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: C B WING IL6002075 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5336 NORTH WESTERN AVENUE **CONTINENTAL NURSING & REHAB CENTER** CHICAGO, IL 60625 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2389614/ IL00166836 2389184/ IL00166281 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010b) 300.1210a) 300.1210b) 300.1210c) 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 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 The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and Attachment A procedures to implement it; the structure and Statement of Licensure Violations function of the medical advisory committee, if the facility has one: the health services provided: Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C R WING IL6002075 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5336 NORTH WESTERN AVENUE CONTINENTAL NURSING & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee Section 300.1210 General Requirements for Nursing and Personal Care Comprehensive Resident Care Plan. A a) facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents'

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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: C R WING IL6002075 12/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5336 NORTH WESTERN AVENUE **CONTINENTAL NURSING & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 When I saw the doctor during rounds, I informed the doctor that R2 is having severe pain and the pharmacy will not fill the Oxycodone without a script. The physician did not want to write the script despite me asking several times. I am not sure why the doctor did not write the script, but I asked several times and R2 asked the doctor several times as well. R2 complains of pain due to his teeth and eventually causing headaches. R2 states that the pain is 10/10 and I can only give him Tylenol because that is the only pain medication that I can give R2 without a script for the Oxycodone." On 11/28/2023 at 11:20am, V4 (assistant director of nursing) stated, "R2 has a PRN order for Oxycodone and R2 has not been receiving this medication. The Oxycodone was ordered on 08/21/2023, and the doctor did not write a script for it and that is why R2 is not receiving the medication. If a resident has an active order for the PRN Oxycodone, the resident must have an active script from the physician which the pharmacy needs. R2 does not have an active script for the prn Oxycodone. Nobody informed me that R2 needs a script for the pain medication. I was not aware that R2 is experiencing severe pain and that he is not receiving the Oxycodone because the physician did not write a script for it. I was not aware that R2 was not receiving the Oxycodone since his admission in August, and I was not aware that R2 needed a script. If I knew, I would have taken care of this matter immediately. I was also not aware that V3 (licensed practical nurse) attempted to call the doctor's office to obtain the script and that V3 did not receive a call back. The doctor may not have written a script for the Oxycodone because the doctor may want R2 to go to see a pain specialist. R2 has not been seen

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