

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHALET LIVING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626</b>
--	--

(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  Complaint Investigation: 2381568/IL156809	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.1210a) 300.1210b) 300.1210c) 300.1210d)3) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.  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	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 03/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  CHALET LIVING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626
---	--

(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
S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation , interview, and record review , the facility failed to ensure a resident is free from physical abuse . This failure affected 1 ( R5) of 4 ( R2,R3,R4 and R5) residents reviewed for abuse which resulted in a bruise around the right wrist after being physically restrained.</p> <p>Findings include :</p> <p>R5's diagnosis includes Spina Bifida , Anemia in Chronic Kidney Disease , Chronic Kidney Disease stage 4 , Schizoaffective Disorder ,</p>	S9999		

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 03/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  CHALET LIVING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626
---	--

(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
S9999	<p>Continued From page 2</p> <p>Bipolar Disorder , Type 2 Diabetes Mellitus and Paraplegia. R5 was first admitted to the facility on 6/19/15 . R5 has a BIMS ( Brief Interview of Mental Status ) of 9/15. R5 is care planned for including resisting care which includes refusing blood draws and exams. ( Initiated 5/1/17) . R5 receives medications including Aspirin EC Tablet Delayed Release 81 MG 1-tab po 1 time a day for supplement.</p> <p>On 2/27/23 at 11:05 AM, R5 was observed in her room in bed with a faded/yellowed bruise on her right upper wrist. The bruise was plainly visible most prominently on top of wrist and continued faintly around the entire wrist.</p> <p>On 2/27/23 at 11:05 AM, R5 stated I got the bruise on my right wrist because V3 (Director of Nursing/DON) was holding my wrists down when they were trying to get blood from me. I am not afraid of him I just didn't want a needle in my arm. V3 and the lab person took the blood anyway. I didn't say anything because I didn't want V3 to get in trouble.</p> <p>On 2/27/23 at 11:09 AM, V3 (DON) stated about two weeks ago I had to assist the lab person draw a blood from R5. R5 was combative and swinging her arms. After trying to redirect her I had to hold R5's wrist down so we could get the sample. I was not aware of R5 getting any bruise on her.</p> <p>On 2/27/23 1:38PM V5 ( Registered Nurse ) stated I take care of R5. I never noticed any bruising on R5's arm. This is the first time I observed the bruise. She never said anything about staff holding her down to me.</p> <p>On 2/28/23 at 10:57AM V7 ( Phlebotomist )</p>	S9999		

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 03/02/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  CHALET LIVING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626
---	--

(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
S9999	<p>Continued From page 3</p> <p>stated per phone: On 2/16/23 I went to facility and needed to do a blood draw from R5. R5 refused and I left the room and notified staff. V3 (DON) told me to go back in room because it was really important to get a blood draw. V3 was in the room restraining R5. R5 was screaming, yelling, and spitting. V3 continued to restrain her by her wrist. I did the blood draw even though she clearly did not give consent for the procedure.</p> <p>On 3/1/23 at 11:14AM, V13 (Wound Care Nurse) stated R5 was assessed for wounds on 2/27/23. During the wound care assessments R5 was observed with old, faded discoloration bruises to right arm and upper arms and both legs. The faded bruise was all around the right wrist.</p> <p>On 3/1/23 at 10:45 AM, V12 (Physician) stated I am familiar with R5 . I am her doctor. She has many diagnosis conditions. She has Diabetes and Kidney Disease with low platelet count. R5 is not eating well. She is on aspirin. These conditions could have contributed to the bruising. The bruise on her right wrist could have been caused by moderate pressure but I am not sure on how that occurred. I wasn't there. There have been times before when R5 has refused blood draws. The staff has let me know and I talk to her . This time I was not aware that R5 refused the blood draw. This is the first time I was aware.</p> <p>Review of R5's progress notes does not show any documentation of the incident on 2/16/23 showing any blood draw refusal or R5's bruising on her wrist .</p> <p>Review of R5's 2/27/23 skin evaluation shows a full routine head to toe skin assessment was performed and showed old ,faded discoloration bruises to right arm and upper arms and both</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008601</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CHALET LIVING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626</b>
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>legs. No other skin issues noted at this time.</p> <p>Facility policy titled Abuse and Neglect , reviewed 10/24/22 shows Policy Statement : It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse , corporal punishment , misappropriation of property , exploitation , neglect , or mistreatment.</p> <p>Definitions of Abuse , Neglect , Exploitation , &amp; Abuse Coordinator</p> <p>Abuse : Abuse is the willful infliction of mistreatment , injury , unreasonable confinement , intimidation, or punishment. Abuse assumes intent to harm , but inadvertent or careless behavior done deliberately that results in harm may be considered abuse.</p> <p>"B"</p>	S9999		
-------	---	-------	--	--