

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2024
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108
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(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 A4000	<p>Initial Comment</p> <p>Annual Licensure Survey</p> <p>Section 295.4000 Physician/s Assessment</p> <p>This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment</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 by a physician upon identification of a significant change in the resident's condition.</p> <p>d) When a physician's assessment is conducted pursuant to this Part, all current negotiated risk agreements shall be renegotiated as necessary.</p> <p>e) More frequent assessments of skin</p>	A 000 A4000		

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

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A4000	<p>Continued From page 1</p> <p>integrity and nutritional status shall be required (Section 15 of the Act) as ordered by the resident's physician and as arranged for by the resident.</p> <p>f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed.</p> <p>g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment.</p> <p>h) The establishment shall monitor and have a reporting procedure in place for notifying a relative or other individual in an emergency situation, significant change in resident's condition, or termination of residency.</p> <p>i) The establishment shall have policies in place to respond to the gradual deterioration of a resident's ability to carry out the activities of daily living that may accompany the aging process.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assure annual comprehensive position assessments are completed annually and upon change of condition for R1 through R6. This also applies to all residents in the facility.</p> <p>Findings include:</p>	A4000		

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A4000	<p>Continued From page 2</p> <p>Review of EMR's (electronic medical record) of R1 through R6 documents admission dates as follows:</p> <p>R1 2/14/24 R2 8/29/22 R3 7/13/22 R4 9/11/23 R5 10/10/21 R6 10/25/22</p> <p>R2 through R6 did not have annual physician assessments completed.</p> <p>E2 stated on 10/26/24 at 2:10pm she had only been the DON for 1 ½ months. E2 was not aware this document must be completed annually and as well as with a change in condition.</p> <p>This document is titled "Physician's Report for Community Care Facilities". This form includes a question inquiring "In your opinion does this person require skilled nursing care?" There is no mention of Assisted Living care, so it is unclear what type of care is required (a 'yes' or 'no' question). R2 and R4 have 'yes' selected indicating they require skilled nursing care. For R1, R3, R5, and R6 that question is blank.</p> <p>This document also lacks identifiable physician signature as well as a printed signature and address (left blank) for R2, R5, and R6. R1 and R4 have no physician's signature.</p>	A4000		