

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER CONTINENTAL NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5336 NORTH WESTERN AVENUE CHICAGO, IL 60625		
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: ONE OF FIVE 300.3210v) Section 300.3210 General 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. This requirement was NOT met as evidenced by: Based on interviews and record reviews, the facility failed to provide verification that educational materials and information were given to two Colbert Class members (R143, R146) within one to three days of admission for 2 of 5 residents reviewed for Colbert Consent Decree. Findings include: R143's Admission Record documents in part an admission date of 4/29/2025. R146's Admission Record documents in part an admission date of 5/08/2025.	S9999		

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

Electronically Signed

TITLE

(X6) DATE

06/18/25

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S9999	<p>Continued From page 1</p> <p>On 5/28/2025 at 12:33 PM, V27 (Social Service Director) stated upon admission, the facility is to provide all residents with information regarding Colbert Consent Decree Program. V27 stated staff should be documenting those conversations and that the resident received the information. Surveyor requested verification documents that R143 and R146 received the information within one to three days after admission.</p> <p>On 5/28/2025 at 9:40 AM, V27 stated could not find documentation that staff provided the information to R143 and R146. V27 stated [V27] was not sure if the residents received the information but will go over it again with them.</p> <p>Surveyor requested facility's policy and procedures related to Colbert Consent Decree Program. Facility provided a fact sheet. Facility did not provide a policy and procedure on who provides the information, when it is provided, or how they verified that the residents received it.</p> <p>Administrative Code - Title 77: Public Health - Chapter I: Department of Public Health - Subchapter d: Long-Term Care Facilities - Part 300 Skilled Nursing and Intermediate Care Facilities Code - Section 300.3210 General - part "v" documents in part: "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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Agency."</p> <p>(C)</p> <p>TWO OF FIVE 300.626c)</p> <p>Section 300.626 Discharge Planning for Identified Offenders</p> <p>c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record reviews, the facility failed to notify the Illinois Department of Public Health's (IDPH) Identified Offender Program of resident discharges.</p> <p>Findings include:</p> <p>IDPH's Identified Offenders Program Facility Report documents in part 43 residents.</p> <p>On 5/28/2025, facility provided a list of Identified Offenders in the facility. The list consisted of 23 residents.</p> <p>On 5/29/2025 at 9:43 AM, V27 (Social Service Director) stated when an identified offender discharges from the facility, the facility should delete/discharge them from the facility on the IDPH website. V27 reviewed the IDPH Identified Offenders Program Facility Report with the facility's current list with the surveyor. There were 27 residents on the IDPH report that were not on the facility's current list of identified offenders.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>V27 stated currently trying to clean it up and delete some residents because some have been gone for a while. V27 was not sure why the list was not up to date.</p> <p>Facility's "Identified Offender Procedure/Protocol" documents in part that when an identified offender is discharged from the facility: "You may notify the IO [Identified Offenders] Program of the resident's discharge through the IDPH web portal. This is important and IDPH often asks about this procedure when they are in the facility."</p> <p>(C)</p> <p>THREE OF FIVE 300.625c)2)</p> <p>300.625 Identified Offenders</p> <p>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:</p> <p>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 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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>history record information contained in its files.</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record reviews, the facility failed to arrange for a fingerprint-based criminal history record inquiry within 72 hours of an Identified Offender's (R134) Criminal History Information Response Process (CHIRP) for 1 out of 5 residents reviewed for the Identified Offenders Program.</p> <p>Findings include:</p> <p>R134's Admission Record documents in part an admission date of 11/27/2024.</p> <p>Facility conducted R134's CHIRP on 11/28/2024. It returned with a hit for a qualifying offense.</p> <p>On 5/29/2025 at 9:43 AM, V27 (Social Service Director) provided R134's fingerprinting receipt dated 12/10/2024. Surveyor inquired to when the facility requested for the fingerprinting. Facility provided an e-mail chain with a request date of 12/05/2024. The facility requested fingerprint appointments for five residents but did not name R134 specifically. V27 stated the request was probably late due to Thanksgiving break. V27 also stated that sometimes the CHIRPs are not forwarded to V27 in a timely manner. V27 stated upon admission, the Admissions Director is to run the CHIRPs on the resident. If it comes back with a hit for a qualifying offense, the Admissions Director is then supposed to forward the CHIRP immediately to V27 who will then schedule the resident for fingerprinting. V27 stated this does not always happen.</p> <p>Facility's "Identified Offender Procedure/Protocol"</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>documents in part that if the resident's CHIRP comes back with a positive result hit for a qualifying offense, the facility is to request a fingerprint check. Procedure and protocol does not mention the 72-hour time frame as required by IDPH.</p> <p>(C)</p> <p>FOUR OF FIVE 300.610a) 300.1210b) 300.1210d)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow their dental policy to meet the need for dental services and to address negative dental findings immediately for one [R61] resident out of a sample of 28 reviewed for dental services. This failure resulted in a delay of a recommended dental procedure resulting in ongoing dental pain.</p> <p>Findings include:</p> <p>R61 medical diagnosis not limited to; paraplegia, type II diabetic, absence of right leg below the knee, need for assistance with personal care, and open left foot wound.</p> <p>R61 's Dental Consults [Facility Dentist] Recommendations documented in part: 10/18/23: R61 root tips in all four quadrants to be extracted referral made.</p> <p>11/8/23: R61 still waiting for extractions. Facility needs to make arrangements for transportation.</p> <p>12/12/23: Facility states R61 missed two appointments for extraction, due to blood thinner</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>was not discontinued.</p> <p>4/9/24: Several referrals have been made for extractions. He has been to V42 [Dentist] office and was recommended 11 extractions. Arrangements for transportation need to be made. These teeth are difficult to do in facility.</p> <p>9/16/24: R61 still need extractions, will update referral.</p> <p>On 5/28/25 at 12:09 PM, V39 [Ombudsman] stated, "I been communicating with V1 [Administrator] and V2 [Director of Nursing] regarding R61's tooth ache since last year around September 2024, nothing has been done. R61 has seen the facility's dentist, and he recommended several teeth extractions, this has been going on for a long time and still is not resolved."</p> <p>On 5/28/25 at 1PM, R61 stated, "I been having a toothache for over a year. The facility's dentist told me I needed some extractions, but he was unable to pull my teeth here in the facility. I have been asking for an appointment, and nothing has been done. The physician ordered me pain medication for my tooth ache and body pains as well."</p> <p>On 5/29/25 at 1:14 PM, V40 [Licensed Practical Nurse] stated, "R61 has been complaining about his toothache since last year around September. I remember the facility dentist assessed him last year and recommended a tooth extraction but could not be done here at the facility. R61 complains of his toothache all the time. R61 receives scheduled pain medication of Morphine Sulfate 15mg (milligrams) every eight hours, and Tylenol Extra Strength 500mg every eight hours</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>for his toothache and body pains. I am not sure why R61 has not been to a dentist, I do not schedule appointments."</p> <p>On 5/29/25 at 2:30 PM, V41 [Appointment Scheduler/Escort/Certified Nurse Assistant] stated, "I went back in my books to September 2024 to present, and R61 has not seen a dentist. I was made aware on 5/28/25, that R61 needed a dental appointment. I been calling around to a few places, but none of the offices accepts R61's health insurance. I called R61's health insurance company, but I have not gotten anywhere with them. I will let the director of nursing know."</p> <p>On 5/29/25 at 11:27 AM, V2 [Director of Nursing] stated, "The nursing staff placed in an order for dental consult on 5/28/25. I cannot remember if I was made aware of R61's tooth ache before 5/28/25. We will work on getting R61 a dental appointment."</p> <p>On 5/30/25 12:46 PM, V1 [Administrator] stated, "I started working here on 4/22/24. I do not recall if V39 told me if R61 need to see a dentist. The facility dentist has seen him, several times since last year."</p> <p>Policy document in part: Guidelines For Dental Services: [6/18/23] It is the policy of the facility to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This includes meeting any need for dental, denture care to include routine as well as emergency indicated services. Assessments of dental will be conducted upon admission, quarterly, annually, and significant change that affects the oral cavity.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Negative findings will be immediately addressed.</p> <p>(B)</p> <p>FIVE OF FIVE 300.1060e) 300.1060f) 300.1060g)</p> <p>Section 300.1060 Vaccinations</p> <p>e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act)</p> <p>f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and (HIV), and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act)</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act)</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide evidence that they educated residents and their representatives regarding the risks associated with shingles and how to protect the residents against the varicella-zoster virus, failed to screen and document risk factors associated with hepatitis B, hepatitis C, and Human Immunodeficiency Virus (HIV), and failed to offer immunization within ten days after admission for residents who are susceptible to hepatitis B for six (R61, R80, R81, R117, R120, and R396) out of six residents reviewed for immunizations. These failures could potentially affect all 141 residents residing in the facility.</p> <p>Findings include:</p> <p>On 3/27/25 at 10:45 AM, surveyor requested from V5 (Infection Preventionist/Licensed Practical Nurse) for R61, R80, R81, R117, R120, and R396's shingles education or shingles vaccine information, hepatitis and HIV screenings, and hepatitis B immunization information. Facility did not provide the requested documents. V5 stated that she has been in the facility for over two years, she is not aware of screening residents for hepatitis and HIV, the facility does not offer immunizations for shingles and hepatitis B, and stated that failure to screen for Hepatitis B, Hepatitis C, HIV, and shingles can result in spread of infection. V5 will follow up with the</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>corporate office on how to handle the process moving forward.</p> <p>R61, R80, R81, R117, R120, and R396's immunization history in their electronic health records (EHR) did not include shingles and hepatitis B vaccines information/education. R61, R80, R81, R117, R120, and R396's EHRs have no documentation to show that the facility screened them for hepatitis B, hepatitis C, and HIV.</p> <p>The facility did not provide policy and procedure related to shingles and hepatitis B immunizations for residents.</p> <p>The facility's policy titled; "Infection Control-Policies and Practices" revised February 2025 reads in part: To prevent unprotected exposure of residents, visitors, and staff to potentially infectious microorganisms or diseases and to decrease the spread of in-house or community acquired infections.</p> <p>The facility's residents' roster printed on 5/27/25 shows a total of 141 residents residing in the facility.</p> <p>(B)</p>	S9999		