

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2021
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NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626
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(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) COMPLETE DATE
S 000	Initial Comments Investigation of Facility Reported Incident of 10-3-21/IL138872	S 000		
S9999	Final Observations Statement of Licensure Violation 300.1210b) 300.1210d)6) 300.1220b)3) 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to accurately assess and implement appropriate interventions for a resident with history of falls for one of three residents (R6) reviewed for falls. This deficient practice resulted in R6 falling and sustaining a subdural hematoma (brain hemorrhage).</p> <p>Findings include:</p> <p>R6's medical record (Face Sheet, Minimum Data Set) documents R6 is a cognitively moderately impaired 75 year old with diagnoses including but not limited to: Dementia, Lack of Coordination, Abnormal Posture, Schizoaffective Disorder, and Bipolar Disorder. R6 is frequently incontinent of bladder and bowel and requires extensive assistance of one person for toilet use.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Physical Medicine and Rehabilitation Initial Note dated 5/15/2021 at 1:44 PM documents R6 was admitted to local hospital on 2/22/2021 status post multiple falls. During this hospitalization, R6 required sitter (via video monitoring) due to impulsive behavior.</p> <p>Incident Summary (Progress Note) dated 10/3/2021 at 6:30 PM documents prior to resident's fall, resident was lying in bed. All of the sudden heard noise coming from resident's room. Writer immediately went to resident's room and noticed resident on the floor next to bed on his right side. While assessing resident, writer noticed urine on the floor. Resident sustained laceration to right eyebrow. Resident unable to describe what happened. Body assessment done from head to toe. Noticed laceration to right eyebrow. Resident assisted to bed with two assistants.</p> <p>General Progress Note dated 10/4/2021 at 10:15 AM documents R6 was admitted to Intensive Care Unit at local hospital with diagnosis of subdural hematoma.</p> <p>On 10/7/2021 at 3:32 PM, V7 (Certified Nursing Assistant/CNA) said, "R6 looked unsteady; anytime we saw R6 up, we would immediately get a wheelchair, would wait for direction from nurse (leave at nurse's station or put to bed). We would try to get R6 into the wheelchair. R6 was not easily redirected."</p> <p>On 10/7/2021 at 5:42 PM, V8 (CNA) described R6 as back and forth to their bed (wouldn't sit still).</p> <p>On 10/7/2021 at 5:50 PM, V9 (CNA) said R6 was unstable or unsteady on R6's feet, that R6</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>needed assistance with ambulation. V9 said R6 would get up on their own.</p> <p>On 10/8/2021 at 10:35 AM, V10 (Licensed Practical Nurse/LPN) said, "I heard a noise. I went to investigate; R6 was on the floor on the right side. R6 had a laceration to the right side of R6's head. I noticed urine on the floor."</p> <p>On 10/7/2021 at 5:22 PM, V11 (LPN) said, "R6 needs constant monitoring, R6 is constantly getting up from R6's bed, walking to nurse's station then back to bed. R6 is very difficult to re-direct. R6 doesn't want to be told what to do."</p> <p>On 10/8/2021 at 4:00 PM, V12 (Fall Coordinator) said, "When I read this (Incident Progress Note), what comes to my mind (root cause analysis), it could be a result of the urine on the floor."</p> <p>Care plan (initiated 4/22/2021) documents R6 is at high risk for falls related to Bipolar disorder, Schizoaffective disorder, Hypothyroidism, and Dementia. Interventions: I prefer to keep all items like water pitcher, tissue box, urinal, etc., within reach; Please avoid repositioning the furniture in my room; Please make sure that my call light is within my reach and encourage me to use it for assistance as needed. I would like the staff to address my needs with a prompt response to all requests for assistance.</p> <p>Care plan does not address resident's past medical history of multiple falls or impulsivity.</p> <p>(A)</p>	S9999		