

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2024
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NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013
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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 Survey conducted on 10/01/2024. 295.4010 Cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation (REPEAT) Section 295.4010 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. c) The service plan shall be signed and dated by all individuals involved in its development. 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,	A4010		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A4010	<p>Continued From page 1</p> <p>cognitive, or functional condition (see Section 295.4000).</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> <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>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to update service plans with amount, type, and frequency of health-related services needed by the resident. The facility also failed to include a registered nurse in the development of service</p>	A4010		

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A4010	<p>Continued From page 2</p> <p>plans. Finally, the facility failed to involve residents or resident representatives in the development of service plans. These failures involve 7 of 7 residents reviewed for these requirements (R1, R2, R3, R4, R5, R6, & R7).</p> <p>Findings include:</p> <p>During record review on 10/01/2024 at 10:21 AM it was found that the facility had been cited for 295.4010- Service Plan and their last year's annual survey.</p> <p>During record review on 10/01/2024 at 10:25 AM the facility provided a list of residents receiving home health. This list included R1, R3, and R4.</p> <p>During record review on 10/01/2024 at 12:30 PM R1's service plan, dated 7/15/2024, was reviewed. It was found that the service plan did not address the frequency of R1's Physical Therapy or Occupational Therapy. The service plan was not signed by a registered nurse or the resident/resident representative.</p> <p>During record review on 10/01/2024 at 12:35 PM it was found that R2's service plan, dated 9/30/2024, was not signed by a registered nurse.</p> <p>During record review on 10/01/2024 at 12:47 PM R3's service plan, dated 9/13/2024, was reviewed. It was found that the service plan did not address R3's Physical Therapy or Occupational Therapy. The service plan was not signed by a registered nurse or the resident/resident representative.</p> <p>During record review on 10/01/2024 at 12:54 PM R4's service plan, dated 8/14/2024, was reviewed. It was found that the service plan did</p>	A4010		

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A4010	<p>Continued From page 3</p> <p>not address R4's Physical Therapy or Occupational Therapy. The service plan was not signed by a registered nurse or the resident/resident representative.</p> <p>During record review on 10/01/2024 at 1:01 PM R5's service plan, dated 4/21/2024, was found not signed by a registered nurse or the resident/resident representative.</p> <p>During record review on 10/01/2024 at 1:06 PM R6's service plan, dated 7/13/2024, was found not signed by a registered nurse or the resident/resident representative.</p> <p>During record review on 10/01/2024 at 1:10 PM R7's service plan, dated 6/07/2024, was found not signed by a registered nurse or the resident/resident representative.</p> <p>During interview on 10/01/2024 at 12:15 PM with E1 (Director of Nursing) they stated, "I know we have some unsigned service plans."</p> <p>During interview on 10/01/2024 at 1:33 PM with E1 they stated, "R1 started PT on 9/16/2024 and OT on 9/17/2024. R3 started PT and OT on 9/9/2024. R4 started PT 8/26/2024 and OT on 9/2/2024."</p>	A4010		