STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053553	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL NURSING HOME	2450 NORTH CENTRAL AVENUE , CHICAGO, Illinois, 60639

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation: 2587479/2586110	S0000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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:	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 3) 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. These Regulations are not met as evidenced by: Based on interviews and record review, the facility failed to obtain an informed consent prior to administering psychotropic medication to one resident (R1) in a sample of eleven residents. This failure has affected R1 who became emotional and verbalized feeling helpless. Findings include: R1 is a 60-year-old with diagnoses including but not limited to: bipolar disorder, unspecified fall, hyperlipidemia, cerebral infarction, hemiplegia and hemiparesis affecting dominant left side. R1's BIMS (Brief Interview of Mental Status) score as of 4/3/25 is 15, which indicates cognitively intact. On 9/2/25 at 10:40 AM V7 (R1's Girlfriend) stated the following, "this facility has falsely documented dementia and psychosis in his (R1's) chart to justify giving him medication. He has never had those diagnoses before being here. Every time I come to see him; he is lying in bed staring at the ceiling. On 9/2/25 at 11:51 am, Surveyor observed R1 lying in bed. At that time, R1 became upset and began to cry and stated that he felt useless and without a voice related to his care in the facility. On 9/2/25 at 11:51 am R1 stated the following," I never agreed to take and antipsychotic medication. Nothing is wrong with me. I make my own decisions, not my brother. Yes, I was upset when I first got here but I did not try to harm anyone or myself. I was never informed about any psychotropic medication prescribed to me. I thought that I had been taking my regular medication all this time." On 8/27/25 at 1:20 pm, V19 (LPN/ Licensed Practical Nurse) stated the following, "We (nurses) cannot give any psychotropic medication without the signed consent of the resident or POA (Power of Attorney). Once the doctor prescribes a psych medication, we get a form for	S9999		

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S9999	Continued from page 2 the patient to sign. The form is for consent as well as education to the patient about the medication." On 9/2/25 at 1:52 pm V2 DON (Director of Nursing), stated the following, "When R1 first got here, he was very agitated and uncooperative. He was sent out to the hospital for aggression and when he (R1) came back, the Doctor gave orders for psychotropic meds to help calm him down. The nurse usually obtains consent before the medication is given. I'm not sure what happened with R1's consents. He does not have a POA that may sign his consents on his behalf. On 9/3/25 at 10:45 am, V12 (Nurse Practitioner) stated the following, "Psychotropic medication shouldn't be administered without consent. The patient and/or POA (Power of Attorney) should be informed and sign a consent prior to administration of psychotropic medication. With regular use of a controlled substance, you just don't know the type of side effects that can occur. Some psychotropic medication can cause more anxiety, depression or suicidal ideations. When dealing with a medication for mental health it is important to educate the patient and definitely get consent." Physician Order sheet documents the following active orders: Mirtazapine 15 mg (milligrams) tablet by mouth at bedtime starting 6/10/25; Olanzapine 5 mg daily at bedtime starting 6/10/25; and Sertraline 50 mg daily starting 8/10/25. R1's Care Plan dated 4/1/25 documents the following: R1 is as risk for adverse reactions related to the use of psychotropic medication; Interventions include but not limited to obtaining consent for medication. Facility document titled Psychotropic Medication Consent dated 3/21/25 excludes a signature from R1 or an authorized representative and documents the following: Olanzapine (antipsychotic medication) 5mg at bedtime for agitation. Facility document titled Psychotropic Medication Consent excludes a date or signature from R1 and documents the following: Sertraline (antidepressant medication) 100 mg daily; Verbal telephone consent given by V8 (R1's brother). Facility document titled Psychotropic Medication Consent excludes a signature from R1 and documents the following: Mirtazapine (antidepressant medication) 15mg daily bedtime; verbal consent given by V8 (R1's brother).	S9999		

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S9999	Continued from page 3 Medication Administration Record dated 6/1/25- 6/30/25 documents, Mirtazapine and Olanzapine administered to R1 on 21 days in June (6/10- 6/30). Medication Administration Record dated 7/1/25- 7/31/25 documents, Mirtazapine and Olanzapine administered to R1 on 30 days in July (every day except for 7/23). Medication Administration Record dated 8/1/25- 8/31/25 documents, Sertraline, Mirtazapine and Olanzapine administered to R1 on 30 days in August. Facility policy titled Psychotropic Medication Use documents, all psychotropic medication will have either a verbal or written consent from the patient or patient guardian within the time guidelines set for by the state requirements. (B)	S9999		