

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/24/2026
NAME OF PROVIDER OR SUPPLIER  Citadel of Skokie, The		STREET ADDRESS, CITY, STATE, ZIP CODE  9615 North Knox Avenue Skokie, IL 60076	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0558  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to have a call light accessible for residents. This applies to 5 of 5 residents (R1, R2, R3, R4 & R5) reviewed for call light accessibility in a sample of 5. The findings include: 1. R1 is a [AGE] year-old male admitted on [DATE], having mild cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. On 1/21/26 at 9:45 AM, R1's call light was observed with around four meters of call light string trapped under the wheelchair wheel, and was unable to trigger the call. On 1/21/26 at 9:45 AM, R1 stated, My call light is not working. The call string is too long and is trapped somewhere, and I can't trigger the call. On 1/21/26 at 10:00 AM, V3 cleared the long call light string, which was under the wheelchair, and got it for R1. V3 stated, The call light should be accessible to the resident, and the resident should be able to use it. The call light is too long and was stuck among the wheelchair wheels. 2. R2 is a [AGE] year-old female admitted on [DATE] and having a severe cognitive impairment as per the MDS dated [DATE]. On 1/21/26 at 10:02 AM, R2 was observed in bed A in her room, and her call light string was observed in bed B. On 1/21/26 at 10:04 AM, observed V5 (Licensed Practical Nurse / LPN) pick up the call light string from bed B to R1 in bed A. V5 stated that the call light should be available for residents to call for help. 3. R3 is a [AGE] year-old female admitted on [DATE], having moderate cognitive impairment as per the MDS dated [DATE]. On 1/21/26 at 10:05 AM, R3 was observed in her bed with the call light on the floor, and R3 stated that she couldn't access the call light. 4. R4 is a [AGE] year-old female with cognition intact as per the MDS dated [DATE]. On 1/21/26, at 10:05 AM, R4 was observed in her room with a broken call light string on the wall. The string was observed to be only one foot long and was unable to reach out to R4. On 1/21/26 at 10:10 AM, V6 (Registered Nurse/RN) stated that the call light should be accessible to residents, and she would tell the maintenance to replace the broken string. 5. R5 is a [AGE] year-old female admitted with cognition intact as per the MDS dated [DATE]. On 1/21/26 at 10:20 AM, R5 was observed in her bed with a call light hanging from the wall. R5 stated that her call light is not hooked up to her bed to call. On 1/21/26 at 10:50 AM, V2 (Director of Nursing / DON) stated that the call light should be accessible to residents to call for help. The facility presented an undated call light policy document: Policy: In order to ensure resident's needs are promptly identified and met, the facility will utilize a resident call light system. The staff will respond to resident's request and needs as identified. Procedure: 5. Place the call light where the resident can reach it.		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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