STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145670	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chalet Living & Rehab	7350 North Sheridan Road Chicago, IL 60626

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to follow a resident's comprehensive care plan to ensure side rails were provided for positioning and turning in bed mobility movement and led to R2's fall incident on 4/7/26. This failure affected one (R2) of five residents reviewed for improper nursing care. The findings include:R2's admission record/face sheet shows admission date on 4/3/2026 with diagnoses not limited to Chronic obstructive pulmonary disease, Type 2 diabetes mellitus, Essential (primary) hypertension, Hypothyroidism, Obstructive sleep apnea, Atherosclerotic heart disease of native coronary artery, Hyperlipidemia, Gastro-esophageal reflux disease, Gout, Spinal stenosis, Lumbago with sciatica, Morbid (severe) obesity, Bilateral primary osteoarthritis of knee, Generalized anxiety disorder. MDS (Minimum Data Set) dated 4/9/26 shows R2's cognition is intact. On 5/26/26 at 10:29AM Observed R2 resting in bed on moderate high back rest, on bariatric bed with both side rails up, alert and oriented x 3, verbally responsive. He stated that on 4/7/26, early morning about to change shift, he turned to his side and rolled over from bed to the floor. R2 stated he did not have bed or side rails so there was nothing to grab or to hold on when he turned on his side.On 5/26/26 at 11:42AM V17 (Certified Nursing Assistant/CNA) stated that on 4/7/26, R2 tried to turn on his side and rolled over from the bed to the floor. She said there were no side or bed rails in place so there was nothing that R2 could grab or hold on to when he was turning on the side. She stated she informed V19 (Nurse) right away and asked R2 what happened. R2 stated I lost my way when turning on the side. V17 stated R2 was using Bariatric bed, there was no side rails in placed at the time of the fall. On 5/26/26 at 1:43PM V19 (Licensed Practical Nurse/LPN) stated she was the assigned nurse for R2 on 4/7/26 around 5AM, V17 (CNA) called her and saw R2 lying on the floor. She stated she assessed R2 and there was no injury. R2 stated he was turning/moving to his side and rolled over from bed to the floor. V19 stated there were no side/bed rails. She stated bed rails help residents to move from side to side so not to fall from bed. V19 stated if there were bed rails in place, R2's fall may be prevented. On 5/27/26 at 11:05AM V45 (Fall Nurse/LPN) stated R2 had a fall incident on 4/7/26. She stated R2 rolled over from bed to the floor. V45 stated she spoke with R2 and stated he does not have a side rail to hold on that's why he rolled over from the bed to the floor. V45 stated when she saw R2 upon admission there was no side or bed rails in place. She stated if the side or bed rails were provided as stated in R2's care plan this fall could have been prevented. V45 stated R2 was assessed as high risk for fall.On 5/28/26 at 9:35AM V2 (Director of Nursing) stated R2 had a Fall incident on 4/7/26, 11-7 shift, CNA was providing care to R2's roommate and heard R2's bed racking. He stated R2 rolled over from the bed to the floor and CNA called the nurse, assessment done by nurse and there was no injury. He stated he spoke with R2, and he stated he rolled over from bed to the floor because there were no bed/side rails to hold or grab on. V2 stated bed or side rails are used to help residents in turning or repositioning when in bed. V2 stated possibly R2's fall could have been prevented if bed/side rails were provided.R2's Fall risk evaluation dated 4/3/26 shows in part: high risk for fall.R2's POS (Physician Order Sheet) shows order not limited to: May use 2 partial side rails for transfer and bed Mobility. Order date 4/3/26.R2's Side rail evaluation dated 4/3/26 shows in part: Side rail half-length rails. R2 uses side rails as an enabler during bed mobility and repositioning.Care (continued on next page)

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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	plan dated 4/6/26 shows in part: R2 is at risk for falls related to unsteady gaitCare plan dated 4/6/26 shows in part: R2 may need to use two partial rails to enhance functional independence, to become more self-sufficient in: Positioning and turning. In-bed mobility movement, getting up.Facility's fall occurrence policy dated 6/30/25 shows in part: It is the policy of the facility to ensure that residents are assessed for risk for falls, that interventions are put in place, and interventions are reevaluated and revised as necessary. Those identified as high risk for falls will be provided fall interventions.Facility's Side Rail policy dated 7/3/25 shows in part: If the alternative devices failed to assist the resident in repositioning, the resident will be assessed for the use of side rails, to determine risk for entrapment and other potential danger to the resident.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medications were checked for accuracy prior to administration to a resident. This failure affected one (R4) of six residents reviewed for medication administration. Findings Include:R4's clinical records show an admission date of 4/3/20 with included diagnoses but not limited to obstructive sleep apnea, morbid obesity, and vitamin d deficiency. R4's Minimum Data Set, dated [DATE] shows a BIMS (Brief Interview for Mental Status) of 15 which means R4 is cognitively intact. R4's comprehensive care plan reads in part: [R4] was assessed as able to safely self-medicate (date initiated: 2/20/2022). One intervention includes: Nurse will monitor and counsel resident as necessary regarding proper medication administration.On 5/27/26 at 11:21 AM, R4 stated that on second shift medication pass around 5:00 PM, V20 (Registered Nurse/RN) provided her medications on 5/8/26 to 5/10/26, including 50,000 units of Vitamin D, but she is prescribed to take 5,000 units. R4 stated the capsules appeared much larger than usual and reports not seeing the medication container at that time. R4 stated she did not take the medications and told V20 that he made a mistake providing the wrong dosage. R4 stated V20 took the medications back. R4 further stated she does not take Tramadol; however, on 5/9/26 V20 allegedly gave R4 Tramadol along with her routine medications. R4 stated seeing all medications in the medication cup and later identifying a medication left at bedside as Tramadol after searching online. R4 stated she did not take the Tramadol. R4 stated the concern was brought to V24 (Assistant Director of Nursing/ADON) attention on Monday (5/11/26), and V24 reportedly confirmed the medication was Tramadol.On 5/26/26 at 12:09 PM, V24 (ADON) stated R4 can self-administer her own medications. V24 stated R4 informed him that V20 (RN) entered her room and provided Tramadol and an incorrect dosage of Vitamin D. R4 reportedly showed V24 a picture on her phone. V24 stated V20 retrieved the medications and provided the correct medications afterward. V24 reports the incident occurred while he was not present in the facility. V24 stated he reported the incident to V2 (Director of Nursing/DON), and V2 counseled V20, who stated [V20] became distracted by another resident while doing medication pass. V24 confirmed R4 did not take the medications and V20 acknowledged the mistake providing her the wrong medications.On 5/26/26 at 12:27 PM, V2 (DON) stated he counseled V20 (RN) because he was expected to administer the correct medications to the residents. V2 stated that V20 reported to him that he became distracted while administering medications to another resident receiving Tramadol. V2 stated V20 mistakenly attempted to give the medications to R4 before the error was identified and corrected. V20 then returned and provided the correct medications. V2 stated R4 did not report concerns regarding Vitamin D. V2 stated nursing staff are expected to verify physician orders and ensure correct medications are administered to the correct resident. V2 stated nurses are required to follow the medication administration rights, including right medication, right patient, right dosage, right frequency, right time, and right procedure. V2 stated if the wrong medication is administered and ingested by the resident, nurses are expected to notify the physician and follow physician orders. V2 stated V20 is currently out of the country on vacation.Surveyor attempted to contact V20 and left messages on 5/26/26, 5/27/26, and 5/28/26 but did not return calls.V20's INSERVICE/TRAINING SIGN IN SHEET dated 5/11/26 presented by V2 shows V20 was educated on administering right medications to residents at all times.The facility's Medication Pass policy dated 7/2/25 reads in part: It is the policy of the facility to adhere to all Federal and State regulations with medication pass procedures.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide food at an appetizing temperature. These failures have the potential to affect all 195 residents receiving food prepared in the facility's kitchen. Findings include:On 05/26/26 at 11:28 AM, observed V32(Chef) take temperatures of the lunch food on the tray line using a digital thermometer with the results as follows: Pork Chop (161 degrees Fahrenheit), [NAME] Beans (172 degrees F), [NAME] (147 degrees F), Mechanical Soft Pork Chop (145 degrees F), Pureed Pork Chop (141 degrees F), Pureed [NAME] (145 degreed F), Pureed [NAME] Beans (131 degrees F).On 05/26/26 at 11:35 AM, during tray line service observed V32 pulling plates from a stack of ceramic and melamine plates on the side of the tray line. The plates were not heated and there was no heated pellet system in place. V32 stated we don't do that here. Surveyor observed each plate of food being covered with a dome lid.On 05/26/26 at 12:01 PM, surveyor tasted the pureed rice, pureed green beans, and pureed pork on the tray line. All the pureed food tasted lukewarm, not hot, it was not palatable.On 05/26/26 at 12:11 PM, V33 (Culinary Development Specialist) stated the tray line holding temperatures should be at least 135 degrees F but the aim is for the holding temperatures to be 150-155 degrees with the understanding that the temperature of the food will drop as soon as the food is put on the plate and transported from the kitchen to the nursing unit. V33 stated the temperature of the food when it is served to the residents should be at last 135 degrees F. V33 stated if the temperature of food on the tray line is below 150 degrees it should be reheated in the kitchen before being put on a plate and delivered to the residents. V33 stated the facility does not own a heated palate system. V33 stated food that is 145 degrees put on a cold plate, with no heating system means that once that food reaches the resident it may not be the 135 degrees F temperature that the kitchen aims for.On 05/26/26 at 12:25 PM, surveyor requested a test tray. At 12:40 PM, the test tray food was plated on the tray line. At 12:42 PM, test tray left the kitchen in a closed cart. At 12:43 PM, test tray arrived on the unit and staff began distributing the meal trays.On 05/26/26 at 12:55 PM, after the last tray from the cart was passed out V33 began to take the temperatures of the food on the test tray using the same digital thermometer V32 used in the kitchen. V33 took the temperatures and read the results out loud as follows: Pork Chop (115 degrees F), [NAME] Beans (97 degrees F), [NAME] (100 degrees F).On 05/26/26 at 12:57 PM - 12:58 PM, surveyor tasted all the food items on the test tray. All the food tasted cold, and bland. The food was not appealing or palatable.On 05/26/26 at 12:59 PM - 1:02 PM, V33 tasted the food and stated the rice tasted cold, the green beans were not hot or warm, and the pork was not hot, it tasted dry. V33 stated these are not acceptable temperatures because all the food tasted cold. V33 stated if that food was served to him, he would ask for it to be reheated.On 05/26/26 at 1:05 PM, R16 stated for lunch he was served a pork chop, green beans and rice. R16 stated the temperature of the food was cold, not hot and he wished it had been hotter. R16 stated he could ask for them to reheat the food but the staff is not going to be able to do that for everyone and they are busy so he just ate the cold food.R16's Diagnosis Includes But Not Limited To Essential (Primary) Hypertension, Opioid Dependence With Unspecified Opioid-Induced Disorder, Alcohol Use, Insomnia, Major Depressive Disorder, Non-Pressure Chronic Ulcer Of Other Part Of Right Lower Leg With Other Specified Severity, Acute Hepatitis C Without Hepatic Coma. R16's MDS (Minimum Data Set) dated 04/28/26 indicates intact cognition.On 05/26/26 at 1:14 PM, R17 stated the food is always cold. R17 stated she has learned to eat cold food because it is always served that way. R17 stated she buys delivery food because she is hungry, and the delivery food arrives hotter than the food from the kitchen. R17 stated the food always arrives cold, it is a problem here. R17 stated the pork chop, rice and green beans were cold. R17 stated if the food was hotter, she may have eaten more of it. R17 stated she has asked to get her food reheated but sometimes the staff are too busy and they do not do it. R17 stated her only issues are with the food, it's really terrible here. R17 stated maybe the food (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	would taste better if it was served hot.R17 diagnosis includes but not limited to Presence Of Aortocoronary Bypass Graft, Paroxysmal Atrial Fibrillation, Neoplasm Of Unspecified Behavior Of Respiratory System, Essential (Primary) Hypertension, Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris, Malignant Neoplasm Of Unspecified Part Of Unspecified Bronchus Or Lung, Chronic Systolic (Congestive) Heart Failure, Mild Dementia. R17's MDS dated [DATE] indicates mildly impaired cognition.On 05/26/26 at 12:33 PM, R18 stated the food here is always cold! R18 stated it is not even a little warm, it is cold every day, every meal! R18 stated the only time the food is warm is when the state is in the building. R18 stated this morning her breakfast was warm, so she knew that someone from the state was in the building even before she met anyone from the state. R18 stated she gets tired having to eat cold food and the food is not appealing when it is cold and that is why she started buying snacks for herself to eat in case she cannot eat what is served to her because it is too cold. She stated she has to ask the CNAs (Certified Nursing Assistants) if they can reheat her food but they are so busy all the time they do not have the time. R18 stated she is trying to save up money for a microwave so she can heat up her food. R18 stated she really just wishes the kitchen would improve things for the residents here because everyone should be receiving warm food, not cold.R18 diagnosis includes but not limited to Essential (Primary) Hypertension, Adult Failure To Thrive, Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation, Gastro-Esophageal Reflux Disease Without Esophagitis, Unilateral Primary Osteoarthritis, Right Knee, Bipolar Disorder, Current Episode Depressed, Moderate, Generalized Anxiety Disorder, Other Lack Of Coordination, Abnormal Posture. R18's MDS dated [DATE] indicates intact cognition.On 05/28/26 at 10:01 AM, V31 (Food Service Director) stated the temperature of the food should be between 145 -160 degrees F when it reaches the resident. V31 stated it is important for the food temperature to be maintained so the food will be enjoyed by the residents. V31 stated if the food is not served at the right temperature, it will affect how the food tastes and if they are not satisfied with the meal they may not eat it. V31 stated the residents need the nutrients and food to nourish them so it is important for them to be able to eat the food. V31 stated if the food temperatures are on the low end of the range or below 135 degrees F on the tray line the food should be reheated before being served/plated. V31 stated she wants the food as hot as possible before being sent up to the units because the temperature will start to drop as soon as it is plated. If the food is served below 135 degrees F in the kitchen there is no way the temperature could reach 145 degrees F when it reaches the resident.On 05/28/26 at 2:28 PM, V51 (Consulting Registered Dietitian) stated the holding temperature of the food being put on the tray line should be at least 165 degrees F and the temperature at point of service (when served to the resident) for hot food should not be below 135 degrees F. V51 stated the hot food should be hot for residents satisfaction and safety. V51 stated hot food that is served cold may not be palatable or appetizing to the resident and the residents will probably not want to eat food that is cold which could negatively impact the residents overall intake. After reviewing the holding temperatures from 05/26/26 lunch V51 stated the regular pork chops, regular rice, pureed pork, pureed rice and pureed green beans should have been heated to at least 165 degrees F. V51 stated if the holding food temperatures are below the desired range then the temperature of the food when it reaches the resident will be even lower and hot food that is served cold may not be palatable or appetizing for the resident.Facility provided document titled, Resident Info Report dated 05/26/26 listing 197 residents with their diet orders. The report indicates two of these residents receive nothing by mouth (NPO).Facility provided policy titled, Food Quality and Palatability dated 02/19/25 which documents in part, it is the center policy that food is prepared by methods that conserve nutritive value, flavor and appearance. Food is palatable, attractive and served at a safe and appetizing temperature.Facility provided copy of document titled, Food Temperature and Evaluation Log Lunch dated 05/26/26 which documents in part, Pork Chops (161 degrees F), [NAME] (147 degrees F), [NAME] Beans (172 degrees F), Pureed Pork (141 degrees F), Pureed [NAME] (145 degrees F), Pureed [NAME] Beans (131 degrees F).Facility provided document titled Chef Job (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Description (undated) which documents in part, a successful Chef will be able to prepare meals in accordance with planned menu that are palatable, appetizing in appearance.