

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>10/24/2019</b>
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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>
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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
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S 000	Initial Comments  Complaint Investigation  1987469/IL116504 1987712/IL116763	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)6) 300.1220)b)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	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  11/08/19
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S9999	<p>Continued From page 1</p> <p>Services</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 interviews and record reviews, the facility failed to have restorative services evaluate a resident's community safety skills post fall in the community. This affected 1 out of 3 residents (R2) reviewed for improper nursing care. This failure resulted in R2 having another fall in the community resulting in a right femur fracture.</p> <p>Findings include:</p> <p>Review of R2's comprehensive care plan reads R2 uses a motorized wheelchair due to diagnoses of Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, and Kidney Failure. It continues to read that R2 is weak and has decreased functional mobility and poor balance.</p> <p>Progress note dated 9/24/19 4:08 PM written by</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>V7 (Social Service Designee) reads R2 had a fall while out in the community. R2's independent out on pass was revoked and R2 was placed on 72 hours observation post fall.</p> <p>Progress note dated 9/27/19 1:48 PM written by V7 reads R2 wanted to regain independent out on pass privileges. V7 wrote to "refer to restorative for evaluation." On 10/24/19 at 11:22 AM, V7 stated she referred R2 to V9 (Restorative Nurse). Progress notes do not read that R2 was evaluated and cleared by V9 for independent out on pass after 9/27/19 but prior to 9/28/19.</p> <p>On 10/24/19 at 1:23 PM, V2 (Nurse Consultant) stated the facility does not have a restorative assessment for R2. V2 stated V9 did not complete an assessment. V2 stated V7 communicated the referral the evening of 9/27/19. V2 stated R2 went out on pass the morning of 9/28/19.</p> <p>Progress note dated 9/28/19 4:52 PM written by V6 (Nurse) reads R2 had another fall while out on pass the morning of 9/28/19. R2 got up from [R2's] motorized wheelchair and ambulated. While ambulating, R2 tripped and injured right lower extremity. On 10/23/19 at 1:19 PM, V6 stated R2 returned to the facility complaining of inability to walk and severe right leg pain. V6 stated she informed the doctor and sent R2 to the hospital for evaluation. Review of hospital records read R2 sustained a right femur fracture that required an open reduction internal fixation.</p> <p>On 10/24/19 at 12:33 PM, V10 (Nurse Practitioner) stated it was necessary for R2 to have a re-evaluation by restorative services. V10 stated R2 should have first been monitored and evaluated within the facility premises. V10 stated</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>restorative services needed to re-evaluate R2 for safety precautions. V10 stated if R2 was deemed safe to be out in the community independently by social services and restorative services, she would have reinstated R2's independent out on pass.</p> <p>Review of R2's comprehensive care plan reads R2 is at risk for falls related to current medication use, poor safety awareness and disease process. Care plan interventions include "Restorative Nursing Program evaluation and treatment as indicated." Comprehensive care plan also has a care plan that reads R2 is at risk for falls related to psychoactive drug use, impaired mobility, and impaired balance. Interventions include "The resident needs to be evaluated for appropriate adaptive equipment or devices as needed. Re-evaluate as needed for continued appropriateness."</p> <p>Facility policy titled 'Pass Privilege Policy' last revised 8/02/19 reads: "It is the policy of the facility to ensure that residents are safe to have out on pass privileges."</p> <p style="text-align: center;">(B)</p>	S9999		
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