STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510229	A. BUILDING: _____ B. WING _____	05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLNSHIRE PLACE LOVES PARK	6617 BROADCAST PARKWAY LOVES PARK, IL 61111

(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 5/19/2025. Violations: Section 295.2040 b)d) Section 295.4010 g)2) REPEAT VIOLATION	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. These requirements were not met as evidenced by: Based on record review and interview, the facility failed to conduct a tornado drill on each shift during February of each year for employees. This failure involves all residents of the facility and all employees of the 2nd and 3rd shifts. The facility also failed to orient a resident to the emergency and evacuation plans within 10 days after the resident's arrival. This failure involves 1 out of 4	A2040		

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A2040	Continued From page 1 residents reviewed for this requirement (R3). Findings include: During record review on 5/19/2025 at 11:00 AM the facility provided their May 2025 staffing schedule. This schedule shows 3 shifts (1st shift, 2nd shift, & 3rd shift). During record review on 5/19/2025 at 12:00 PM it was found that the facility only conducted one tornado drill during February of 2025. This drill was done on 2/20/2025 at 1:40 PM- 1:45 PM. During record review on 5/19/2025 at 1:07 PM it was found that R3, with an admission date of 1/8/2025, did not have an orientation to the emergency and evacuation plans until 1/20/2025. During an interview with E3 (LPN) on 5/19/2025 at 1:01 PM they stated that there was only one tornado drill done in February.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation REPEAT VIOLATION Section 295.4010 Service Plan g) Service plans shall address:	A4010		

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	ASL510229	A. BUILDING: _____ B. WING _____	05/19/2025

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A4010	Continued From page 2 2) The amount, type, and frequency of health-related services needed by the resident; This requirement was not met, as evidenced by: Based on record review and interview, the facility failed to address the amount, type, and frequency of health-related services needed by the resident in the service plan. This failure involves 1 of 4 residents reviewed for this requirement (R3). Findings include: During record review on 5/19/2025 at 9:30 AM it was found that the facility's last annual survey was conducted on 3/4/2024. During that survey, the facility was written for a violation of 295.4010-Service Plan. During record review on 5/19/2025 at 9:45 AM the facility provided a list of residents. This list of residents included R3 and stated that R3 was receiving home health services for catheter and wound care. During record review on 5/19/2025 at 11:46 AM it was found that R3 did not have a frequency listed for their home health visits addressing R3's wounds and catheter care. During interview with E2 (Director of Nursing) on 5/19/2025 they stated that they did not know how often R3's home health nurse comes to treat R3's wounds. During an interview with E3 (LPN) on 5/19/2025 at 1:01 PM they stated that R3 was currently receiving home health services.	A4010		