

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510349	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2025
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF HIGHLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 GREEN BAY ROAD HIGHLAND PARK, IL 60035
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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	Initial Comment Annual Licensure Survey Conducted Violation: REPEAT 295.4010a)d)e)g)1)C)2)3)h) - Service Plan	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: REPEAT Type 2 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. 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) 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). g) Service plans shall address:	A4010		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A4010	<p>Continued From page 1</p> <p>1) The level of service the resident is receiving, including:</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> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the establishment failed to revise service plans as resident service needs changed. The establishment also failed to address the frequency of health-related services needed by the resident. This failure involves 3 of 7 residents reviewed for this requirement (R3, R5, and R7).</p> <p>Findings Include:</p> <p>During record review on 7/21/2025 at 9:10 AM it was found that the establishment had an annual survey conducted on 7/29/2024-7/31/2024. During this annual survey, the establishment was cited for violation of 295.4010- Service Plan.</p> <p>During record review on 7/21/2025 at 10:00 AM a list of residents receiving hospice care was provided by the establishment. R3 and R7 were</p>	A4010		

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A4010	<p>Continued From page 2</p> <p>included on that hospice list. The establishment provided a list of residents receiving physical therapy (PT), occupational therapy (OT), and speech Therapy (ST). R5 was on the therapy list for PT, OT, and ST. R3 was not on the therapy list.</p> <p>During record review on 7/21/2025 at 1:43 PM R7's service plan, dated 5/22/2025, was reviewed. The service plan did not state the frequency of R7's hospice care.</p> <p>During record review on 7/21/2025 at 1:48 PM R3's service plan, dated 6/2/2025, was reviewed. This service plan stated that R3 was receiving physical therapy services. This service plan did not state the frequency of R3's hospice care.</p> <p>During record review on 7/21/2025 at 2:00 PM R5's service plan, dated 5/22/2025, was reviewed. This service plan did not state the frequency of R5 physical therapy services.</p> <p>During interview with E4 (LPN) on 7/21/2025 at 2:50 PM they stated, "R7's hospice nurse came at least once a week or more. The CNA came at least 3 times a week. I'm not exactly sure on the frequency because I don't work that floor quite as much. R3 is not on PT, they are on hospice. R3 has Guardian Hospice so they come a little more often. I want to say the CNA comes 5 days a week and the nurse comes 2 or 3 times. I am not exactly sure but I can look it up. R5 is seen by PT/OT three times a week. R5 does not have any wounds. I believe R5 is appropriate for care here."</p>	A4010		