

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510479	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2025
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NAME OF PROVIDER OR SUPPLIER CARRINGTON AT LINCOLNWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 3501 NORTHEAST PARKWAY LINCOLNWOOD, IL 60712
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A 000	Initial Comment Annual Licensure Survey Violations 295.4010 Type 2 (Repeat Violation from survey of 2/28/25) 295.2050 Type 3 (Repeat Violation from survey of 2/28/25)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 3 (Repeat Violation) Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident.	A2050		

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

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A2050	<p>Continued From page 1</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide documentation showing fall accident/incident of 2/4/25 was forwarded to the Illinois Department of Public Health as required for 1 resident (R1) out of 3 reviewed for IDPH notification.</p> <p>Findings include:</p> <p>On 2/4/25 "around 10:35 pm" in (R1's) apartment (R1) "fell face forward"(physician note of 2/5/25), "resulting in deep laceration to right eyebrow, trip to the emergency room and placement of stitches (2/5/25 "stitches intact."). Fall assessment of 2/4/25 documents "ambulating without assist" as predisposing factor to fall. Facility completed an Illinois Department of Public Health incident accident report but there was no documented evidence of report being sent to department.</p> <p>On 4/18/25 at 3:00 pm, E2(Director of Nursing) was asked for confirmation the 2/4/25 fall accident/incident with harm was sent to IDPH(Illinois Department of Public Health). E2(Director of Nursing) replied, "Accident/incident reports were being sent by assistant DON. She quit. I'll have to check for (R1) reportable document (confirmation) ..." Documentation of reportable</p>	A2050		

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A2050	Continued From page 2 event of 2/4/25 was not presented for review as requested.	A2050		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 (Repeat Violation) Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)	A4010		

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A4010	<p>Continued From page 3</p> <p>e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).</p> <p>g) Service plans shall address:</p> <ol style="list-style-type: none"> 1) The level of service the resident is receiving, including: 2) The amount, type, and frequency of health-related services needed by the resident; <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to:</p> <p>Develop and implement fall interventions based on fall risk assessment factors and investigation to mitigate the risk of a fall with injury.</p> <p>On 2/4/25 R1 had a fall which resulted in the need for stitches;</p> <p>Failed to follow facility fall policy and procedure which requires a post fall assessment be completed after every fall with fall risk interventions included in the service plan. 2/6/25 fall did not have a completed fall assessment. Documents forwarded as part of the fall assessment and dated 1/3/25, and 2/4/25 did not follow the format of the 2/24/25 fall assessment form. The 1/3/25 and 2/4/25 documents are missing components of a fall assessment. Fall interventions do not target R1's fall risk factors and are not measurable;</p>	A4010		

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A4010	<p>Continued From page 4</p> <p>Update service plan for continued significant weight loss initially discussed in physician note of 1/24/25. In September of 2024, R1 was 153.2 lbs. In April of 2025, R1 weighed 135 lbs., a loss of 18.2 lbs., since September of 2024. R1's issues with weight management are not addressed in active Service Plan; and</p> <p>Obtain signature from R1's Power of Attorney for the current Service Plan with target date of 5/11/25.</p> <p>Findings include:</p> <p>R1 resides in memory care and was admitted to the facility on 11/14/23, with listed diagnoses of Dementia of Alzheimer type with behavioral Disturbance, Unspecified Fracture of Upper End of Right Humerus (11/10/23), Acute post hemorrhagic Anemia, Unspecified fall, H. Pylori, Major Depression, and Malnutrition.</p> <p>On entrance to the Facility, R1 is on a regular diet according to initial assessment. Diet is changed to Mechanical soft regular according to order of 5/29/24. During survey observation, R1 had a mechanical soft diet at lunch time and protein shake.</p> <p>R1 has documented issues with falls and weight loss.</p> <p>Initial "Resident Evaluation and Level of Care" dated 5/3/24 describes R1 as having problems with "unsteady gait (4b),"</p>	A4010		

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A4010	<p>Continued From page 5</p> <p>"Poor Balance (4c)," "falls(5.25)," "Short-term memory loss (6b)," "Long-term memory loss," and "agitated-hyperactive, anxious, fluctuates emotionally (7a)."</p> <p>Under heading 2. Orientation d. " ...requires prompting and supervision."</p> <p>According to incident report of 1/3/25, R1 is wheelchair bound, and Memory impaired.</p> <p>R1's last mini-mental State Examination is dated 5/10/24 with score of 16.5 out of 30 possible points or moderate cognitive impairment. Additional mental status evaluation notes on fall assessments describe R1 as "alert" and "oriented to person" only on 1/3/25 and 2/24/25.</p> <p>On 4/18/25 at 12:45 pm, R1 was up in a wheelchair and would not respond to questions. E3(Licensed Practical Nurse) worked with R1 for the last 7 months. On 4/18/25 at 12:45pm, E3(LPN) described R1 as being transported by wheelchair, then transferred to chair. According to E3, R1 "get up and walk so (R1) not cognitively aware of risk for falls ...falls in room. One fall, stitches. (R1) walked bathroom. Most falls evenings or nights ..."</p> <p>E2(Director of Nursing) was asked for all of R1's fall assessments and Fall related accident/incident</p>	A4010		

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A4010	<p>Continued From page 6</p> <p>reports including detail from log on Non-reportable falls. Documents forwarded by E2(DON) include 1 fall assessment dated 2/25/25 and 3 untitled, "privileged and confidential - Not part of The Medical record" documents dated 1/3/25, 2/4/25 and 2/24/25.</p> <p>The fall assessment dated 2/24/25 is the only assessment which Includes the typical areas reviewed post fall and used to determine fall Risk and interventions to address those risks.</p> <p>Fall policy states there will be "a list of possible (fall) interventions to Be Implemented" on the "post fall assessment" document. The forwarded post fall assessment does not include any suggestions for fall Interventions to guide the nurse who completes the fall assessment.</p> <p>Based on nursing notes and fall assessments R1 has had unwitnessed falls on:</p> <p>1/3/25 at "around" 5:00 pm in the "common living room" of facility, according to E2(Director of Nursing). Facility documentation does not identify the location of the fall however, E2 recalled the fall was in the facility living room close to the television.</p> <p>2/4/25 "around 10:35 pm" in R1's apartment "fell face forward"</p>	A4010		

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A4010	<p>Continued From page 7</p> <p>(physician note of 2/5/25), "resulting in deep laceration to right eyebrow, trip to the emergency room and placement of stitches (2/5/25 "stitches intact."). Fall assessment of 2/4/25 documents "ambulating without assist" as predisposing factor to fall. Facility completed an Illinois Department of Public Health incident accident report but there was no documented evidence of report being sent to department.</p> <p>On 4/18/25 at 3:00 pm, E2(Director of Nursing) was asked for confirmation the 2/4/25 fall accident/incident with harm was sent to IDPH(Illinois Department of Public Health). E2(Director of Nursing) replied, "Accident/incident reports were being sent by assistant DON. She quit. I'll have to check for (R1) reportable document (confirmation) ..." Documentation of reportable event of 2/4/25 was not presented for review as requested.</p> <p>2/4/25 "around 10:35 pm" found on floor while doing rounds. Sent to hospital. Sutures placed right eyebrow. No fall assessment document. Fell face forward according to physician document.</p> <p>2/6/25 "around 10:35 pm" CNA found on floor in bathroom. No fall Assessment document.</p> <p>2/24/25 "at 7:03(am) while CNA was doing rounds resident was noted</p>	A4010		

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A4010	<p>Continued From page 8</p> <p>on bathroom floor, writer was called to resident room, (R1) lying naked on bathroom floor awake asking for help ...(R1) is unable to give description ..." Fall assessment scored at 60 or high risk for falling.</p> <p>E2(Director of Nursing) forwarded a copy of fall policy and procedure dated 11/12/24. In part, fall policy states "should a resident experience a fall, staff will provide immediate care and follow through with service planning." Fall "Procedure" for staff to follow includes:</p> <p>b. Each resident's identified fall risks will be addressed with recommended interventions included in the resident's Service Plan.</p> <p>c. A Post-Fall Assessment is completed after any witnessed, reported, or suspected fall. (This can be completed by the community nurse or designee)</p> <p>ii. The Post-fall assessment includes a list of possible interventions to be implemented.</p> <p>1. The Community Nurse or designee who completed the Post-Fall Assessment may select interventions to be implemented and will communicate the interventions to care staff until a full service plan update can be completed.</p> <p>Based on fall policy and procedure requiring completion of fall assessment post fall and initiation of service plan interventions to address fall, facility staff did not</p>	A4010		

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A4010	<p>Continued From page 9</p> <p>follow their policy and procedure. R1's forwarded fall assessments have not been completed as required and Do Not include specific, measurable interventions to address R1's fall risk.</p> <p>E2(Director of Nursing) forwarded a 6-page service plan for R1 with a target date of 5/11/2025. E2 identified this service plan as current.</p> <p>On page 4 of 6, "Falls" with date initiated of 2/7/25 includes a goal "to Reduce risk of falls and ensure the resident's safety within the facility."</p> <p>Fall interventions are recorded as follows on the service plan:</p> <p>For fall of 1/3/25, NOD(nurse on duty) to review (R1's) sleep schedule, and have a Staff CNA(certified nursing assistant) or Staff caregiver (CC) offer a daily nap after lunch or before dinner in his apartment to avoid falling off his chair.</p> <p>Fall interventions for 2/4/25, Increase supervision; Ensure that the Resident is checked on more frequently, especially during high-risk Times such as bathroom visits.</p> <p>No other fall interventions are included in R1's service plan.</p> <p>Based on observation,</p>	A4010		

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A4010	<p>Continued From page 10</p> <p>documentation in the clinical record and Nursing interview, A functioning system to ensure a nap is offered to R1 is not in place. On 4/18/25 at 12:30 pm, R1 was taken by Wheelchair from lunchroom to common area. Review of medical Record reveals inconsistent documentation related to R1's sleep Pattern. On interview, E3(LPN) did not identify a nap as an Intervention post lunch.</p> <p>R1's fall intervention for 2/4/25 fall assumes R1 will call when Bathroom visits are needed. R1 is confused and unable to call for Assistance and as per interview with E3(LPN), R1 is not aware of his Functional limits and will get up from a sitting position.</p> <p>On 4/18/25 at 3:00 pm clinical documentation was reviewed with E2(Director of Nursing) who stated, "Nurse wrote those Interventions. Can't be implemented, the fall interventions, the way They're written in service plan. Nurse manager wrote those Interventions. Nurse manager who resigned wrote those Interventions ..." E2(Director of Nursing) explained it was the nurse Manager's responsibility to update the service plans but since She had assumed that responsibility.</p> <p>In addition to falls, R1 has</p>	A4010		

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A4010	<p>Continued From page 11</p> <p>experienced progressive weight loss, Losing a total of 18.2 lbs. since September of 2024 to April of 2025. R1's appetite is documented as poor in nursing notes and Despite encouragement by staff on 4/18/25 during lunch, R1 did not Eat his mechanical soft diet.</p> <p>Nursing notes document R1 as either refusing meals or limited Intake on 1/08/25, 1/9/25, 1/12/25, 1/14/25, 1/15/25, 2/6/25, 4/11/25.</p> <p>Nursing note of 1/15/25 describes R1 as "has not be eating for a Couple of weeks only fluid intake. Order given for labs ..."</p> <p>Review of R1's current "eating/meals" service plan does not include Revision since 4/18/24. Current goal and interventions include:</p> <p>Goal: Will maintain appropriate weight and nutritional status. Interventions: Diet: Bland/Heart Healthy Mechanical Soft; Eats in the Dining Room Monitor Hydration Weight monthly or as per orders. Weight changes of +/-3 lbs in a Month must be reported to the nurse, the family and MD and Assessment completed.</p> <p>Note by R1's Attending Physician (Z1) on 2/26/25 includes weight Of 138 lbs. March 1, 2025 nurse</p>	A4010		

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A4010	<p>Continued From page 12</p> <p>practitioner (Z2) lists "appetite" as a health concern in the January 24th, January 26, 2025 Clinical note but plan to intervene in appetite issue is not Documented. Z2(nurse practitioner) writes on 1/27/25, "POA (Power of Attorney) Refusing any med (medical) intervention to Treat."</p> <p>Based on review, R1's service plan for nutritional has not been Updated.</p> <p>E2(DON) was asked if the dietician had been consulted on R1and E2 Responded, "no notes from Dietician."</p> <p>R1's current service plan does not include signature of Power of Attorney. E2(DON) was advised this signature was missing and replied, "POA was Involved in service plan."</p>	A4010		