

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049932		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/02/2026	
NAME OF PROVIDER OR SUPPLIER CONTINENTAL NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5336 NORTH WESTERN AVENUE , CHICAGO, Illinois, 60625			
(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	S0000				01/09/2026	
	Complaint Investigation 25810457/2651912						
S9999	Final Observations	S9999				01/09/2026	
	Statement of Licensure Violations:						
	300.690c)						
	Section 300.690 - Incidents and Accidents						
	c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident.						
	These requirements were not met as evidenced by:						
	Based on review of records and interviews the facility failed to report physical harm or injury to 1 out of 3 residents (R8) reviewed for incident or accident. These failures applicable to 1 resident (R8) who sustained fractures and was not reported within required time frame.						
	Finding includes:						
	R8 is 68 years old, initially admitted in the facility on 04/10/2018. R8's medical diagnosis dated 07/13/2025 includes metabolic encephalopathy, displaced fracture of anterior wall of right acetabulum, wedge compression fracture of first lumbar vertebra. R8 has impaired cognition unable to perform brief interview of mental status assessment (BIMS) dated 07/28/2025. V28 (Registered Nurse) nursing notes dated 07/08/2025 documents that R8 was transferred to hospital due to weak, pale, difficult to arouse and minimal respond to call.						
	Facility submitted initial transmittal report to State Agency dated 07/15/2025. On that report it documents that R8 returned from the hospital to facility on 07/13/2025 with hospital records that includes imaging (CT scan) showing fracture of the right acetabulum						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 (near hip/pelvis) and compression fracture to vertebral bodies (support of the spine). Per Minimum Data Set (MDS) assessment dated 04/28/2025 R8 does not walk, uses wheelchair for locomotion and dependent for functional abilities including bed mobility. R8 was care planned as substantial assist on bed mobility, dependent on transfers that needs mechanical (Hoyer) lift, non-weight bearing on right lower extremity and non-ambulatory. On 12/31/2025 at 10:23 AM, V6 (Assistant Director of Nursing) stated R8 went to the hospital because he was difficult to arouse. At that time there was no concern with fall or trauma. R8 went back to the facility on 07/13/2025 that was when facility knew about the fracture based on hospital records. V6 stated that R8's fracture was reported on 07/15/2025, per facility's procedure on timely reporting of resident's injury is within 24-hours when facility knew about the fracture. V6 stated that it should have been reported on 07/14/2025 but it may have fall on the weekend. After checking calendar, 07/14/2025 falls on Monday. V6 stated there was no determination on how exactly R8 sustained fracture. R8's initial transmittal report documents that it was sent to State Agency on 07/15/2025 at 05:06 PM, which was two (2) days after facility knew about R8's fractures provided by hospital records upon admission on 07/13/2025. (C)	S9999					