STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510076	A. BUILDING: _____ B. WING _____	C 12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF ST CHARLES	600 DUNHAM RD SAINT CHARLES, IL 60174

(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) COMPLETE DATE
A 000	Initial Comment FRI (Facility Reported Incident): #IL180978 - Not Substantiated. No deficiencies written. FRI (Facility Reported Incident): #IL181705 - Not Substantiated. No deficiencies written. FRI (Facility Reported Incident): #IL182812 - Substantiated.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure fall interventions in the resident's service plan were explicitly followed to help prevent fall incidents. This failure contributed to a resident's fall incident in the establishment resulting in laceration to the left	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510076	A. BUILDING: _____ B. WING _____	C 12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF ST CHARLES	600 DUNHAM RD SAINT CHARLES, IL 60174

(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) COMPLETE DATE
A6000	Continued From page 1	A6000		

side of the resident's head, subsequent hospitalization with diagnosis of acute head injury.

This applies to 1 (R3) resident reviewed for fall incident.

Findings include:

R3 was a 94-year-old male resident admitted to the assisted living portion of the establishment on January 28, 2024 with diagnoses to include moderate unspecified dementia without behavioral disturbance, heart failure, HTN, COPD, and repeated falls.

E1 (Executive Director) said R3 was sent to the hospital after the fall incident, came back to the establishment shortly, but was sent to the hospital several days after for a totally different reason.

R3's Progress Notes dated December 11, 2024 showed fall was unwitnessed in resident's room at 10:09 AM. Fall resulted in an injury to the resident: left head fractures, left upper and lower arm. 911 called, vitals taken and documented, POA and primary physician notified.

R3's Progress Notes dated December 11, 2024 at 19:20 showed resident admitted to the hospital with diagnosis of acute head injury.

The establishment's Service Plan for R3 dated August 4, 2024 showed R3 needed a walker to assist with mobility as he ambulated with walker to meals and activities. The same Service Plan showed R3 was assessed as having fall risk factors due to history of repeated falls. Fall interventions were listed as providing him with a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510076	A. BUILDING: _____ B. WING _____	C 12/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTON GARDENS OF ST CHARLES	600 DUNHAM RD SAINT CHARLES, IL 60174

(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) COMPLETE DATE
A6000	Continued From page 2 safe environment: clutter free, support/assistive devices are available and in good repair, bed in the lowest position at night, personal items, and call device such as pendant, pull cord, and call light is in reach, non-glare soft lighting at night, remove potential hazards when possible. Other interventions included Sunrise team members to remind resident to use his walker when ambulating and use his call pendant for any assistance he may need. The establishment's Incident and Accident Report form submitted to the Department on December 11, 2024 showed call pendant and walker was not observed near the resident at the time of the fall incident. E1 (ED) said, moving forward, management and nursing staff will find ways to ensure all resident's care plan interventions will be followed closely to help improve safety of the residents.	A6000		