

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER Encore Village		STREET ADDRESS, CITY, STATE, ZIP CODE 350 West Schaumburg Road Schaumburg, IL 60194	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its advance directive/life sustaining policy by not having power of attorney implemented for a resident. This applies to 1 of 3 (R1) residents reviewed for advance directives in a sample of 3. The findings include: R1 was an [AGE] year-old male admitted on [DATE] having moderate cognitive impairment as per the Minimum Data Set (MDS) dated [DATE] and with an admitting diagnosis including heart failure, atrial fibrillation, urinary retention, urinary tract infection (UTI), history of falling, and Benign Prostatic Hyperplasia. On 10/10/25 at 11:25 AM, V9 (Nurse Practitioner) stated, The daughter was making decision on R1. One-time R1 came back from the hospital, signing out Against Medical Advice (AMA) on Uber. The daughter said she was tired of him and asked why the facility couldn't call my fiance, who has the power of attorney. On 10/14/25 at 1:46 PM, V7 (Social Service) stated, I am not sure who was the power of attorney for R1. I will ask the administrator about the R1's POA. On 10/10/25 at 1:12PM, V6 (R1's son-in-law) stated, I am R1's power of attorney, and the facility didn't let me know about R1's condition until the day R1 passed away. I am not worried that they called V5 to notify R1 of the change in condition. They always contact V5; nobody informed me about R1's decline or about his multiple falls. On 10/14/25 at 2:00 PM, V1 (Administrator) stated, We never got any power of attorney (POA) paperwork. V5 is the primary contact, so we were contacting V5. It was a mistake that staff were documenting V6 as R1's POA. On 10/14/25 at 11:00 AM, V1 added, The social service has the sole responsibility to have the advance directive in place for our residents. R1's medical record did not reveal any paperwork designated in writing that V5 nor V6 as R1's Power of Attorney. A review of the facility provided advance directive/life sustaining treatment policy revised on 11/24 document: The Social Service Director and or designee will assess. Care plan and implement Advance Directives within 30 days after admission. Definition For the purpose of this policy resident representative means a person appointed as a decisional representative that is either designated in writing by a resident to be his or her power of attorney or the resident's healthcare surrogate or guardian.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145341
		If continuation sheet Page 1 of 1