
_		n, R86 stated, "We (residents) ng because they (facility)	i			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING;	(X3) DATE SURVEY COMPLETED			
		IL6002026	B. WING		С	
		12002028			10/04/2023	
NAME OF	PROVIDER OR SUPPLIER		-	STATE, ZIP CODE		
COMMU	NITY CARE NURSING	CENTER	TH WABASI), IL 60653	AVENUE		
(V t) (D)	CHAMIADY CTA	TEMENT OF DEFICIENCIES	1		T T	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTK (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
S9999	Continued From pa	ge 14	S9999			
	didn't fix the air con wouldn't get the cor They were acting like me a fan before it g fan I was hot. It was was sweating, it was in my room. My AC working in my room sweat. It was hot to On 9/5/23 at 12:34 preported the (8/23/2) hazardous temperat Department Deputy probably came in with equivalent) which with violation. Surveyor facility temperatures in all throoms, readings we and 1:30pm. At the Departments) had in building needed to be safety. We waited to residents were gone [roughly 15.5 hours was documented], initiated the facility ewas a joint closure if Buildings and Chical stated, "When we (Et told them (staff) the it seemed like there evacuate people in what to do. It was ke (facility), there were milling around. The	ditioner. They (facility) npressors fixed on the unit. te nothing happened. I bought ot really hot. Even with the s sweltering in the building. I s uncomfortable. It was 96F (air conditioner) was not . The staff was drenched in				
	(referring to R21) wa	as throwing up they had been heat for a long time. They				
	ment of Public Health	near for a long time. They				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	(X3) DATE	SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING			COMPLETED	
					_		
		11.6000000	B. WING			3	
		IL6002026	D. WING		10/0)4/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY.	STATE, ZIP CODE		111	
		4244.00	UTH WABAS	79.00 m			
COMMU	NITY CARE NURSING	CENTER	D, IL 60653	MAEROE			
2/4: 40	CURMANDY OTA		O, 1L 00003			,	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF		(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT		DATE	
	1.7.7.	,		DEFICIENT		5,110	
\$9999	0	4.5					
29999	Continued From pa	ge 15	S9999				
	also had a resident	return to the facility (referring					
	to R50) who appear	red to be in distress.	İ				
	disoriented and dide	n't know what was going on so	.				
	we (Buildings/Fire C	Department) called transport to					
	come nick him (R50	0) up. We (Buildings/Fire	']				
	Denartment) had 1	CTA (Chicago Transit					
	Authority) has at the	facility which is the city's					
	protocol they had al	bout 20 residents on there but	1				
	shout 4:30nm they	(staff) said thou (facility) would					
	about 4:30pm they (staff) said they (facility) would be done with evacuation at 6pm so we let that						
	hus no If they (state	ff) would have said they					
	(residents) were aci	ing to be here till 1am, I (V20)	[
	would have had the	m (CTA) etas: Me					
	(Buildings/Fire Don	artment) were told at 4:30 pm.					
	everybody would be	e out of the building by 6 pm					
	but that didn't hance	en, it (evacuation) kind of					
	etopped uptil 10 pm	and misked back up a land of					
	1/12 (Attorney) de v	and picked back up. I asked ou guys have a plan for					
		people out of the building and					
	bo (\/10) didn't roots	people out of the building and					
	incuired if \/1 / Admi	y answer that". Surveyor					
	andminer in A 1 (Watti	nistrator) was managing the					
	(V4) left at some ne	ted V1 didn't seem to be, she					
	CVITIER at Some por	int and came back later in the					
	(PDO) kind of tools	ow why she (V1) left but V9			}		
	inctance (re: hererd	control. We had a similar					
	numina homo the ea	ous temperature) in another					
	nursing nome the sa	ame day (8/23/23) and the					
	Operation Officer (for	different. The owner's Chief					
	Operating Officer (II	rom other facility) was on site					
	the whole time and i	they (other facility) chartered					
	several buses. They	(other facility) got right to					
	work on getting a ter	mporary chiller set up and					
	being very proactive	and I didn't see that from this					
	(racility) ownership g	group. They (staff) tried to					
	say that they had ter	mporary cooling at the facility	i				
	but basically, they ju						
	conditioning. There	was no air conditioning					
	functioning in this bu	ilding. This is the type of					
	building that every re	oom needs cooled because of					
		re was some confusion early				l	
inois Donor	ment of Public Health		<u> </u>				

PRINTED: 12/13/2023

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE** COMMUNITY CARE NURSING CENTER CHICAGO, IL 60653 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (FACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 16 on because it was a closure due to the building was dangerous. It was their (facility) responsibility to get them (residents) out of there (facility) and get them situated and we (Buildings/Fire Department) clearly related that to them (staff). What I look for mainly is cooperation, look we have a problem here (facility) that you (staff) need to solve, and time is of the essence but here I would think that they (facility) had contacts at other locations to get this done quickly I'm not sure if they did. My (V20) main expectation is to be responsive and take affirmative steps due to lack of air conditioning but here (facility) it was like nobody really knew what to do, it didn't seem like they (staff) were getting direction from above (Administration)". On 9/5/23 via email sent at 1:07pm, V17 (Corporate Administrator) wrote V16 (Maintenance Director) stated V16 did not take the temps during the evacuation due to the emergency. On 9/5/23 at 4:20pm, V2 (Director of Nursing) stated CHUG (Collaborative Healthcare Urgency Group) sent a CTA (Chicago Transit Authority) cooling bus and it was at the facility from approximately 11am until approximately 6pm. V16 (Maintenance Director) took temperatures in the building. The previous days before 8/23/23 it was warm but comfortable because we had the portable units. V16 stated, I was told the compressors went out on the air conditioning unit, but I don't know when.

Illinois Department of Public Health

On 9/7/23 at 1:22 pm, surveyor inquired what the facility implemented when the AC broke, V16 stated we had the (Brand Name) portable cooling system. They were located throughout the

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6002026 B. WING 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE COMMUNITY CARE NURSING CENTER** CHICAGO, IL 60653 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 17 59999 building in the dining areas and hallways on each floor. We (facility) went and bought about 8 or 9 window AC units and threw them in the windows. we didn't have it (AC) in every room. By the time we (Facility) got preparation the heat took over. Surveyor inquired if hourly temperatures were taken (8/23/23) after hazardous temperature was identified V16 responded, no ma am we had people running around like crazy and was trying to evacuate the building. An invoice was provided by the facility which includes eight (8) porta coolers, the attached (8/4/23) receipt affirms 8 (Brand Name) portable evaporative coolers were ordered at that time. In addition, the (8/4/23) receipt provided by facility includes 2 window AC's therefore the facility AC likely broke nineteen (19) days prior to the evacuation. On 9/11/23 at 2:12pm, V1 (Administrator) affirmed she was aware of the (8/23/23) heat advisory from the local news report and was aware that the facility AC was broke however they (facility) started evacuating residents after the building department arrived (8/23/23). On 9/11/23 at 2:22pm, V17 (Corporate Administrator) provided the resident's (8/23/23) evacuation location log (via email) and affirmed "the log does not have the time the individual residents left the facility on the evacuation date." Facility Policy dated 4/2020 and titled "Change in Condition," documents, in part, "Guideline: To keep the physician or extender, who is in charge of medical care, responsible party, responsible for health care decisions, informed of the resident's medical condition so they may direct the plan of

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STATE FORM

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					c	
		IL6002026	B. WING			4/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
0011111	WEN CASE MUROMO	4314 501	TH WABAS			
COMMO	NITY CARE NURSING	CHICAGO	, IL 60653			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
59999	Continued From pa	ge 18	59999			
	care as needed. State	andard: A need to alter				
	"Registered Nurse," Job Description: The isto provide license assigned unit in acceptate, and local star regulations. Duties the care delegated Assistant. Documer and interactions in the care delegated assistant.	ion undated and titled "documents, in part, General te primary purpose of the job ed nursing care to residents on cordance with current federal, indards, guidelines and and Responsibilities: Monitor to the Certified Nursing int resident status, clinical care, the medical record. Provide resident's status to the health				
	Facility job description undated and titled "Licensed Practical Nurse," documents, in part, General Job Description: The primary purpose of the job is to provide licensed nursing care to residents on assigned unit in accordance with current federal, state, and local standards, guidelines and regulations. Duties and Responsibilities: Monitor the care delegated to the Certified Nursing Assistant. Document resident status, clinical care, and interactions in the medical record. Provide updates regarding resident's status to the health care providers.					
	"Certified Nursing A Coordinator," docur Description: The pur ADL (Activity of Dail other care to reside scope of practice Report all changes the nurse as soon a accidents and incide	ion undated and titled assistant/Guest Experience ments, in part, General Job prose of the job is to provide by Living), Restorative and ents of the facility within the Duties and Responsibilities: in the resident's condition to practical. Report all ents you observe on the shift form Vital Signs, weights and				

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP AND PLAN OF CORRECTION IDENTIFICATION	PPLIER/CLIA	' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
7410704	OF CONTROL	DOM: KATIO	N NOMBER	A. BUILDING		COMP	PLETED	
		IL6002026		B. WING			C 10/04/2023	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
COMM	WTV CARE MURANA	0511750		TH WABAS	• 101			
COMIMO	NITY CARE NURSING	CENTER		, IL 60653				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE C IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 19		S9999				
	other task as assign	_						
	Outer lask as assign	ieu.						
	Facility policy Hot W Policy and Procedu part: Administrator forecast of extreme levels inside the faci will monitor the facil that all are in good w Maintenance Direct ensure that air temperaintain comfortable degrees Fahrenheit readings will be take will check all AC uni operating properly. On 9/5/23 via email (Corporate Administ not have a policy for The (2/25/23) Evacu Temporary Plan Pol plan is to provide a	res, 11/1/2022, o will be aware of temperatures an ility. Maintenand ity's air condition working order. To will monitor temperatures in the factor will monitor to be temperature at temperature and every hour. It is to assure they sent at 12:54pm rator) wrote we homelike envirous aution - Partial, licy states the purpourse of action	locuments in the weather and comfort be Director be di					
	guidelines for perso	nnel, patients, a	nd visitors to					
	follow in the event o Complete evacuation							
	facility/building due tunsafe environment	to the incident be	eing an					
	Management System	m. Develop incid	dent action					
	plan/establish opera	tional period. A	l personnel					
	are authorized to take immediate action to rescue/evacuate in response to the incident for							
	life safety situations.	. If an evacuatio	n is					
	suggested by local A	Authorities, the fa	cility will					
	collaborate with office coordination of the							
	safely as possible.							
	Urgency Group may assist in the evacuar	be utilized as a	n asset to					

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002026 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4314 SOUTH WABASH AVENUE** COMMUNITY CARE NURSING CENTER **CHICAGO, IL 60653** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 20 S9999 coordination with local authorities. The (5/1/23) Evacuation, Transportation and Relocation Plan policy states each facility shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare, and comfort of all residents when the heat index/apparent temperature (see Section 300. Table D) as established by the National Oceanic and Atmospheric Administration, inside the facility exceeds 80 degrees F. (Facility) shall have policies and procedures which address the needs of evacuees. (Facility) shall ensure that policies and procedures shall also address staff responsibilities during evacuations. (Facility) shall consider the patient population needs as well as their care and treatment.