Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6010367 B. WING 09/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **7050 MADISON STREET CHATEAUNRSG & REHAB CENTER** WILLOWBROOK, IL 60521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Annual Licensure Survey. S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 300.1210d)5) Section 300.610 Resident Care Policies 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 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 Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DA	(X3) DATE SURVEY	
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S9999	Continued From pa	ge 1	S9999				
	care needs of the re	esident.					
000	d) Pursuant to nursing care shall in following and shall to seven-day-a-week to 2) All treatmen	subsection (a), general clude, at a minimum, the pe practiced on a 24-hour.					
*	pressure sores, hea breakdown shall be seven-day-a-week be enters the facility with develop pressure so clinical condition der sores were unavoidal pressure sores shall services to promote	ogram to prevent and treat it rashes or other skin practiced on a 24-hour, easis so that a resident who thout pressure sores does not ores unless the individual's monstrates that the pressure able. A resident having receive treatment and healing, prevent infection, essure sores from developing.	**************************************			2	
	Based on observation review the facility fail pressure before become to change the dressing Physician. This apple (R49, R38, R81) in the	are not met as evidenced by:  on, interview, and record ed to identify areas of oming unstageable and failed ngs as ordered by the ies to three of eight residents ne sample of 24 reviewed for		ā		*	
# P	(R38) developing uns The findings include: 1. The facility face sh	neet for R49 shows diagnosis structive pulmonary disease.	10				

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her left heel. The wound was staged as

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soiled or loosened.

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present on admission.

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