Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 05/29/2025 Form Approved OMB No. 0938-0391

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(Each deficiency must be preceded by full regulatory or LSC identifying information) Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on observation, interviews, and review of records, the facility failed to ensure that all elevators were timely inspected, the required parts that need repaired or replacement were addressed, maintain a clean environment, and ensure all elevator parts were functioning properly per city regulation. These failures have the potential to affect all residents, staff and/or visitors that uses any of the elevator in the facility. Findings include: On 8/28/2024 at 11:28 AM, on the first floor there were two (2) elevators that were used by residents, staff, and visitors. When in front of both elevators, the left elevator has a post that has a written marker that reads: Out of Order. Upon entering the right elevator, R6 was present and agreed to have a conversation inside his room. R6 stated that elevator availability is and was a problem due to on and off not functioning. At 11:53 AM, R2 stated that she is currently the president of resident council and just had a meeting today. R2 stated that elevator was not working for about two (2) to three (3) days. When R2 was asked whether it affects the residents. R2 replied, It is inconvenient. Facility submitted a report from the city, Department of Buildings Annual Elevator Inspection Assignment Sheet that documents the following: Facility's elevators are as follows: Elevator 3 which is the service elevator, elevator 2 designated as west elevator, and elevator 1 designated as east elevator. All elevators were labeled as NO under print certificate. Per report all elevators Category 1 Testing were overdue. Tag and document as required. Per City, Department of Building Form, Category 1 Testing includes the following: Oil Buffers Safeties Governors		
	and visitors. When in front of both out of Order. Upon entering the rigoom. R6 stated that elevator available. R2 stated that she is currently nat elevator was not working for a esidents. R2 replied, It is inconvertable. R2 replied, It is inconvertable. R3 replied are port from the sheet that documents the following facility's elevators are as follows: elevator 3 which is the service elevator and elevators were report all elevators Category 1 for City, Department of Building Facilities.	and visitors. When in front of both elevators, the left elevator has a post the put of Order. Upon entering the right elevator, R6 was present and agree from R6 stated that elevator availability is and was a problem due to on a M, R2 stated that she is currently the president of resident council and just elevator was not working for about two (2) to three (3) days. When R2 esidents. R2 replied, It is inconvenient. Facility submitted a report from the city, Department of Buildings Annual Estheet that documents the following: Facility's elevators are as follows: Elevator 3 which is the service elevator, elevator 2 designated as west elest east elevator. All elevators were labeled as NO under print certificate. For report all elevators Category 1 Testing were overdue. Tag and documer Cert City, Department of Building Form, Category 1 Testing includes the folio Buffers Facility's elevators Category 1 Testing were overdue.

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 145670

If continuation sheet Page 1 of 3

Department of Health & Human Services Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024		
NAME OF PROVIDER OR SUPPLIE		CTDEET ADDRESS OUT CTATE TO			
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 0921	Slack Rope Devices on [NAME] Drum Machines				
Level of Harm - Minimal harm or potential for actual harm	Normal and Final Terminal Stopping Devices				
Residents Affected - Many	Firefighters' Emergency Operation				
·	Standby or Emergency Power Operation				
	Power Operation of Door System				
	Broken Rope, Tape, or Chain Switch				
	E/E/PES Electrical Protective Devices				
	All elevators need a working door restrictor is required. First cited on 4/5/2023.				
	Under Safety Code for Elevators and Escalators, ASME (American Society of Mechanical Engineers) 17. 1-2016/CSA B44-16 dated 01/17/2016 as revised, defines Egress restrictors, if used, that would prevent the free and continuous exiting of passengers, shall provide a signal to a device on the moving walk that shall cause the electric power to be removed from the moving walk driving-machine motor and brake when the exit restrictors begin to close.				
	All elevators need to be clean cartops, puts divider beams and headers.				
	All elevators working direction arrows and position indicators required.				
	Elevator 3 working five service [NAME] and buzzer required. First cited on 4/5/2023.				
	Elevator 3 check battery for EM cab lighting / alarm bell. First cited on 4/5/2023.				
	Per city, Department of Buildings report dated 8/15/2024 facility has a total of five (5) violations.				
	Inspection results: Failed (Reinspection) on all elevators.				
	On 8/28/2024 at 1:19 PM, V11 (Maintenance Assistant Director) stated that the facility has 3 elevators. And elevator number 2 which has the post of out of order will not close half an inch. V11 then showed the picture on his cellphone showing the elevator door not completely close. Per V11 facility maintenance staff cannot fix the problem because it needs a license person to do the job. When asked about the restrictors of all elevators that was identified as a problem since 4/5/2023? V11 stated, I understand what you mean that it was a problem since 4/5/2023. But I really can't say. We just order it to our contractor. Sometimes, we are waiting for a part. Sometimes couple days sometimes couple months. I don't why it was not fix. V11 stated that door restrictor's function works for opening and closing the door. But he is not certain about the function of the restrictor. V11 stated that for a period of fifteen (15) years there were only three (3) incidents that a person was stuck inside the elevator. And it needs to be opened manually by a special key. V11 stated that City Inspector told him (V11) that elevators can be used but to send the report to their contractor. (continued on next page)				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Chalet Living & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 7350 North Sheridan Road Chicago, IL 60626	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 8/29/2024 at 9:37 AM, V10 (Maintenance Director) stated he did not schedule the testing for Category 1. Because Category 1 Test needs to be scheduled by the contractor and the city needs to be present during the testing, v10 was asked if facility needs to coordinate with contractor if they schedule Category 1 testing or at least call their contractor to ensure testing was done? V10 stated that contractors are in-charge in scheduling testing. Per V10, door restrictors help prevent door from opening when the elevator is between floor or not in a proper position. It needs the fire department to open the door. V10 said, if you are stuck in the inside of the elevator, they don't want you to open from the inside. V10 stated that restrictor was not working properly. With the restrictor it acts like a break for the door not to open when it is not in the proper place. And the city put it in to replace the whole thing. V10 stated, as to cleaning staff clean from time to time but facility does not have a fix schedule. V10 said, People throw garbage. Bulbs are burn out and contractor change the bulb as needed. Under TITLE 41: FIRE PROTECTION CHAPTER II: ELEVATOR SAFETY REVIEW BOARD PART 1000 ILLINOIS ELEVATOR SAFETY RULES SECTION 1000.140 CONVEYANCE INSPECTION b) Periodic Inspections and Tests 1) It shall be the responsibility of the owner of all new and existing conveyances located in any building or structure to have the conveyance inspected annually. [225 ILCS 312/120(a)] It shall be the responsibility of the owner to ensure that the inspections and tests are performed at the prescribed intervals. Facility provided a contract from contractor titled Upgrade Order Agreement dated 8/29/2024, It reads: Contractor proposes to furnish and install three (3) new mechanical door restrictors. One (1) for each elevator. And to test and return to service the elevators. Facility still needs to accept the said proposal agreement.		