STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510121	A. BUILDING: _____ B. WING _____	08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF NEW LENOX, COTTAGE #1	1023 S CEDAR RD NEW LENOX, IL 60451

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A 000	Initial Comment Annual Licensure Survey Violations: Type 2 Violation - 295.2000 a) c) 3) 4) 5) Residency Requirements Type 2 Violation - 295.2050 a) Incident Reporting Type 3 Violation - 295.4000 a) Physician's Assessment	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 2 Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 3) The person requires total assistance with 2 or more activities of daily living; 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living;	A2000		

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A2000	Continued From page 1 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building; These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure residency requirements for Assisted Living are met. This deficient practice affected two (R1, R4) of 7 new residents reviewed for residency requirements. This failure creates a substantial probability of harm to a resident or residents. Findings include: According to R1's face sheet, R1 is 98 years old. R1 moved to the community on 4/5/25. R1's diagnoses include but not limited to Hypertensive Heart Disease with Congestive Heart Failure, Mild Cognitive Impairment, and Chronic Bilateral Back pain. R1's Hospice documents indicated R1 was admitted under hospice care on 4/5/25. Terminal diagnosis: Heart Failure, unspecified. Per R1's move in notes (4/5/25), R1 was 1 assist with transfers and ADL's (Activities with daily Living) and utilizes wheelchair for mobility. Incontinent with bowel and bladder. Per R1's notes dated 4/7/25, R1 has been requiring two person assists with transfer. Resident was able to stand and bear weight but does not move her feet to pivot and turn. Follow up nursing notes (4/7/25) confirmed R1 required	A2000		

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A2000	Continued From page 2	A2000		

two persons assists.
4/30/25: Care staff x2 having difficulty with transfers with resident. Resident leaning forward and unable to assist standing.
5/3/25: Found lying on the ground ...blood on the left side of her head ...large cut near her left eyebrow ...sent to the hospital.
5/8/25: R1's Broda chair and Hoyer lift delivered. Hoyer lift to be utilized for transfer.

On 8/13/25 at 12:55pm, R1 was observed in the dining area. Seated on a Broda chair lined with Hoyer lift sling. Able to feed self.

On 8/13/25 at 12:56pm, E12 (Caregiver) confirmed R1 needs 2 persons assist for transfer, unable to walk.

R1's document titled "Physician Plan of Care" dated 3/31/25 completed by an Advanced Practice Nurse (APN) documented, R1 was unable to bathe herself, complete personal hygiene, and dress self. R1 requires assistance with transfer, and evacuation in case of emergency.

R1's Hospice documents dated 4/5/25 indicated the following assessment by Hospice nurse:
Ambulatory ability is lost (cannot walk without personal assistance).
Mental Status: Alert, forgetful, Confused.

R1's Service plan dated 5/4/25 indicated;
Bathing: two staff
Wheelchair Assistance: Two staff members with a Hoyer lift to assist with transfer. Resident utilizes a Broda chair for all mobility needs.
Transferring Assistance: (R1) requires two staff members with Hoyer lift to assist all transfers.
Toileting: Full assistance.

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A2000	Continued From page 3 Evacuation: 2 assists with Hoyer lift and Broda chair. According to R4's face sheet, R4 is 77 years. R4 moved into the community on 4/2/25. Documents reviewed indicated R4 was already on hospice care at the time of move in. R4's Mini- Mental State Examination score dated 4/2/25 was 0/30 indicating marked impairment. Likely to require 24 hour supervision and assistance. R4's nursing notes were reviewed; it indicated the following: 4/2/25 (move in notes): R4 was admitted from a skilled facility, " ...no nurse to nurse report was received ....resident is newly admitted to(FP) hospice, alert, oriented x1 to self ...diagnosis of Dementia, Anxiety Disorder, Adult Failure to Thrive, Insomnia, Depression, Hyperlipidemia and Fracture unspecified part of neck of left femur with routine healing ... uses wheelchair to ambulate and incontinent of bowel and bladder ..." 4/5/25: R4 was found on the floor in the dining room. Staff went to help a hospice nurse out of the community, when staff turned around, R4 was on the floor. A big bump was observed on R4's head with bruising. R4 was sent to the hospital for evaluation. 4/7/25: Hospice nurse visited, stated R4 needed Broda chair. 4/10/25: Hospice nurse indicated R4 required x2 assist with all transfer due to weakness and difficulty with transfer. 5/25/25: resident slid out of Broda wheelchair onto the floor ...unable to verbalize how he slid out due to dementia diagnosis... resident had small skin tears to right hand area ... 5/29/25: observed by care staff crawling off floor	A2000		

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A2000	Continued From page 4 mat no injuries noted ... 6/11/25: suspected with Urinary Tract Infection due to foul smelling urine. 6/17/25: ...was found on the floor next to his fall mat ... stated "I slid down". R4's notes pertaining to Hospice indicated on 5/7/25, R4 was transferred to another hospice agency. R4's document titled Physician Certification/Recertification of Terminal Illness indicated; Admission Date: 5/5/25. Primary Diagnosis: Senile Degeneration of the Brain. Comorbidities: Dementia, Failure to Thrive. R4's Service Plan dated 6/17/25 indicated the following: Ambulation: Non ambulatory, 2 assist with Broda chair. Wheelchair Assistance: (R4) requires two staff members to assist with all transfers. Bathing: Two staff Toileting assistance: (R4) is incontinent with bowel and bladder and requires two staff members to assist with toileting process. Evacuation Assistance: 2 assists with Broda chair. On 8/13/25 at 1:31pm, E11 (Caregiver) confirmed, R4 required two persons assist for toileting, and transfer. On 8/13/25 at 1:36pm R4 was observed at the patio with visitors. R4 was seated on a Broda chair. Appeared to have a well-kept appearance. Appeared alert, unable to answer questions appropriately.	A2000		

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A2050	Continued From page 5	A2050		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 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. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure state agency was notified of unwitnessed fall incident resulting to laceration requiring sutures for one (R1) of three residents reviewed for incidents. This deficient practice has the probability to affect all residents. Findings include: According to R1's face sheet, R1 is 98 years old. R1 moved to the community on 4/5/25. R1's diagnoses include but not limited to Hypertensive Heart Disease with Congestive Heart Failure, Mild Cognitive Impairment, and Chronic Bilateral Back pain. R1's nursing notes indicated, R1 had an unwitnessed fall on 5/2/25 at 9:30pm. R1 was	A2050		

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A2050	Continued From page 6 found on the floor ..."had blood on the left side of her head ...a large cut near her left eyebrow ...911 was called ...EMT's advised they need to take resident to be seen and have wound stitched." R1 was transported to local hospital. R1 returned to the community with stitches above left eyebrow, and with orders to remove sutures in 5-7 days. This incident was not in the reportable binder submitted for review. On 8/14/25 at approximately 3:25pm, E1 (Executive Director) said, state agency is usually notified of reportable incidents within 24 hours.	A2050		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. This requirement was not met as evidenced by:	A4000		

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A4000	Continued From page 7 Based on interview and record review the establishment failed to ensure initial Physician assessment was completed by a physician. This deficient practice affected one (R1) of seven residents reviewed for this requirement. Findings include: According to R1's face sheet, R1 is 98 years old. R1 moved to the community on 4/5/25. R1's diagnoses include but not limited to Hypertensive Heart Disease with Congestive Heart Failure, Mild Cognitive Impairment, and Chronic Bilateral Back pain. On 8/14/25 resident's physician assessment forms were submitted for review by E1 (Executive Director). R1's document titled Physician Plan of Care dated 3/31/25, indicated R1's physician assessment was completed by an APN (Advanced Practice Nurse), as noted on the Physician signature. On 8/18/25 at 2:33pm, E1 (Executive Director), said resident's Physician Assessment, can only be done by physician.	A4000		