Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6009591	B. WING		12/04/2024	
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
	AT CASA SCALABR	INI	TH WOLF RC AKE, IL 6016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	First Probationary L Change of Owners	Licensure Survey (CHOW - hip).				
S9999	Final Observations		S9999			
	Licensure Violation	s				
	300.2040b)2) 300.2090b)					
	Section 300.2040	Diet Orders				
	resident, indicating have a general or a	l write a diet order, for each whether the resident is to a therapeutic diet. The nay delegate writing a diet n.				
	2) The diet sha	ll be served as ordered.				
	Section 300.2090	Food Preparation and Service				
		attractively served at the es and in a form to meet				
	This requirement w	as not met as evidenced by:				
	review the facility fa blend vegetables a	ion, interview and record ailed to prepare the Italian nd chicken alfredo to pureed idents on pureed diets.				
	R12, R13, R14, R1 R21, R22, R23, R2	of 20 residents (R10, R11, 5, R16, R17, R18, R19, R20, 4, R25, R26, R27, R28 and				
	tment of Public Health ′ DIRECTOR'S OR PROVIE	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE
	cally Signed					01/07/25
lectroni			6899 4	K8B11	lf continu	01/07/2 ation sheet 1

	epartment of Public		-			
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/04/2024	
		IL6009591				
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		480 NOR	TH WOLF RO	AD		
CHADEL	AT CASA SCALABR	INI NORTHL	AKE, IL 6016	4		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	R29) reviewed for pureed diet in the sample of 29.					
	The findings include	e:				
	stated that the pure already prepared at alfredo was inside to that she was prepa vegetables. The pur preparation done by facility kitchen. V5 for 20 residents wh According to V5, th were frozen, and sh blend vegetables co carrots, diced red pr placed 12 cups of to including the vegeta food processor, add and pureed the mix then opened the foot	024 at 10:40 AM, V5 (cook) and the said pureed chicken the food warmer. V5 stated ring to puree the Italian blend ureed Italian blend vegetables y V5 was observed in the stated that she was preparing o are on pureed diet. e Italian blend vegetables the had cooked it. The Italian ponsisted of cut cauliflower, cut beppers and lima beans. V5 talian blend vegetables able cooking liquids inside the ded three cups of thickener true for about a minute. V5 od processor and transferred an blend vegetables inside a blend vegetables inside a				

4K8B11

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED		
		IL6009591			12/	04/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE				
CITADEL AT CASA SCALABRINI 480 NORTH WOLF ROAD NORTHLAKE, IL 60164								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
	Continued From page 2 product. V4 agreed that the Italian blend vegetables still had fibrous casings. V4 stated that the pureed product should be pudding-like consistency and should be smooth without the need to chew. On December 2, 2024 at 10:56 AM, V5 (cook) confirmed that the chicken alfredo which she had processed earlier that morning was ready to be served for the 20 residents on pureed diet. V5 stated that she did not taste the processed chicken alfredo to ensure that the finished product had reached the pureed consistency. Upon tasting the processed chicken alfredo, pieces of shredded chicken were felt and got stuck in the throat when swallowed. During this time V4 (Dietary Manager) was notified of the concern with regards to the consistency of the processed chicken alfredo. V4 tasted the product and agreed that the processed chicken alfredo still had pieces of shredded chicken and more processing is needed before serving it to the		S9999					
	showed that R10, F R17, R18, R19, R2 R26, R27, R28 and consistency diet. On December 4, 20 (Registered Dietitia the expected and a be pudding-like or r without clumps, shr casings. V6 added	port dated December 2, 2024 R11, R12, R13, R14, R15, R16, 0, R21, R22, R23, R24, R25, R29 had orders for pureed 024 at 10:41 AM, V6 n) stated that for pureed food, ppropriate consistency should nashed potato consistency, edded food items or fibrous that the pureed consistency poth. According to V6, if the part reach the pureed						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6009591	B. WING		12/04/2024
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE	· · · · · · · · · · · · · · · · · · ·
CITADEL	AT CASA SCALABR	INI	TH WOLF ROA AKE, IL 60164		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE
S9999	Continued From pa	ige 3	S9999		
	choking or swallow	ing problem.			
	vegetables showed vegetables in food cooking liquid until consistency is reac pureed chicken alfr chicken should be p processor and "Pur is reached." The facility policy a pureed preparation "The pureed diet pr semi-solid consiste pudding-like." The facility's policy Level 1" showed in- is planned accordin but the texture is m	for pureed Italian blend I in-part, "Place prepared processor. Blend adding smooth and correct hed." The facility's recipe for redo showed that the prepared placed in a blender or food reed until smooth consistency nd procedure regarding dated 2018 showed in-part, rovides food with semi-liquid to ncy (i.e. (for example), regarding "Pureed-Dysphagia -part, "The pureed consistency, odified to a smooth, e for all food items." (B)			
ois Denar	tment of Public Health				