STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510563	A. BUILDING: _____ B. WING _____	C 03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAZING GRACE SENIOR LIVING	7432 WEST TALCOTT AVENUE CHICAGO, IL 60631

(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 Complaint Investigation 2581396/IL186674 295.6030b) cited	A 000		
A6030	Section 295.6030 Resident's Representative This Regulation is not met as evidenced by: Type 3 Violation Section 295.6030 Resident's Representative a) Designation of a resident's representative may be accomplished through the Illinois Power of Attorney Act, pursuant to the guardianship process under the Probate Act of 1975, or pursuant to an executed designation of representative form specified by the Department. (Section 10 of the Act) b) The Department and the establishment shall recognize the authority of a resident's representative designated in accordance with this Section, a legally appointed guardian, an agent designated by the resident pursuant to the Powers of Attorney for Health Care Law, or a surrogate decision maker appointed in accordance with the Health Care Surrogate Act. c) The designation of a representative pursuant to the Department's form shall meet the following conditions: 1) The designation shall be in writing and be signed by the resident; 2) Documentation of the designation shall be provided to the establishment; and	A6030		

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A6030	Continued From page 1 3) The resident must be competent at the time of the designation. d) If a resident is not able to communicate his or her own needs in any manner, the resident's representative must reside in the establishment and have a prior relationship to the resident. (Section 75(c)(2) of the Act) This requirement was not met as evidence by: Based on interview and record review, the facility failed to obtain resident's Power of Attorney consent prior to treatment for one resident (R1) out of three resident reviewed for therapy services in a sample of three. Findings include: R1's medical record documents R1 has a diagnosis of Alzheimer's with behavioral disturbances. R1's medical record documents a POA for healthcare and finance was established 6/5/23. The facility's physical therapy case load report dated 12/9/24 documents "(R1) OT (Occupational Therapy) eval scheduled 12/11 (pending POA consent). PT (Physical Therapy) scheduled on 12/13 (pending POA consent) The establishment's "Patient/POA Consent & Financial Liability" for therapy service documents R1 signed the consent for services on 12/12/24. The establishment's Physical Therapy Discharge Report dated 2/2/25 documents R1 received therapy services from 12/13/24 to 2/2/25.	A6030		

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A6030	Continued From page 2 On 3/21/25 at 9:20 AM, E2, Director of Nursing/DON, stated When (Physical Therapy Company) was in R1's room one day, R1's POA asked why R1 was getting PT services since R1 was already getting therapy outside the establishment. R1's POA told PT she didn't authorize R1 to get PT services. E2 stated "So what happened was that one of our (Physical Therapy Company) was rounding on residents and picked (R1) up for PT, but they didn't know (R1) was already getting services outside here (establishment)." E2 stated when the establishment was notified that (Physical Therapy Company) was providing services to R1, they all had a sit down meeting about it because R1 isn't his own POA and was already receiving therapy services. R1's POA signs everything for him and there was no physician's order or authorization from the POA to start services. On 3/21/25 at 9:46 AM, E3, Occupational Therapist/OT, stated "Before the first of the year, we did quarterly screens on all residents. On 12/2/24, we did an initial evaluation on (R1) and it indicated he had a balance deficit. We sent an order request to (R1)'s doctor to start therapy services and he signed off on it. Once we got the order, we had (R1) sign the authorization to start PT (Physical Therapy)" E3 stated she emailed a case load report to E2, DON, on 12/16/25, showing R1 was picked up for therapy service. E3 stated the case load report was sent after R1's therapy services started. E3 stated she was not aware R1 was getting therapy services outside the establishment and that R1's POA was required to sign all documents. On 3/21/25 at 11:07 AM, R1 was asked a series of questions about his therapy services. R1 was	A6030		

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A6030	Continued From page 3 unable to recall the details of the events. R1 was alert and oriented to self and place.	A6030		