STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6009591	B. WING		03/2	1/2025
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
CITADEL	AT CASA SCALABR	INI	'H WOLF RO KE, IL 6016			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Health Surv	rey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.1210a) 300.1210b) 300.1210c) 300.1210d)6)					
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	facility, with the part the resident's guard applicable, must de comprehensive car includes measurable meet the resident's and psychosocial noresident's compreheallow the resident to practicable level of provide for discharg restrictive setting by needs. The assess the active participat resident's guardian	sive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which a attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care sment shall be developed with tion of the resident and the or representative, as in 3-202.2a of the Act)				
	care and services to practicable physica well-being of the re- each resident's con	shall provide the necessary of attain or maintain the highest life. If mental, and psychological sident, in accordance with apprehensive resident care life. If properly supervised nursing				
	l rtment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE

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

Electronically Signed 04/03/25

STATE FORM 6899 If continuation sheet 1 of 5 GF5J11

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVI	
		IL6009591	B. WING		03/2	1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	•	
CITADEL	. AT CASA SCALABRI	INI	H WOLF RO			
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID 1D	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.					
	c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.					
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	to assure that the re as free of accident nursing personnel s	ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.				
	These requirements by:	s were not met as evidenced				
	failed to ensure tha for hands-on transf- resident from falling falling and sustainir	and record review, the facility therapy recommendations ers were followed to prevent a g. This failure resulted in R132 ng a fracture of the left fibula. 1 resident (R132) reviewed sample of 35.				
	Findings include:					
	an 87 year old adm 22, 2023 with medic cerebral infarction, neoplasm of endom primary osteoarthrit	nedical record showed R132 is itted to the facility on August cal diagnoses that include repeated falls, malignant netrium and uterus, unilateral tis of the left knee, aphasia, ng cerebral infarction. R132's				

Illinois Department of Public Health

STATE FORM 6899 GF5J11 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6009591	B. WING		03/	21/2025
	PROVIDER OR SUPPLIER	INI 480 NOR	DRESS, CITY, S' TH WOLF RO AKE, IL 6016	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
\$9999	Minimum Data Set 2024 showed R132 impaired and requir assistance for trans. On March 18, 2025 observed sitting in a orthotic boot on. R unable to describe R132 progress incit 2024, showed the f knee hurts." The as Assistant (CNA) stathe shower room, whouckled and the CN floor/scale on the floor/	(MDS) dated November 14, 2 to be severely cognitively red partial/moderate afters and ambulation. The at 11:03 AM, R132 was a wheelchair with a left leg 132 stated she fell, but was what happened. The at 13:03 AM, R132 was a wheelchair with a left leg 132 stated she fell, but was what happened. The at 13:03 AM, R132 was a wheelchair with a left leg 132 stated she fell, but was what happened. The at 13:03 AM, R132 was a white left and fell, but was what happened. The at 13:03 AM, R132 was wheelchair with a left leg 132 stated she fell, but was what happened. The at 13:03 AM, R132 was was a left and fell A left ankle, ace wight a left ankle and new order less note dated December 29, R132 was sent to the left showed the diagnosis of the distal end of the left fibula. In left ankle dated December 29, when a left	S9999			

Illinois Department of Public Health

STATE FORM 6899 GF5J11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
U 0000704		B. WING				
		IL6009591	b. WING		03/2	1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CITADEI	AT CASA SCALABR	INI 480 NORT	H WOLF RO)AD		
OHABEL	- AI ONON CONERDIC	NORTHLA	KE, IL 6016	64		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	'		S9999			
	stated that she had helped her up and a short angled ram that when R132 sto held onto the bar in she (V21) let go of accurate weight of was not holding on the bars in front of her pants (V21 den pulling her pants up stated, then R132 "the scale and she "(R132)." On March 20 2025, Rehab) stated that from November 22 2024 with diagnose abnormal gait, and disease. V23 stated recommended on comoderate one persistanding and ambut assist means staff times during transfered because of the risk not stable enough to times while transfered ambulation, and the to transfer, stand, consupervision. V23 stated that the total control of the risk not stable enough to the times while transfered ambulation, and the total control of the risk supervision. V23 stated that the total control of the risk not stable enough to the transfered ambulation, and the total control of the risk supervision. V23 stated that the transfered ambulation, and the total control of the risk supervision. V23 stated that the transfered ambulation, and the total control of the risk supervision. V23 stated that the transfered ambulation, and the total control of the risk supervision. V23 stated that the risk sta	R132 to the scale. V21 a gait belt on R132 and onto the scale. The scale had p on the sides. V21 stated od on the scale, the resident a front of her. V21 stated that the gait belt to allow for an R132, at that time (when V21 to the gait belt) R132 let go of her and started straightening nonstrated that resident was of from side to side). V21 lost her balance and fell" onto was not able to catch her at 9:17 AM, V23 (Director of R132 had physical therapy as of difficulty in walking, chronic obstructive pulmonary of that physical therapy discharge that R132 required on assistance for transfers, lation. V23 stated moderate are holding the gait belt at all ers, standing and ambulation for falls. V23 stated R132 was so not have hands-on at all rring, standing, and ated R132 always had erapy never recommended her or ambulate without hands on tated someone should always dent and that was the				
	December 19, 2024	or R132 upon discharge on 4. V23 stated when using that ning the resident in the chair is				

Illinois Department of Public Health

the safest way.

STATE FORM 6899 GF5J11 If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		7. Bolebino.			
	IL6009591	B. WING		03/2	1/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
CITADEL AT CASA SCALABRIN		H WOLF RC .KE, IL 6016			
PRÉFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999 Continued From page	e 4	S9999			
On March 20, 2025 a Doctor) stated that the fall that R132 sus 2024. V22 stated that therapy recommenda ambulating residents injury could have been holding the belt to proceed the fall that the fall that therapy recommendations. R132's Weights and R132 weights were down to since September 11, R132's fall risk assess 2024 showed R132 to same assessment she balance problem white focus intervention was ability to transfer and ambulation and transfer commendations. R132's Physical Therefore the fall that the fall risk care problems and the fall risk care problems are the fall risk care problems and the fall risk care problems are the fall risk care problems and the fall risk care problems are the fall risk care problems and the fall risk care problems are the	at 10:58 AM, V22 (Orthopedic ne cause of R132 injury was stained on December 28, at he expects staff to follow ations when transferring and in their care. V22 stated the en prevented, if staff was event the fall. Vital Summary show that done by wheelchair monthly 2024. Sament dated December 3, to be at risk for falls. The nowed that R132 had a alle standing, and the facility's as to determine resident's assist resident with afters utilizing therapy rapy Discharge Summary 2024 showed the following attent requires assistance for illeting. plan dated December 5, ervention to be the following: ith ambulation and transfers,	39999			

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