

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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 Annual Licensure Survey	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 Violation Section 295.2040 Disaster Preparedness c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the firefighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans, procedures, and training. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. This requirement was not met as evidence by: Based on interview and record review the establishment failed to conduct Fire and Tornado Drills as required and failed to include residents in	A2040		

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: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A2040	<p>Continued From page 1</p> <p>the drills. This failure has the potential to affect all residents.</p> <p>Findings Include: Reviewed of establishment fire and tornado drills on October 16, 2024. Establishments provided the following documents for Fire and Tornado drills: FIRE DRILLS 10/15/2023- 4:38-4:50- 2nd shift. 10/23/23- 5:20-5:30- 3rd shift. 11/18/23- 1:20PM-1:30PM- 1st shift. 11/20/23- 6:03- 6:20AM- 3rd shift. 12/10/23- 4:15PM-4:32PM- 2nd shift. 12/15/23- 7:12-7:20AM- 1st shift.</p> <p>TORNADO DRILLS 10/16/23- 5:50AM-6:00AM- 3rd shift. 11/12/23- 1:54PM- 2:05PM- 1st shift. 11/20/23- 2:30-2:45- 2nd shift. 12/21/23- 10:30AM- 10:50AM- 1st shift.</p> <p>On 10/21/2024 at 3:54PM, E1 (Executive Director) said that Fire drills are done every two months and Tornado drills are done every quarter.</p> <p>Establishment's Policy titled Emergency and Disaster Plan undated, indicates six fire drills shall be conducted each year every other month in the following manner: Two will be conducted between the hours of 7:00AM and 3:00pm Two will be conducted between the hours of 3:00PM and 11:00PM Two will be conducted between the hours of 11:00PM and 7:00AM The date and time of each fire drill shall be documented in Anthem Memory Care Communities records.</p>	A2040		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Section 295.3000 Personnel Requirmts, Qualifns, and Trng</p> <p>This Regulation is not met as evidenced by: Type 2 Violation repeat. Section 295.3000 Personnel Requirements, Qualifications and Training</p> <p>a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a) (3) of the Act)</p> <p>3) An employee's starting date of employment and ending date, if applicable.</p> <p>g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period of time by State or federal law.</p> <p>h) The establishment shall have sufficient personnel to provide the following for its current resident population:</p> <p>1) All mandatory services;</p> <p>2) Services established in each resident's service plan;</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Continued From page 3</p> <p>3) Service to meet the needs of each resident, including 24 hours scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis;</p> <p>5) Environmental services;</p> <p>7) Any optional services to be provided by the establishment as stated in the service plan.</p> <p>j) If an establishment accepts individuals with impairments that prevent them from independently moving to an area of safety, sufficient staff must be present and awake to enable these residents to move to a safe area 24 hours per day.</p> <p>k) Shared housing establishments shall have at least one staff member on site at all times, except in situations, such as taking a resident to the emergency room or planned or unplanned trips to the grocery store, that would require the staff person to be away from the facility for a brief period of time. In such situations, arrangements shall be made to monitor the safety of the residents in accordance with the service delivery plan.</p> <p>l) Assisted living establishments shall have at least one staff member awake, on duty and onsite 24 hours per day.</p> <p>(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)</p> <p>These requirements were not met as evidenced by:</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Continued From page 4</p> <p>Based on observation, interview, and record review the community failed to adequately supervise, monitor residents assessed as high risk for falls for one resident (R6), failed to monitor, and supervise residents assess as high risk for elopement for three residents (R12, R13, R14). This failure has the probability to affect all residents in the community.</p> <p>Findings include: On October 16 and 17, 2024 Establishment's reportable incidents, resident's Electronic Health Records (EHR) were reviewed.</p> <p>During random observation to establishment two floor (1st and 2nd floors) On 10/16/24 2:53pm- 2:58pm: 1st floor: There were three residents in the dayroom. No staff were monitoring residents. No staff was in the nursing station. On 10/16/2024 at 3:00PM- One resident was observed in the living room, appeared confused. No staff monitoring resident. On 10/16/24 at 3:11pm: Went back to the dining room, no staff in the dining room, there were two residents R13 and R16 seated. No staff supervising residents.</p> <p>on 10/17/2024 at 3:27 PM, first floor dining room area, there were two residents sitting in the dining room, no staff supervising residents was observed. At 3:35PM- 2nd floor dining room, there were four residents sitting in the dining room, no staff supervising these residents was observed. At 5:33 PM there were two residents on the 1st floor Activity Room unsupervised.</p> <p>R6 is 64-year-old. R6's moved into this community on 6/21/2024. R6's diagnoses include but not limited to Hypertension, Aphasia, Cerebral</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Continued From page 5</p> <p>Infarction, Hyperlipidemia.</p> <p>R6's Fall Risk Assessment 8/23/2024- Score 21 Total Score: A SCORE OF 10 OR MORE = RISK FOR FALLS</p> <p>R6's Mini Mental Exam 6/21/2024- Score 4/30= Evaluating Total Score= 20-1 confused Incident Report dated 9/4/2024- Observed resident supine on the floor in the doorway. Bruise, laceration, swelling... call emergency department ... Reportable dated 9/4/2024- Caregiver notified nurse on duty that resident was observed on the floor in her room. Nurse noted laceration on her forehead, Resident was sent out to Local Emergency Room (ER) for further evaluation.</p> <p>R6's Progress Notes indicated the following: 9/4/2024- Observed resident supine position on the floor by the door... writer noticed bruising and swelling to her right eye, as well as blood on face and hands... send out to local hospital for further evaluation. 9/4/2024 at 2:01pm resident will be returning to the community with facial fracture... 9/4/2024 at 5:24Pm- After a thorough investigation of the incident that occurred this AM. including statements from all staff involved, it has been clarified that there was no resident-to-resident altercation. It appears that this resident sustained an unwitnessed fall. 9/6/2024 at 10:21PM- sutures noted above right eyebrow no swelling/discharged noted to area... 9/8/2024 observed PM nurse applying pressure to resident's left eye... notice laceration that needed suture...</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Continued From page 6</p> <p>9/9/2024 at 5:29AM- Resident will be returning back to facility with four sutures to her left brow...</p> <p>Subsequent Progress Notes</p> <p>8/24/2024- Resident observed lying on the right side of body on the floor... resident has no signs of grimaces or sounds of discomfort observed... Nurse Practitioner (NP) recommended X-Ray order of right shoulder.</p> <p>8/20/2024- Resident was found on the floor... abrasion noticed on the left side of her back...</p> <p>8/5/2024- Resident was found on the floor in the hallway unwitnessed... right knee has a quarter size abrasion area...</p> <p>7/30/2024- witnessed fall- resident attempted to walk in her room... resident hit her head on the floor causing swelling on the right side of head... sent out to hospital for further evaluation...</p> <p>7/29/2024- Resident had a fall with no injury.</p> <p>7/27/2024- Resident found in her room.</p> <p>7/5/2024- Resident was found in her bathroom on the floor bleeding from her right eye.</p> <p>7/6/2024- resident is admitted to hospital for multiple rib fractures.</p> <p>6/26/2024- Late entry for 6/25/2024- Resident observed on the floor, laying on the right side of her body... nurse noted redness on bilateral leg and right side of body... resident sent out to the hospital for further evaluation.</p> <p>6/27/2024- Resident has a cervical collar on her neck... CT cervical acute complex fracture at C5 and T1-T3</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Continued From page 7</p> <p>R6's Service Plan dated 6/21/2024. Falls: Fall Risk Safety Checks: requires fall risk safety checks. Resident requires routine safety checks r/t impaired cognitive/mobility.</p> <p>R12- is 77-year-old. R12 move into this community on 2/29/2024. R12 diagnoses include but not limited to Cognitive Impairment, Hyponatremia, Depression, Rhabdomyolysis, Other symptoms, and signs involving cognitive functions.</p> <p>R12's Elopement Risk Assessment dated: 3/7/2024- Score 11 Total Score: A SCORE OF 10 OR HIGHER= AT RISK R12's Mini Mental State Exam (MMSE) dated 2/28/2024- Score 10/30- Evaluating Total Score= 20-1 confused</p> <p>R12's Progress Notes- no elopement notes since admission R12's Reportable dated 3/7/2024- Community relations director observed resident walking outside without a care staff present. Facility fire drill was in progress. resident was escorted back into the building without any issues. Head to toe assessment completed.</p> <p>On 10/17/2024 at 2:35PM, E34 (Community Relations Director) said "I was going out the back to smoke when I saw that Thomas was out there, he was outside with no shoes only with socks, I don't know how long he was there, I came to the front door with him. We can go down the elevator and out the back door without a fub. unless someone was not watching that he was able to come downstairs and through the back door."</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	<p>Continued From page 8</p> <p>R13 is 72-year-old. R13 move into this community on 11/29/2021. R13's diagnoses include but not limited to Major Neurocognitive Disorder, Osteoarthritis, Hypertension, Vascular Dementia.</p> <p>R13's Elopement Risk Assessment 3/9/2024- Score 9 Total Score: A SCORE OF 10 OR HIGHER= AT RISK R13's MMSE dated. 11/29/2023- Score 13/30- Evaluating Total Score= 20-1 confused</p> <p>R13's Progress Note indicated: 3/9/2024 at 6:51PM- writer witnessed Activity Aide exiting the building back door of Grace Point Place with resident ...Activity Aide said that she saw resident exiting the back door and follow trying to pursue her to come back.</p> <p>R13's Reportable dated 3/9/202 Resident was observed exiting the building by the Activity Aide and nurse on duty escorted the resident back to the community. Resident was not in any distress, she stated she was looking for her baby...</p> <p>R14 is 76-year-old. R14 moved into this community on 11/01/2022. R14's diagnoses include but not limited to Dementia, Atrial Fibrillation, Rheumatoid Arthritis, GERD, Hyperlipidemia, Cough, Pain, Restlessness and Agitation, Hyperlipidemia, Hypertension.</p> <p>Elopement Risk Assessment 4/12/2024- Score 12- Total Score: A SCORE OF 10 OR HIGHER= AT RISK</p>	A3000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A3000	Continued From page 9 R14's MMSE dated. 11/02/2023- Score 3/30- Evaluating Total Score= 20-1 confused R14's Progress Notes indicated: 4/11/2024 at 9:12PM- writer notified by staff that resident was noted outside of rear exit, writer assessed resident for pain and injuries. Reportable dated 4/11/2024- Caregiver (C.S.) observed resident looking lost and trying to get back into the community through the rear exit door. Resident was escorted back into the community and nurse on duty performed a full head to toe assessment. No signs of distress or any injury noted... Establishment investigation of this elopement incident indicated that staff are not aware of how long R14 was outside the community. On 10/17/2024 at 2:30PM- E1 (Executive Director) said that staff who witnessed the elopement for R13 and R14 are no longer employed in this community. E22 (Assistant Clinical Service Director) provided a list of staff who worked when the incidents with R13 and R14 happened and all of them said that there were not in the community when these incidents happened.	A3000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment	A4000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4000	<p>Continued From page 10</p> <p>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.</p> <p>b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.</p> <p>c) A physician's assessment shall be completed upon identification of a significant change in the resident's condition.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure physician assessment/certification was conducted and completed 120 days prior to admission for one resident (R6) and failed to ensure it was completed by a physician for four residents (R7, R9, R10, R11). This failure has the probability to affect all resident in the establishment.</p> <p>Findings include:</p> <p>On October 16 and 17, 2024, resident's files were reviewed. Per R6's Medical Records it indicated that R6 moved in this establishment on 6/21/2024</p>	A4000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4000	Continued From page 11 physician assessment/certification was completed on 1/4 /2024. R7, R9, R10, R11's Physician Assessment/Certification were completed by Nurse Practitioner instead of a physician. On 10/22/2024 at 1:11PM, E1 (Executive Director) said that " a Nurse practitioner can fill out these orders."	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation repeat 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; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care.	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 12</p> <p>c) The service plan shall be signed and dated by all individuals involved in its development.</p> <p>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)</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>f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living;</p> <p>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident;</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the service plan;</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 13</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of service plans and interview the community failed to revise and develop interventions to address resident falls for one resident (R6). Failed to address the frequency of outside health related services needed such as hospice care services, home health services (R7, R9, R10). and failed to supervise residents to prevent elopement for three residents (R12, R13, R14). Failed to ensure service plans are signed and dated by all individuals involved in its development for 13 Residents (R1, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14). Failed to ensure service plan is updated to include behavior interventions for one resident (R4) who have history of aggression and failed to follow service plan for one resident (R1) to ensure</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 14</p> <p>safety. These failures have the probability to affect all the residents in the community.</p> <p>Findings include: On October 16 and 17, 2024 Establishment's reportable incidents, resident's Electronic Health Records (EHR) were reviewed.</p> <p>R6 is 64-year-old. R6's moved into this community on 6/21/2024. R6's diagnoses include but not limited to Hypertension, Aphasia, Cerebral Infarction, Hyperlipidemia.</p> <p>R6's Fall Risk Assessment 8/23/2024- Score 21 Total Score: A SCORE OF 10 OR MORE = RISK FOR FALLS</p> <p>R6's Mini Mental Exam 6/21/2024- Score 4/30= Evaluating Total Score= 20-1 confused Incident Report dated 9/4/2024- Observed resident supine on the floor in the doorway. Bruise, laceration, swelling... call emergency department ... Reportable dated 9/4/2024- Caregiver notified nurse on duty that resident was observed on the floor in her room. Nurse noted laceration on her forehead, Resident was sent out to Local Emergency Room (ER) for further evaluation.</p> <p>R6's Progress Notes indicated the following: 9/4/2024- Observed resident supine position on the floor by the door... writer noticed bruising and swelling to her right eye, as well as blood on face and hands... send out to local hospital for further evaluation. 9/4/2024 at 2:01pm resident will be returning to</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 15</p> <p>the community with facial fracture... 9/4/2024 at 5:24Pm- After a thorough investigation of the incident that occurred this AM. including statements from all staff involved, it has been clarified that there was no resident-to-resident altercation. It appears that this resident sustained an unwitnessed fall. 9/6/2024 at 10:21PM- sutures noted above right eyebrow no swelling/discharged noted to area... 9/8/2024 observed PM nurse applying pressure to resident's left eye... notice laceration that needed suture... 9/9/2024 at 5:29AM- Resident will be returning back to facility with four sutures to her left brow...</p> <p>Subsequent Progress Notes 8/24/2024- Resident observed lying on the right side of body on the floor... resident has no signs of grimaces or sounds of discomfort observed... Nurse Practitioner (NP) recommended X-Ray order of right shoulder.</p> <p>8/20/2024- Resident was found on the floor... abrasion noticed on the left side of her back...</p> <p>8/5/2024- Resident was found on the floor in the hallway unwitnessed... right knee has a quarter size abrasion area...</p> <p>7/30/2024- witnessed fall- resident attempted to walk in her room... resident hit her head on the floor causing swelling on the right side of head... sent out to hospital for further evaluation... 7/29/2024- Resident had a fall with no injury. 7/27/2024- Resident found in her room.</p> <p>7/5/2024- Resident was found in her bathroom on the floor bleeding from her right eye.</p> <p>7/6/2024- resident is admitted to hospital for</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 16</p> <p>multiple rib fractures.</p> <p>6/26/2024- Late entry for 6/25/2024- Resident observed on the floor, laying on the right side of her body... nurse noted redness on bilateral leg and right side of body... resident sent out to the hospital for further evaluation.</p> <p>6/27/2024- Resident has a cervical collar on her neck... CT cervical acute complex fracture at C5 and T1-T3</p> <p>R6's Service Plan dated 6/21/2024. Falls: Fall Risk Safety Checks: requires fall risk safety checks. Resident requires routine safety checks r/t impaired cognitive/mobility. R'6s Service plan does not indicate resident centered and measurable interventions to prevent falls/falls with injuries. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R7 is 99-year-old. R7 moved into this community on 12/31/2023. R7's diagnoses include but not limited to Edema, Shortness of Breath, Dysphagia, Glaucoma, Syncope and Collapse, Anxiety Disorder, Acute Systolic Heart Failure. R7 was admitted to Hospice Care on 1/23/2024. R7's Service plan dated 1/17/2024 does not indicated the amount, type, and frequency of hospice services R7 will receive. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R9 is 86-year-old. R9 moved into this community on 2/26/2024. R9's diagnoses include but not limited to Dementia, Hypertensive Chronic Kidney Failure Stage 1-4, CDK Stage 3, Muscle Weakness, A Fibrillation, Hypertension, Pain.</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 17</p> <p>R9 was admitted to hospice care services on 9/7/2024 with diagnosis of Nontraumatic Intracranial Hemorrhage. R9's Service plan dated 2/26/2024 does not indicated the amount, type, and frequency of hospice services R8 will receive. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R10 is 93-year-old. R10 moved into this community on 2/6/2024/ R10's diagnoses include but not limited to Senile dementia, Osteoarthritis, Anemia, COPD, Hypothyroidism, Pelvic Fracture, Alzheimer's Disease Late Onset. R10's Physician's Order undated, given by Nurse Practitioner and Faxed to ALC Home Health by Facility on Jul 24. 2024 at 7:12PM indicated: ALC PT/OT evaluate and treat. HHC, Nursing care for Catheter care indwelling Foley R10's service plan dated 2/10/2024 does not indicated the amount, type, and frequency of Home Health Services and Physical/Occupational Therapy services R10 will receive. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R12 is 77-year-old. R12 move into this community on 2/29/2024. R12 diagnoses include but not limited to Cognitive Impairment, Hyponatremia, Depression, Rhabdomyolysis, Other symptoms, and signs involving cognitive functions.</p> <p>R12's Elopement Risk Assessment dated: 3/7/2024- Score 11 Total Score: A SCORE OF 10 OR HIGHER= AT RISK R12's Mini Mental State Exam (MMSE) dated</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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	
A4010	<p>Continued From page 18</p> <p>2/28/2024- Score 10/30- Evaluating Total Score= 20-1 confused</p> <p>R12's Progress Notes- no elopement notes since admission</p> <p>R12's Reportable dated 3/7/2024- Community relations director observed resident walking outside without a care staff present. Facility fire drill was in progress. resident was escorted back into the building without any issues. Head to toe assessment completed.</p> <p>On 10/17/2024 at 2:35PM, E34 (Community Relations Director) said "I was going out the back to smoke when I saw that Thomas was out there, he was outside with no shoes only with socks, I don't know how long he was there, I came to the front door with him. We can go down the elevator and out the back door without a fub. unless someone was not watching that he was able to come downstairs and through the back door."</p> <p>R12's Service Plan dated 2/29/2024 indicated Elopement Risk: Resident is at risk for elopement r/t impaired cognition and history of PTSD. Service Plan was not updated with interventions to prevent elopement after successful elopement form locked establishment. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R13 is 72-year-old. R13 move into this community on 11/29/2021. R13's diagnoses include but not limited to Major Neurocognitive Disorder, Osteoarthritis, Hypertension, Vascular Dementia.</p> <p>R13's Elopement Risk Assessment 3/9/2024- Score 9 Total Score: A SCORE OF 10 OR HIGHER= AT RISK</p>	A4010			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 19</p> <p>R13's MMSE dated. 11/29/2023- Score 13/30- Evaluating Total Score= 20-1 confused</p> <p>R13's Progress Note indicated the following: 3/9/2024 at 6:51PM- writer witnessed Activity Aide exiting the building back door of Grace Point Place with resident ...Activity Aide said that she saw resident exiting the back door and follow trying to pursue her to come back.</p> <p>R13's Reportable dated 3/9/202 Resident was observed exiting the building by the Activity Aide and nurse on duty escorted the resident back to the community. Resident was not in any distress, she stated she was looking for her baby...</p> <p>R13's Service Plan dated 3/9/2024 indicates wanders: wanders and exit seek; requires cueing and redirection (wanders frequently and indiscriminately; may wander at night, has the potential to wander out of building, is an elopement risk). Resident is at risk for elopement r/t impaired cognition, delusions, and hallucinations. Service Plan was not updated with interventions to prevent elopement after successful elopement form locked establishment. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R14 is 76-year-old. R14 moved into this community on 11/01/2022. R14's diagnoses include but not limited to Dementia, Atrial Fibrillation, Rheumatoid Arthritis, GERD, Hyperlipidemia, Cough, Pain, Restlessness and Agitation, Hyperlipidemia, Hypertension.</p> <p>Elopement Risk Assessment 4/12/2024- Score 12- Total Score: A SCORE OF 10 OR HIGHER= AT RISK</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 20</p> <p>R14's MMSE dated. 11/02/2023- Score 3/30- Evaluating Total Score= 20-1 confused</p> <p>R14's Progress Notes indicated; 4/11/2024 at 9:12PM- writer notified by staff that resident was noted outside of rear exit, writer assessed resident for pain and injuries.</p> <p>Reportable dated 4/11/2024- Caregiver (C.S.) observed resident looking lost and trying to get back into the community through the rear exit door. Resident was escorted back into the community and nurse on duty performed a full head to toe assessment. No signs of distress or any injury noted...</p> <p>R14's Service Plan dated 12/27/2022 does not indicate elopement risk. Service Plan was not updated with interventions to prevent elopement after successful elopement form locked establishment. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R1, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14's service Plan were not signed and dated by the individuals involved in its development.</p> <p>R4's diagnoses include but not limited to Dementia, Adjustment Disorder with Anxiety. R4's Mini Mental Exam dated 6/10/24 is 0 (Confused). R4 notes dated 8/26/24 6:13am entered by E24 (Licensed Practical Nurse) documented, "Resident note to have turned her roommate around in the bed and pulling her legs off the bed resident holding on as not to fall. Roommate did not hit the fall."</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 21</p> <p>R4's notes documents some of the following behavior: 7/7/24 ...aggressive towards behavior 7/30/24 ...aggressive behavior that was shown towards resident ... 8/12/24 ...verbally threatening to physically assault staff and resident that was in the bed . 8/25/24 ...refused to be changed becoming aggressive and attempting to put up a fight ... 10/13/24 ... agitated and aggressive with staff trying to assist with incontinence. These are some of the notes regarding R4's aggressive behavior. Review of R4's Service plan with an effective date of 10/17/24 (date of survey). There was no intervention in place for R4's behavior concerns.</p> <p>Per R1's face sheet, R1 is 74 years old. R4 moved into the establishment on 12/1/23. R1's diagnoses include but not limited to R1's notes documented Unspecified Dementia. On 10/16/24 at 11:16am, E1 (Executive Director) said R1 has hypersexual behavior, in January (R1) took a male resident in the bathroom and barricade door using wheelchair. When asked what they were doing, (R1) answered she was performing oral sex to the male resident. On another incident, R1 was found naked with another resident in a male resident's bedroom. Unknown if an actual sexual intercourse occurred. R1 was guided out of the room. On 10/16/24 at 12:43pm, E23 said she found R1 in one of the males (R17) resident's room in bed without her bottoms. E23 did not check whether the male resident was also naked. E23 stated that she redirected R1 out of the room. "At that particular time, they were just in bed." E23 said that R1 would wander to R17's room. I heard she wanders to another male residents' room. " On 10/17/24 at 1:08pm, E29 (Caregiver) said she</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4010	<p>Continued From page 22</p> <p>heard R1 performed oral sex on someone. On 10/17/24 at 2:08pm, E15 (Caregiver) said, R1 wanders during the night, "She goes to other residents' room, there were plenty of time that we caught her." There was one time, R1 was found in a male resident's room naked. The male resident was not in the room that time. On 10/17/23 at 4:02pm, E27 (Caregiver) said that there were times that R1 tried to get into other resident's bed. ". I have seen her try to take men in wheelchair, take them where into empty room and bedroom, this is my husband. But they were never naked." On 10/21/24 at 8:33am, E32 (Licensed Practical Nurse) said somewhere in August or September, R1 was seen in other resident's room.</p> <p>R1's Service plan (1/18/24) indicated Care staff to ensure residents whereabouts at all times and redirect resident from entering and seeking out male residents. Staff to provide redirection as needed and prevent wandering and prevent elopement. This intervention was not followed as R1 was found in other people's rooms. On 10/2/24 R1 tested positive for Herpes Simplex Virus 1 and 2. The last one was transmitted through sexual contact. Unable to determine when R1 had contracted the disease. This disease was not listed on R1's initial health evaluation.</p> <p>On 10/21/2024 at 12:49PM, E22 (Assistant Clinical Services Director) said that Service Plans are updated 3 months after moving in, then 6 months, and then every year. Also, with change in condition, which can be mental Status change, behavioral change, is admitted to hospice, wounds, falls/falls with injuries, elopement.</p>	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	Continued From page 23	A4060		
A4060	<p>Seciton 295.4060 Alzheimer's and Demential Programs</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.4060 Alzheimer's and Dementia Programs</p> <p>a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act)</p> <p>b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident 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 150(b) of the Act)</p> <p>c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare, or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician.</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	<p>Continued From page 24 (Section 150(c) of the Act)</p> <p>g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation.</p> <p>h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall:</p> <p>1) Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act;</p> <p>2) Ensure that a resident's representative is designated for the resident;</p> <p>3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who:</p> <p>A) May wander; and</p> <p>B) May need supervision and assistance when evacuating the building in an emergency;</p> <p>4) Provide coordination of communications with each resident, resident's representative, relatives, and other persons identified in the resident's service plan;</p> <p>5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	<p>Continued From page 25</p> <p>that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination;</p> <p>6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;</p> <p>7) At a minimum, provide 1.4 hours of services per resident per day. For purposes of this Section, services shall mean assistance with activities of daily living, activities-based programming, and services delivered to the resident to meet the unique needs of residents with dementia;</p> <p>8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section;</p> <p>9) Develop emergency procedures and staffing patterns to respond to the needs of residents; (Section 150(f) of the Act)</p> <p>10) Provide encouragement to eat snacks and meals and to take liquids; and</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	<p>Continued From page 26</p> <p>11) Have a supervisor of the program with training as outlined in subsection (i)(1) of this Section.</p> <p>(Source: Amended at 28 Ill. Reg. 14593, effective</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to follow policy and procedures to prevent residents for eloping from a locked facility for three residents (R12, R13, R14), This failure has the probability to affect all residents.</p> <p>Findings include:</p> <p>R12 is 77-year-old. R12 move into this community on 2/29/2024. R12 diagnoses include but not limited to Cognitive Impairment, Hyponatremia, Depression, Rhabdomyolysis, Other symptoms, and signs involving cognitive functions.</p> <p>R12's Elopement Risk Assessment dated: 3/7/2024- Score 11 Total Score: A SCORE OF 10 OR HIGHER= AT RISK</p> <p>R12's Mini Mental State Exam (MMSE) dated 2/28/2024- Score 10/30- Evaluating Total Score= 20-1 confused</p> <p>R12's Progress Notes- no elopement notes since</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	<p>Continued From page 27</p> <p>admission</p> <p>R12's Reportable dated 3/7/2024- Community relations director observed resident walking outside without a care staff present. Facility fire drill was in progress. resident was escorted back into the building without any issues. Head to toe assessment completed.</p> <p>On 10/17/2024 at 2:35PM, E34 (Community Relations Director) said "I was going out the back to smoke when I saw that Thomas was out there, he was outside with no shoes only with socks, I don't know how long he was there, I came to the front door with him. We can go down the elevator and out the back door without a fub. unless someone was not watching that he was able to come downstairs and through the back door."</p> <p>R12's Service Plan dated 2/29/2024 indicated Elopement Risk: Resident is at risk for elopement r/t impaired cognition and history of PTSD. Service Plan was not updated with interventions to prevent elopement after successful elopement form locked establishment. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R13 is 72-year-old. R13 move into this community on 11/29/2021. R13's diagnoses include but not limited to Major Neurocognitive Disorder, Osteoarthritis, Hypertension, Vascular Dementia.</p> <p>R13's Elopement Risk Assessment 3/9/2024- Score 9 Total Score: A SCORE OF 10 OR HIGHER= AT RISK R13's MMSE dated. 11/29/2023- Score 13/30- Evaluating Total Score= 20-1 confused</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	<p>Continued From page 28</p> <p>R13's Progress Note indicated: 3/9/2024 at 6:51PM- writer witnessed Activity Aide exiting the building back door of Grace Point Place with resident ...Activity Aide said that she saw resident exiting the back door and follow trying to pursue her to come back.</p> <p>R13's Reportable dated 3/9/202 Resident was observed exiting the building by the Activity Aide and nurse on duty escorted the resident back to the community. Resident was not in any distress, she stated she was looking for her baby...</p> <p>R13's Service Plan dated 3/9/2024 indicates wanders: wanders and exit seek; requires cueing and redirection (wanders frequently and indiscriminately; may wander at night, has the potential to wander out of building, is an elopement risk). Resident is at risk for elopement r/t impaired cognition, delusions, and hallucinations. Service Plan was not updated with interventions to prevent elopement after successful elopement form locked establishment. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>R14 is 76-year-old. R14 moved into this community on 11/01/2022. R14's diagnoses include but not limited to Dementia, Atrial Fibrillation, Rheumatoid Arthritis, GERD, Hyperlipidemia, Cough, Pain, Restlessness and Agitation, Hyperlipidemia, Hypertension.</p> <p>Elopement Risk Assessment 4/12/2024- Score 12- Total Score: A SCORE OF 10 OR HIGHER= AT RISK 4/8/2024- Score 9</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	<p>Continued From page 29</p> <p>R14's MMSE dated. 11/02/2023- Score 3/30- Evaluating Total Score= 20-1 confused</p> <p>R14's Progress Notes indicated: 4/11/2024 at 9:12PM- writer notified by staff that resident was noted outside of rear exit, writer assessed resident for pain and injuries.</p> <p>Reportable dated 4/11/2024- Caregiver (C.S.) observed resident looking lost and trying to get back into the community through the rear exit door. Resident was escorted back into the community and nurse on duty performed a full head to toe assessment. No signs of distress or any injury noted...</p> <p>R14's Service Plan dated 12/27/2022 does not indicate elopement risk. Service Plan was not updated with interventions to prevent elopement after successful elopement form locked establishment. The service Plan was not signed and dated by the individuals involved in its development.</p> <p>On 10/17/2024 at 2:30PM- E1 (Executive Director) said that staff who witnessed the elopement for R13 and R14 are no longer employed in this community. E22 (Assistant Clinical Service Director) provided a list of staff who worked when the incidents with R13 and R14 happened and all of them said that there were not in the community when these incidents happened.</p> <p>Establishment's Policy titled "Elopement/Missing Resident updated May 20.20222 indicates "Elopement precautions and response</p>	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510483	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER GRACE POINT PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 W 101ST OAK LAWN, IL 60453		
(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
A4060	Continued From page 30 procedures are carried out for resident safety. 2. Missing Person- General Procedure b. Staff shall remain alert and follow re-direction techniques if a wandering resident gains access to any exit areas. c. Staff shall request help if wandering resident cannot be redirected easily. e. Staff will be routinely alerted by the Executive Director or designee, any resident identified to be at risk. f. Care/Service plans will reflect interventions for resident safety. g. Routine safety checks will be made by staff. 6. Missing Perso- when resident returns to community a. Obtain updated medical evaluation from hospital or doctors office. Initiate any new orders. b. Establish private duty care for resident oversight until resident re-assessment indicates there is no longer a need. c. Maintain resident behavior monitoring for identification of any triggers. d. Complete resident record documentation. e. Update service plan and resident summary to reflect potential elopement. f. Inservice care staff and any relevant staff members. g. Evaluate the community's continued ability to meet resident's needs."	A4060		