

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	Initial Comments			S0000			
	Complaint Investigation: 2682840/2798077						
S9999	Final Observations			S9999			
	Statement of Licensure Violations:						
	300.610a)						
	300.1040c)						
	300.1210a)						
	300.1210b)						
	300.3210t)						
	Section 300.610 Resident Care Policies						
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.						
	Section 300.1040 Care and Treatment of Sexual Assault Survivors						
	c) The facility shall take all reasonable steps to preserve evidence of the alleged sexual assault, and not to launder or dispose of the resident's clothing or bed linens until local law enforcement can determine whether they have evidentiary value, including encouraging the survivor not to change clothes or bathe, if he or she has not done so since the sexual assault.						
	Section 300.1210 General Requirements for Nursing and Personal Care						

Office of Primary Care and Health Systems Management

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 1 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that one resident (R1) was free of sexual abuse from a resident (R4) with a known history of requesting sexual favors from other residents, behavioral symptoms, and history of battery. This failure affected 1 of 3 residents reviewed for abuse and resulted in R1 feeling fearful, uncomfortable, and crying. Findings include: R1's admission date to the facility is 02/02/2026. R1's medical diagnoses include but are not limited			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 2 to bipolar disorder, essential hypertension, autistic disorder, drug induced subacute dyskinesia. R1's care plan dated 02/04/26 documents in part, "Presence of abuse and neglect factors. The resident presents with a difficult or troubled past secondary to severe mental illness. She presents with risk factors r/t (related to) acting as a recipient or perpetrator of mistreatment and/or neglect, exploitation, psychiatric history and present mental health symptoms... The resident will remain safe, free of mistreatment through the next review... Establish guidelines regarding visiting if persons interested in visiting have a history of inappropriate and/or maladaptive behavior towards the resident. Provide supervision during visits as necessary. R1's Minimum Data Set (MDS) dated 02/09/26 has a Brief Interview for Mental Status (BIMS) score of 9, indicating R1's cognition is moderately impaired. R4's medical diagnoses include but are not limited to chronic obstructive pulmonary disease, restlessness and agitation, schizoaffective disorder bipolar type, generalized anxiety disorder. R4's MDS dated 12/22/25 has a BIMS score of 15, indicating R4's cognition is intact. R4's care plan dated 01/22/26 documents in part, "Sexually Oriented Behavior. I exhibit sexually inappropriate behavioral symptoms which may be r/t (related to) history of substance abuse/dependency, lack of self-respect, poor self-worth, feelings of inadequacy, feeling angry and out of control, attempting to manipulate others by making them feel uncomfortable, making crude, sexually oriented, profane or suggestive remarks... I will comply with staff redirection and behave in a safe and respectful manner through next review... Implement limit setting. Specify appropriate versus inappropriate behavior, acceptable partner and taking precautions. If I tries/try to touch inappropriately, place your hand over me and gently (but firmly) push it down and away. Intervene. On 03/09/26 at 12:41pm R3 (R1's roommate) stated that she observed R4 entering their bedroom. R3 stated that R4 walked to R1's side of the bedroom and R3 overheard R4 ask R1 for sexual favors. R3			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 3 stated that she asked R1 if she was okay but R3 stated that she did not hear R1 say anything. R3 stated that she then heard some wet noise and what sounded like some sexual sounds. R3 stated that she told R4 that he needed to leave and R4 stated to give him a minute. R3 stated that after some time had passed, R3 observed R4 adjusting his pants and leaving the room. R3 stated that R1 informed her that she did not say anything while R4 was at R1's bedside because R1 was afraid to speak. On 03/09/25 at 1:44pm R1 stated that on the day of her admission to the facility, R4 approached R1 asking if R1 was new to the facility. R1 stated that she informed R4 that she had just arrived at the facility. R1 stated that R4 asked R1 her room number and R1 informed R4 of the room that she had been assigned. R1 stated that later that night, she was lying in bed and R4 entered her room. R1 stated that initially R4 was just standing and talking, but then R4 sat on R1's bed and began to rub on R1's leg. R1 stated that she asked R1 to stop but R4 continued to rub her leg. R1 stated that R4 then asked R1 for sexual favors and R1 told R4 no. R1 stated that R4 then unzipped his pants, exposed himself, began rubbing his penis, while continuing to rub R1's leg. R1 stated that she thought that R4 would harm her if she screamed, so R1 just continued to lay in bed until R4 was done. R1 stated that after R4 finished pleasing himself, R4 relieved himself on R1's bed. R1 stated that she then got up and ran out of the room to the nurse's station and informed the nursing staff of what just took place. R1 stated that she is afraid that it will happen again. R1 stated that every time she entered her room she would cry. R1 stated that the facility moved her to another room. Surveyor observed R1 visibly shaken and crying during the interview with R1. R1's progress note dated 02/02/26 documents in part, "Resident alert and oriented x(times)3 walked up to the nurses' station and informed the nursing staff that a male resident had entered her room and got inappropriate with her. Resident immediately assessed." R4's progress note dated 02/02/26 documents in part, "It was reported to this charge nurse that resident had an inappropriate interaction with another resident. Resident was placed on 1:1 monitor and will be sent to the hospital for psych evaluation. Administration and MD (medical doctor) notified."			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 4 On 03/09/26 at 2:25pm the facility's video monitoring was observed with V2 (Executive Director). Surveyor observed video surveillance of R4 entering R1's bedroom on 02/02/26 at 9:43pm. R1 observed leaving R1's bedroom and walking to the nurse's station at 10:13pm. R4 observed leaving out of R1's bedroom and walking towards the back hallway at 10:14pm. On 03/09/26 at 3:31pm V16 (Licensed Practical Nurse/LPN) stated that when she returned from lunch, she was informed that R4 had inappropriately touched R1. V16 stated at that time she went to assess R1 and found R1 sitting with R3 (R1's roommate) being consoled. V16 stated she observed R1 crying and in emotional distress. V16 stated that R1 informed her that R4 came into her room, exposed and pleased himself while rubbing R1's leg. V16 stated that R1 informed her that R4 ejaculated on R1's sheets. V16 stated that she removed the sheets and placed them in a bag that was later taken away by the police. V16 stated that the police informed her not to touch anything next time. On 03/09/26 at 3:47pm V17 (Certified Nursing Assistant/CNA) stated that she was not present on the nursing unit when R4 entered R1's bedroom. V17 stated that she was informed by R1 that R4 entered her room and V17 asked R1 why she didn't call for help. V17 stated that when she returned to the unit, she sat in the corner by the elevator. V17 stated that she would not have seen R4 enter R1's room from where she was sitting even if she was on the unit because R4 entered R1's room from the back hallway. On 03/10/26 at 11:23am V11 (Social Service/SS) stated that another resident had accused R4 of being sexually inappropriate with her a few weeks before the incident that occurred between R1 and R4. V11 stated that after R4 had become sexually inappropriate with another resident, she informed the nursing staff to monitor R4 more closely and to make sure that R4 stays in his room at night. V11 stated that R4 would sleep all day and liked to be up all night. V11 stated that because of R4's sexually inappropriate behavior with another resident, R4 needed to be monitored closely. V11 stated that R4 should not have been in other residents' rooms. V11 stated that R4 being in another resident's room			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 5 posed a risk of any kind of abuse including verbal and sexual. V11 stated that R4's behaviors made it unknown what he would do and if he would cause harm to anyone in any kind of way. V11 stated that she received a call on 02/02/26 during the night to come back to the facility immediately. V11 stated that when she arrived at the facility, she was informed by the nurse to go to speak to R1. V11 stated that when she entered R1's bedroom, R1 was in distress, rocking back and forth and crying. On 03/10/26 at 12:11pm R7 stated that she was friends with R4. R7 stated that R4 started to ask her (R7) for sexual favors. R7 stated that she told R4 no, but R4 continued to ask her (R7) for sexual favors. R7 stated that when R4 wouldn't stop, R7 went to administration and asked if someone could speak to R4 about leaving her alone because R4 is trying to pressure R7 into having sex. R4's progress note dated 01/22/26 documents in part, "SS (Social Service) met with resident upon report that resident was engaging in inappropriate behaviors r/t (related to) attempting to obtain favors for personal gain. SS provided education regarding appropriate boundaries and expectations within the facility and discussed potential consequences should such behaviors continue. Resident was informed of facility policies and expectations for respectful and appropriate interactions with staff and peers. Resident verbalized understanding of the information provided. Staff will continue to monitor resident behavior and provide redirection and support as needed. Care plan implemented, refer to as needed." On 03/10/26 at 3:00pm V2 (Executive Director) stated that R7 had asked V2 for help by asking R4 to leave her alone. V2 stated that R7 stated that R4 keeps hitting on her and R7 didn't want R4 around her. V2 stated that he explained to R4 that no means no. V2 stated that R7 stated that R4 keeps offering R7 marijuana for favors. V2 stated that he never asked what kind of favors R4 was asking for. V2 stated that he didn't want to know what kind of favors R4 was asking for, he just handled the incident. V2 stated that he informed R4 that the police would be involved if R4 continued with his behavior. V2 stated that the night of the incident between R1 and R4, V2 was called to come back to the facility. V2 stated that he was informed by the nurse that R4 had entered R1's bedroom and touched R1 inappropriately. V2 stated that he was			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 6 informed that R4 had ejaculated on R1's bed so he went to examine R1's bed sheets. V2 stated that he was informed by V16 (LPN) that she had removed R1's sheets and placed them in the laundry chute. V2 stated that he went to the laundry room to retrieve the sheets and examined the sheets with gloves on. V2 stated that the police scolded him for touching the sheets. V2 stated that R4 left the facility the night of the incident in handcuffs escorted out by the police. R4's document titled "District Pretrial Release Conditions" dated 02/02/26 documents in part, "offense: Battery-Physical Contact". On 03/11/26 at 11:55am V11 (Social Service) stated that the facility uses the resident's BIMS (Brief Interview for Mental Status) score as part of the assessment when evaluating residents for sexual appropriateness. V11 stated that a sexual relationship is not consensual if the residents' BIMS are not on the same cognitive levels. V11 stated that R1 and R4 were definitely not on the same cognitive level. On 03/16/26 at 9:50am V24 (Psychiatrist) stated that the facility did not make him aware that R4 was making inappropriate sexual advances towards other residents. V24 stated that R4 was already sexually preoccupied. V24 stated that R4 would always make off brand comments about women. V24 stated that R4 would make comments about what he would like to do to women. R4's Criminal History Analysis Security Recommendation Report dated 11/07/25 documents in part, "The information provided and reviewed supports the following risk assessment and security recommendation for the resident named below: Moderate Risk: The resident requires closer supervision and more frequent observation than standard or routine for most residents in an open facility. Regular monitoring should be attentive to behavioral changes that may signal a need for closer observation or sustained visual monitoring on a time-limited basis. Periodic assessments should ascertain whether the level of supervision is sufficient." Facility's policy titled "Abuse and Retaliation Policy" revised 01/29/26 documents in part, "Policy Statement: It is the policy of the facility to provide			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053843		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/19/2026	
NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD , CHICAGO, Illinois, 60626			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 7 professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect, or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven federal components of prevention and investigation... Types of Abuse and Examples: 5. Sexual: Sexual abuse is defined as non-consensual sexual contact of any type with a resident. Even if there is capacity to give consent, consent obtained through intimidation, coercion or fear is considered sexual abuse... Must be reported examples in the SOM includes:... Forced observation of masturbation, or pornography. Forced, coerced or extorted sexual activity... Sexual abuse also includes non-consensual sexual relationship between residents or a consensual relationship involving a resident/s who wants the sexual relationship but has no cognitive ability to make a consent... 7 steps In Abuse Prevention: This facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven federal components of prevention and investigation. The seven elements of prevention and investigation include: Screening, Training, Prevention, Identification, Investigation, Protection, Reporting/Response... Prevention: Have procedures to... Identify, correct and intervene in situations in which abuse, neglect, exploitation, retaliation and/or misappropriation of resident property is more likely to occur. Establish a safe environment that supports consensual sexual relationship." Facility's Residents' Rights pamphlet dated 07/2024 documents in part, "As a long-term care facility resident in Illinois, you are guaranteed certain privileges according to rights, protections and State and Federal law. You have the right to... Safety and good care... You must not be abused by anyone – physically, verbally, mentally, financially or sexually." "B"			S9999			