

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145648	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER CENTRAL NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 2450 NORTH CENTRAL AVENUE CHICAGO, IL 60639	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0926 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Have policies on smoking.</p> <p>Based on observations, interviews and record review, the facility failed to ensure a safe area for residents to smoke which affected three (R1, R2, R3) of the four residents (R1, R2, R3, R4) reviewed for resident rights and has the potential to affect all 199 residents in the facility. Findings include: On 7/22/2020 at 1:43 pm, this surveyor exited the elevator onto the fourth floor and immediately smelled cigarette smoke. Upon walking north in the hallway towards the fourth floor lounge, the smell of cigarette smoke intensified to this surveyor. The fourth floor lounge door was observed wide open, and smoke was visibly floating out of the lounge into the hallway. Several residents were observed lined up in the hallway, waiting to enter the lounge, and were standing on black pieces of tape on the floor that were spaced six feet apart. On 7/22/2020 at 1:45 pm, R1, R3, R5, R6, R7 and R8 were observed smoking cigarettes in the fourth floor lounge as their cigarette smoke filled the air space in the lounge and were sitting at tables that were spaced six feet apart. V8 (Activity Aide) was observed standing inside the lounge, near a portable, lockable cart that contained the smoking materials for residents. The windows to the lounge were observed cracked open slightly. As R6 exited the lounge, V8 directed R9 to enter the lounge, and both went to the cart where V8 pulled out one cigarette from a drawer and a lighter. V8 proceed to ignite the lighter, with a visible open flame observed, and R9 lit the cigarette. One minute later, R5 exited the lounge and V8 directed R10 to enter the lounge. V8 and R10 went to the cart where V8 pulled out one cigarette from a drawer and a lighter. V8 proceed to ignite the lighter, with a visible open flame observed, and R10 lit the cigarette. On 7/22/2020 at 1:45 pm, V8 stated that she supervises residents smoking in the lounges on each facility floor during timed smoking breaks. V8 stated that she stays on the fourth floor for approximately thirty minutes, then she will go down to the third floor lounge to conduct another smoking break, and continues down to the second then first floor lounges, respectively, for the smoke break for the residents. On 7/22/2020 at 2:15 pm, V6 (Activity Director) stated that the activity department is responsible for conducting resident smoke breaks on each floor lounge and that there is a smoke monitor that will distribute cigarettes to the residents. V6 stated that prior to the COVID-19 pandemic, residents used to smoke outside of the facility on the patio. However, V6 stated that it was harder to manage residents smoking outside and keeping them six feet apart because there were too many residents smoking at one time. On 7/22/2020 at 3:00 pm, V1 (Administrator) stated that he was concerned with social distancing of smoking residents on the outside patio that he now allows smoking inside the facility on each floor lounge where residents can remain six feet apart when smoking. Facility floor plan, dated 10/31/2019, documents, in part, that facility floors A-1, A-2, A-3 and A-4 contain a lounge on the north aspect of the building. Facility policy, titled Smoking Policy and dated 12/1/2014, documents, in part: Policy: There will be no smoking permitted inside the facility. Smoking will be allowed for residents, staff and visitors in designated areas only. Smoking must be 15 feet from any doorway, window, or vent system of the facility. Purpose: To provide a healthy and smoke safe environment for all residents, employees and visitors.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.