

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
--	---

(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 Facility Reported Incident of December 16, 2022, IL154783.	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies a) 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 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	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</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: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
---	---

(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>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.</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>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</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow physical therapy's recommendations for safe transfer of the resident (R2.) This failure resulted in R2 sustaining a leg fracture following a fall, due to an improper transfer.</p> <p>The findings include:</p> <p>R2's EMR (Electronic Medical Record) showed R2 was admitted to the facility on July 11, 2022, with multiple diagnoses including: dementia, history of falling, sacrum fracture, and diabetes. R2's MDS (Minimum Data Set) dated October 5, 2022, showed R2 had moderate cognitive impairment and required extensive assistance of one facility staff member for transfers between</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
---	---

(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>surfaces.</p> <p>On January 3, 2023, at 3:47 PM, R2 was lying in bed in her room with an immobilizer on her right leg. R2 said "[facility staff member] could not hold me so she let me go and I fell on the floor. I broke my knee."</p> <p>The facility's reportable submitted to IDPH (Illinois Department of Public Health) on December 30, 2022, showed R2 sustained a right tibia (leg) fracture following a stand pivot transfer.</p> <p>On January 3, 2023, at 1:55 PM, V7 (Agency CNA/Certified Nursing Assistant) said, "On December 26, 2022, I did not have my gait belt. I was transferring [R2] from the toilet to her wheelchair, and when I stood her up, I tried to get her back on the toilet, but she was resisting. Since she did not want to go back to the toilet, I was going to transfer her into the wheelchair, but she dropped. I called for help, but no one came so I lowered [R2] to the floor. There was not enough space in the bathroom, so her legs crisscrossed underneath her. I should have used a gait belt."</p> <p>On January 4, 2023, at 11:39 AM, V13 (Therapy Director) said, "A resident's transfer status is on a care card located on or in the resident's closet. The care card tells facility staff how a resident is to be transferred. [R2] was discharged from therapy on December 13, 2022, and at that time she was a one person assist for transfers with a gait belt. Facility staff should always use a gait belt on any transfer."</p> <p>On January 4, 2022, at 12:01 PM, V14 (Physician) said, "Facility staff should be using a gait belt when transferring [R2]. The improper</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSRG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
---	---

(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>transfer led to [R2]'s fracture. The CNA sat the resident on the floor, and it caused the fracture. The CNA should have used a gait belt."</p> <p>On January 3, 2023, at 3:06 PM, V1 (Administrator) said, "[V7] should have used a gait belt when transferring [R2]."</p> <p>On January 3, 2023, at 3:20 PM, V1 said, "The 'Safe Patient Lifting Policy' is how staff are educated on how to transfer a resident."</p> <p>R2's care card prior to R2's fracture showed R2's transfer status was "Transfer, use gait belt, one person, and extensive assist." R2's care card after R2's fracture showed, "Right knee immobilizer. Transfer using mechanical lift. Total Assist."</p> <p>A progress note dated December 26, 2022, at 12:31 PM, by V9 (LPN/Licensed Practical Nurse) showed, "This writer was informed by resident's CNA that when she was in the bathroom trying to transfer resident from commode to chair, resident was still having a bowel movement and she informed resident so that she could transfer her back to the commode. Resident refused to sit back on commode and wanted to sit on her wheelchair. As CNA is trying to assist resident back to the commode resident is not listening to commands of CNA, so to keep resident safe, CNA lower resident to the floor. As resident is being lowered to the floor resident hit her knee on the floor. Resident did complain of pain to the right knee. This writer contacted [V14] however her NP (Nurse Practitioner) answered. This writer informed NP of fall and complain of knee pain. This writer also contacted resident's daughter to inform her of incident. Resident was helped off the floor by staff and safely back to</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
--	---

(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 wheelchair."</p> <p>A progress note dated December 27, 2022, at 2:01 AM, by V10 (LPN) showed, "...Resident admitted to [local] hospital for right tibia fracture."</p> <p>The facility's undated document titled, "SAFE PATIENT LIFTING POLICY For all employees in nursing department," showed, "Purpose: The Safe Patient Lifting Policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed and signed by all staff that perform or may perform resident handling. The safety committee will review this policy annually with changes made accordingly. Process and Procedures: ...Gait belt usage is mandatory for all resident handling with the exception of bed mobility and medical contraindications. The gait belt will be considered a part of the certified nursing assistant's uniform ..."</p> <p>(B)</p> <p>2 or 2</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
--	---

(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 5</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>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</p> <p>These requirements are not met as evidenced by: Based on observation, interview, and record</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/05/2023
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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 6</p> <p>review, the facility failed to safely transfer a resident (R1) into a wheelchair. This failure resulted in R1 sustaining an ankle fracture after telling facility staff to stop when her leg got caught during a transfer into a wheelchair.</p> <p>2. R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on December 10, 2020, with multiple diagnoses including: Parkinson's disease, cognitive communication deficit, lumbar radiculopathy, and idiopathic peripheral autonomic neuropathy. R1's MDS (Minimum Data Set) dated December 19, 2022, showed R1 was cognitively intact, and was totally dependent on one facility staff member for bathing. The MDS continued to show R1 required extensive assistance of two facility staff members for transferring between surfaces.</p> <p>R1's transfer care plan dated March 5, 2022, showed, "In order to improve quality of life and participate in chosen activities, resident will safely transfer utilizing [full body mechanical] lift through next review." The care plan continued to show the following approach dated March 5, 2022, "Use appropriate equipment with any mechanical lift device (e.g., straps, slings). Observe for presence of pain/discomfort (such as verbalization, moaning, groaning, guarding and/or flinching) during transfers. Maintain body in functional alignment during transfers. Ensure safe placement of extremities during transfers. Ensure wheelchair is locked and secured prior to transfer."</p> <p>Facility Documentation submitted to IDPH (Illinois Department of Public Health) on December 21, 2022, showed, "Facility Incident Report Form ... Description of Occurrence: ...R1 complained of discomfort to left lower extremity, pain medication</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
---	---

(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 7</p> <p>given, tolerated well and effective. Doctor notified; order given to obtain x-ray. Order noted and carried out. X-ray received and results of acute fracture to Medial Malleolus (ankle). New order given to send R1 to Emergency Room for further evaluation ..."</p> <p>On January 3, 2023, at 11:08 AM, R1 was lying in her bed with a soft cast on her left leg. R1 said, "The CNA caught my leg in the cart. I told her to stop, but she kept going. She was getting me back into the wheelchair from the shower chair. My leg cracked. She transferred me by herself."</p> <p>On January 4, 2022, at 3:02 PM, R1 said, "The CNA was getting me into the wheelchair from the shower chair, and she was moving the leg rests on the wheelchair. My leg got caught and I told her to stop, but she did not stop. My leg was caught and then my leg cracked."</p> <p>On January 4, 2022, at 11:29 AM, V8 (Agency CNA) said, "On December 14, 2022, I gave [R1] a shower. I did a stand to pivot transfer with [R1] by myself from the shower chair to the wheelchair. I did not look at [R1]'s care card prior to transferring her."</p> <p>On January 5, 2022, V15 (Physician) said, "[R1]'s leg getting caught in her wheelchair could have cause [R1]'s fracture. [R1] can tell if she is pain and something is not right. The CNA should have stopped, that is common sense. [R1] should have been transferred per the facility policy."</p> <p>On January 4, 2022, at 1:41 PM, V6 (NP/Nurse Practitioner) said the incident on December 14, 2022, is what could have led to R1's fracture because it is the only trauma she has had. V6 continued to say R1 told V6 her leg got caught</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
---	---

(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 8</p> <p>and then had some pain. V6 said R1 has enough cognition to say stop if something hurts, and if R1 said stop then staff should have stopped. V6 continued to say staff should be following R1's care card for how to transfer R1.</p> <p>On January 4, 2022, at 3:11 PM, V2 (DON/Director of Nursing) said, "If a resident tells a staff member to stop during care the staff should stop and assess why the resident is saying stop."</p> <p>On January 4, 2022, at 11:39 AM, V13 (Therapy Director) said, "[R1] has always been a [full body mechanical lift] while she has resided in the facility. [R1] should not be a stand to pivot transfer if the resident is identified by the facility as being a [full body mechanical lift] transfer."</p> <p>A progress note dated December 15, 2022, at 2:40 PM, by V6 (NP) showed, " ...Seen per staff request for two spots of bruises to left leg. Noted today. Patient reports pain to left ankle. She reports 'her leg got caught in the shower chair yesterday' has not asked for pain medications. Pain worse with movement or touch ...Pain of left ankle joint: recent trauma, stat x-ray ordered, acetaminophen for pain, discussed with attending physician, discussed with ADON (Assistant Director of Nursing), discussed with bedside nurse."</p> <p>A progress note dated December 16, 2022, at 11:14 AM, by V6 showed, "Left ankle x-ray showed acute fracture involving the medial malleolus (ankle). Send to Emergency Room for evaluation and treat. [V15] notified."</p> <p>R1's care card showed R1 was a full body mechanical lift prior to R1's fracture and after</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521
--	---

(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 9</p> <p>R1's fracture.</p> <p>The facility's undated policy, titled "Safe Lifting and Movement of Residents," showed, "Policy Statement: In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses mechanical lifting devices for the lifting and movement of residents. Policy Interpretation and Implementation: 1. Mechanical lifting devices shall be used for any resident needing a two person assist. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted. 2. Staff responsible for direct resident care will be trained in the use of mechanical lifting devices. The manufacturer of purchased equipment shall provide initial staff training on the use of mechanical lifts, as well as on the routine checks and long-term maintenance of equipment. Subsequent training and retraining of staff on the use of mechanical lifting devices shall be conducted by designated team members ... 7. The transferring needs of residents shall be assessed on an ongoing basis. Resident transferring and lifting needs shall be documented in the care plan. Assessment of the resident's transferring needs shall include: a. mobility of the resident (degree of dependency); b. size of the resident; c. weight-bearing ability; d. cognitive status ..."</p> <p>(B)</p>	S9999		