

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ENCORE AT BOLINGBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 351 LILY CACHE LANE BOLINGBROOK, IL 60440
--	---

(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) Investigation # IL185380 - Substantiated 295.6000 cited	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 3 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: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; 2) The right to respect for bodily privacy and dignity at all times, especially during care and treatment; 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; This requirement is not met as evidenced by: Based on interview and record review the facility	A6000		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ENCORE AT BOLINGBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 351 LILY CACHE LANE BOLINGBROOK, IL 60440
--	---

(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	<p>Continued From page 1</p> <p>failed to assure one resident (R1) was free from abuse by a staff member.</p> <p>Findings include:</p> <p>R1 is 78 years old with a diagnosis of dementia, hypertension, breast CA, and anxiety. Per medical record review, R1 requires one assist with all ADL's and is severely cognitively impaired.</p> <p>R1 was observed to be sitting in the TV room on 2/6/25 at 2:50 PM. R1 was unable to answer simple questions but was pleasant in her attempts to communicate.</p> <p>Facility state reportable incident dated 1/25/25 documents that on 1/25/25 around 5:00 PM, E3 (nurse) observed E4 (caregiver) transporting R1 to the seating area in the dining room. R1 became combative and struck out at E4. E4 then hit R1 in the lumbar area causing a thud sound to be heard.</p> <p>E3's written statement dated 1/26/25 states that she (E3) observed E4 transporting R1 to the sitting area in the dining room. It was at that moment R1 became combative and struck out at the caregiver. The caregiver then hit the resident in the lumbar area. E3 asked E4 "did you just hit her in the back?" E4 responded, "yes, she just hit me in the chest!" E4 continued to transport residents to the dining room even after being told by E3 not to do so and to go home. E3 contacted DON and ED immediately after. E4 left the building. R1 was assessed with no injuries found.</p> <p>The facility's final investigation dated 1/29/25 documents the incident as described above and states R1 and E4 were immediately separated</p>	A6000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ENCORE AT BOLINGBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 351 LILY CACHE LANE BOLINGBROOK, IL 60440
--	---

(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	<p>Continued From page 2</p> <p>and E4 was immediately suspended and sent home per administrator's directive pending investigation. The local Police Department was notified of the incident and came to the community on 1/26/25 to document and make a report. Per investigation, camera footage of the incident shows E4 did hit the resident on the back right after R1 had hit or attempted to hit E4. E3 had witnessed this incident as she had happened to be in the area when the incident occurred. Based on facts presented both on video footage and witness statement from E3, E4's employment was terminated effective 1/27/25.</p> <p>Review of E4's personnel file documneted E4's hire date of 11/16/23. Appropriate registry and background check documentation in addition to completed ongoing training and in-services on caring for memory care residents with behaviors was documneted. There were no prior incidents or disciplinary actions included in E4's file.. Documentation was provided showing E4 has been terminated as a result of this incident on 1/27/25.</p>	A6000		