

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510184	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/28/2026
NAME OF PROVIDER OR SUPPLIER HARBOR CHASE OF NAPERVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1619 N MILL STREET NAPERVILLE, IL 60540		
(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 Investigations IL200354 295.4000b)c) 295.4010d)e)g)1) 295.7000b)10) IL200374 295.2000a)e)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 1 Violation - Repeat Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) e) Residency shall be terminated in accordance with Section 295.2010 when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act)	A2000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A2000	Continued From page 1 Based on observation, interview and record review, the facility failed to reassess a resident for residency requirements upon a change in condition for one resident (R3) out of five residents reviewed for staffing requirements. This failure resulted in R3 having multiple falls due to his decline in condition, refusal to seek assistance and requiring a 2 person assist for transfers. This failure creates a substantial probability of severe harm to a resident or residents. Findngs include: R3 was admitted to the facility on 7/12/17 with a diagnosis of Parkinson's Disease. E2, Resident Care Director, confirmed R3's last known physician assessment is dated 5/12/23. R3's service plan documents the following: Need: Transferring Category: ADL Services Area: Transferring Goal: Resident will maintain and/or maximize current level of functioning with transferring Action: Level of Assistance-Transferring: Independent Resident does not require assistance with transferring Need: Fall Potential Category: ADL Services Area: Fall Potential. Goal: Resident will maintain and/or maximize current level of functioning with fall potential. .11/1/25, no injuries. Action: Fall Potential; moderate; last fall 4/7/24; use devices to walk in room; check breaks; toilet after each meal and q 2 -3 hours; PT/OT; lock wheelchair, personal items in reach, review medications, 2 falls in August; no injuries; hazards/clutter in room, adequate lighting,	A2000		

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A2000	Continued From page 2 adequate nutrition, proper footwear, assess for pain, medication review, encourage to use pendant for help, encourage to participate in activities;personal items within reach, wear glasses, assess mobility, transfer. R3's medical record documents the following falls: 12/15/2025 2:23PM Fall Resident was heard screaming for help. Upon arrival, resident was found on the floor without his pendant in place. Resident denied hitting his head. Vital signs were obtained WNL (Within Normal Limits). Resident was educated on the importance and proper use of his pendant. Resident verbalized understanding. 01/15/2026 9:27PM Incident At around 7:30pm, care staff called writer to resident's room, writer went immediately, observed resident laying on the floor next to his bed. Assessed on the floor, noted skin tear to left shin. No changes in ROM (Range of Motion). Alert and oriented x3. Skin tear to left shin cleaned and applied dry dressing, no bleeding noted. Resident stated left shin feels tender with touch. Encouraged he go to the hospital. Resident refused. POA (Power of Attorney), DON (Director of Nursing) and MD notified. 01/25/2026 11:52AM Incident Nurse was called to the residents room, Resident found on the floor sitting with his back against his bed he states he slid from his bed. Resident denies any pain at this time. No injuries noted. Alert to baseline, Vs stable. Fall f/u in place. POA, MD, DRC (Director or Resident Care) notified. 02/11/2026 1:47PM Incident (Maintenance) found	A2000		

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A2000	Continued From page 3 resident in the bedroom near bed on the floor. (Maintenance) was coming in to change heater and found resident. Resident did not use pendant which was placed around neck. Resident verbalized that he fell on to the floor knees first. Resident was trying to transfer self from bed to power wheel chair and power wheelchair moved when accidentally touched the handlebar. resident denies pain. This writer provided a range of motion to extremities and skin assessment and vitals signs at time of incident. Resident verbalized no pain and no sighs of bleeding and refused to be taken to emergency room. 03/06/2026 6:11AM Incident This nurse received a call from the care partner around 11:00 PM stating that the resident was found on the floor . Upon assessment , the resident was observed sitting on the floor in the living room. This nurse asked the resident how he ended up on the floor. The resident stated that he fell forward out of his electric chair and landed face down. assessment revealed a rug burn/ abrasion to the frontal area of the face. The resident was alert and able to communicate. The resident refused to go to the hospital for further evaluation and treatment. This nurse assisted the resident with changing clothes and assisted him back to bed. The resident denied pain and distress at the time of assessment. 03/08/2026 11:48AM Incident Resident found on bathroom floor by the toilet by nurse and CP (Care Partner), resident attempted to transfer self to the toilet and lost his balance and fell. Alert and oriented to baseline No injures or skin tears noted at this time, resident denies any new onset pain. Resident transferred to chair x3 assist. VS stable, resident reminded to use pendant to call for help, resident verbalized understanding. Toilet	A2000		

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A2000	Continued From page 4 was broken during the fall so patient was given a urinal until it is fixed. Maintenance work order in place. DRC and POA notified. Attempted to notify (MD) however office was closed. 03/09/2026 2:13PM Nursing Resident noted to be weak with difficulty standing and transferring. Resident complained of pain. Resident has a history of two recent falls occurring back-to-back. Vital signs obtained: BP 98/72, P 72, R 20, O2 96% on room air. NP (Nurse Practitioner) on file notified and gave order to send resident out for further evaluation. DRC notified of resident status and transfer 03/21/2026 2:09PM Incident Resident was found on the bathroom floor after the nurse was called to the room. Resident stated that his legs gave out. He denied hitting his head and denied any pain at the time of assessment. No bruising noted at this time. Resident is alert and oriented x3. BP 144/82, P 82, o2 96% Resident verbalized understanding of the need to call for assistance but continues to refuse at times. Nurse assisted resident into a chair, where he stated he was fine. NP,DRC notified, POA called ; no answer. 03/25/2026 11:14AM Incident Upon arrival, the resident was found on the floor in his bedroom. Resident stated he was attempting to go to the bathroom. Resident is alert and oriented. He denied hitting his head and reported no pain or discomfort. No abrasions or redness were observed. Resident was assisted to his chair and then to the bathroom. Resident was educated on calling for assistance to prevent falls. BP 148/86, P86, R18, O2 96%.NP and DRC were notified. POA was called; no answer. 03/26/2026 12:51PM Incident Care partner went	A2000		

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A2000	Continued From page 5 to escort resident to lunch and found resident on the floor. Resident refused to call for assistance, stating he had the urge to use the bathroom. Resident stated he did not hit his head and denied pain or discomfort at this time. Resident alert and orientated times 3. BP 144/86, P82, R 19, O2 96%. Resident has no abrasions/redness noted. Resident educated to use urinal if unable to wait for assistance. On 3/27/26 at 11:30 am, during an observation of residents getting to and eating lunch, R3 observed to have power wheelchair and shaking while eating lunch. R3's right leg appeared to keep dropping off the wheelchair's foot pedal. R3 would place it back on the foot pedal and then it would drop off again. On 3/27/26 at 12:22 pm, E3, Caregiver, was asked about R3's ability to transfer himself given the observation. E3 stated "(R3) has been needing 1-2 person assists with transfers. He was able to transfer himself, but he's now always a 1 person since his decline. Recently he's starting to require more of a 2-person transfer. He has days he's weaker, so it takes 2 people to transfer him." On 3/27/26 at 12:56 pm, while reviewing R3's service plan in the nurses station, E4, Nurse entered. E4 was asked if R3's service plan for his ability to transfer independently was accurate. E4 stated "No, (R3) is definitely at least a 1 person assist. He's had a decline in condition so he has days that he's weak and needs a 2 person assist" E4 was asked how long ago did R3 have a decline in condition requiring additional assistance. E4 stated "It's been a while. Two to Three months maybe." On 3/27/26 at 1:34 pm, E2, Resident Care	A2000		

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A2000	Continued From page 6 Director, was asked about R3's transfer status. E2 stated "(R3) is a 1 person assist for sure. (R3) has Parkinson's and he's has had a decline in condition. There are times he can be a 2 person assist. I agree that he's declining and needs more assistance. I talked to (E1, Executive Director) about setting up a meeting with the family to discuss his level of need, but she's on vacation." E2 was asked if there is any documentation of the facility evaluating or discussing R3's decline in condition and his need for a higher level of care. E2 stated "There's no documentation." On 3/27/26 at 2:10 PM, E5, E6 and E7 (Caregivers) were all asked about R3's decline in condition. All three stated R3 has had a decline in condition going from an independent transfer to a 1 person assist and is now intermittently requiring a 2 person assist. The caregivers were asked how long ago. They stated R3 declined to a 1 person assist "A while ago" and has been requiring a 2 person assist more often over the last couple of months. On 3/27/26 at 2:45 PM, E9, Nurse, was asked about R3's transfer status. E9 stated "(R3) has had a decline in condition due to his Parkinson's. He still wants to be independent, so he won't use his pendant and call for assistance. That's why he's been having a lot of falls. Like the one yesterday. He wants to hold onto his independence, but he's getting weaker and needs help. I'm getting ready to go down and assess him." This surveyor walked with E9 to R3's room. On 3/27/26 at 2:55 PM, R3 observed lying in bed close to the edge. R3 was asked about his falls. R3 stated that he knows to call for assistance but feels as though he doesn't need it. Confirmed he's had increased falls lately. Stated it happens	A2000		

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A2000	Continued From page 7 when he tries to transfer from the bed to his wheelchair or wheelchair to toilet. On 3/27/26 at 3:00 PM, E2 verified R3 has been having increased falls over the last couple of months. E2 stated that R3's falls are because he's had a decline in condition and refuses to use his call pendant to ask for help. With E2 present, R3's service plan was reviewed for falls. R3's service plan documents R3's last fall was on 11/1/25. E2 was asked if she could look up to see how many falls R3 has had over the last couple of months. E2 reviewed R3's chart and stated "It looks like he's had 7 falls. I see they aren't in his service plan, but I am currently updating it for when we talk to (R3)'s family about him possibly needing a higher level of care." This surveyor asked for R3's fall report, progress notes and accident/incident investigations. On 3/27/26 at 3:20 PM, E2 returned and handed this surveyor R3's requested documents. With E2 present, this surveyor went over R3's information and pointed out that R3 had 9 falls since December with 5 of them being in March. The medical records provided for R3 documents falls on 12/15/25, 1/15/26, 1/25/26, 2/11/26, 3/6/26, 3/8/26, 3/21/26, 3/25/26 and 3/26/26. E2 again stated that R3's falls are because he tries to transfer himself without calling for help. At 3:40 PM, E2 was again asked if there's any assessments for R3's change in condition to determine if he meets the facility's assisted living requirement. E2 confirmed knowing about R3 change in condition and possibly needing a higher level of care, but stated R3 hasn't been reassessed. E2 reiterated that once E1 gets back from vacation, they'll be setting up a meeting with R3's family to discuss R3's level of care needs.	A2000		

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A4000	Continued From page 8	A4000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 Violation - Repeat Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review, the facility failed to obtain a physician assessment upon identifying a resident's change in condition and annually for one resident (R3) out of four residents reviewed for physician assessment. This failure creates a substantial probability of harm to a resident or resident. Findings include: R3 was admitted to the facility on 7/12/17 with a diagnosis of Parkinson's Disease. E2, Resident Care Director, confirmed R3's last known physician assessment is dated 5/12/23. R3's service plan documents the following: Need: Transferring Category: ADL Services Area: Transferring Goal: Resident will maintain and/or maximize current level of functioning with transferring	A4000		

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A4000	Continued From page 9 Action: Level of Assistance-Transferring: Independent Resident does not require assistance with transferring Need: Fall Potential Category: ADL Services Area: Fall Potential. Goal: Resident will maintain and/or maximize current level of functioning with fall potential. .11/1/25, no injuries. Action: Fall Potential; moderate; last fall 4/7/24; use devices to walk in room; check breaks; toilet after each meal and q 2 -3 hours; PT/OT; lock wheelchair, personal items in reach, review medications, 2 falls in August; no injuries; hazards/clutter in room, adequate lighting, adequate nutrition, proper footwear, assess for pain, medication review, encourage to use pendant for help, encourage to participate in activities;personal items within reach, wear glasses, assess mobility, transfer. R3's progress notes documents "03/09/2026 2:13PM Nursing Resident noted to be weak with difficulty standing and transferring. Resident complained of pain. Resident has a history of two recent falls occurring back-to-back. Vital signs obtained: BP 98/72, P 72, R 20, O2 96% on room air. NP (Nurse Practitioner) on file notified and gave order to send resident out for further evaluation. DRC notified of resident status and transfer." On 3/27/26 at 11:30 am, during an observation of residents getting to and eating lunch, R3 observed to have power wheelchair and shaking while eating lunch. R3's right leg appeared to keep dropping off the wheelchair's foot pedal. R3 was place it back on the foot pedal and then it would drop off again.	A4000			

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A4000	Continued From page 10 On 3/27/26 at 12:22 pm, E3, Caregiver, was asked about R3's ability to transfer himself given the observation. E3 stated "(R3) has been needing 1-2 person assists with transfers. He was able to transfer himself, but he's now always a 1 person since his decline. Recently he's starting to require more of a 2-person transfer. He has days he's weaker, so it takes 2 people to transfer him." On 3/27/26 at 12:56 pm, while reviewing R3's service plan in the nurses station, E4, Nurse entered. E4 was asked if R3's service plan for his ability to transfer independently was accurate. E4 stated "No, (R3) is definitely at least a 1 person assist. He's had a decline in condition so he has days that he's weak and needs a 2 person assist" E4 was asked how long ago did R3 have a decline in condition requiring additional assistance. E4 stated "It's been a while. Two to Three months maybe." On 3/27/26 at 1:34 pm, E2, Resident Care Director, was asked about R3's transfer status. E2 stated "(R3) is a 1 person assist for sure. (R3) has Parkinson's and he's has had a decline in condition. There are times he can be a 2 person assist. I agree that he's declining and needs more assistance. I talked to (E1, Executive Director) about setting up a meeting with the family to discuss his level of need, but she's on vacation." E2 was asked if there is any documentation of the facility evaluating or discussing R3's decline in condition and his need for a higher level of care. E2 stated "There's no documentation." On 3/27/26 at 2:10 PM, E5, E6 and E7 (Caregivers) were all asked about R3's decline in condition. All three stated R3 has had a decline in condition going from an independent transfer to a 1 person assist and is now intermittently requiring	A4000		

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A4000	Continued From page 11 a 2 person assist. The caregivers were asked how long ago. They stated R3 declined to a 1 person assist "A while ago" and has been requiring a 2 person assist more often over the last couple of months. On 3/27/26 at 2:45 PM, E9, Nurse, was asked about R3's transfer status. E9 stated "(R3) has had a decline in condition due to his Parkinson's. He still wants to be independent, so he won't use his pendant and call for assistance. That's why he's been having a lot of falls. Like the one yesterday. He wants to hold onto his independence, but he's getting weaker and needs help. I'm getting ready to go down and assess him." This surveyor walked with E9 to R3's room. On 3/27/26 at 2:55 PM, R3 observed lying in bed close to the edge. R3 was asked about his falls. R3 stated that he knows to call for assistance but feels as though he doesn't need it. Confirmed he's had increased falls lately. Stated it happens when he tries to transfer from the bed to his wheelchair or wheelchair to toilet. On 3/27/26 at 3:00 PM, E2 verified R3 has been having increased falls over the last couple of months. E2 stated that R3's falls are because he's had a decline in condition and refuses to use his call pendant to ask for help. On 3/27/26 at 3:20 PM, With E2 present, this surveyor went over R3's information and pointed out that R3 had 9 falls since December with 5 of them being in March. The medical records provided for R3 documents falls on 12/15/25, 1/15/26, 1/25/26, 2/11/26, 3/6/26, 3/8/26, 3/21/26, 3/25/26 and 3/26/26. E2 again stated that R3's falls are because he tries to transfer himself without calling for help. At 3:40 PM, E2 was again	A4000		

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A4000	Continued From page 12 asked if there's any assessments for R3's change in condition to determine if he meets the facility's assisted living requirement. E2 confirmed knowing about R3 change in condition and possibly needing a higher level of care, but stated R3 hasn't been reassessed. On 3/28/26 at 1:17 PM, E2 stated that R3's 5/12/23 physician assessment is the last physician assessment she has for R3.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation - Repeat Section 295.4010 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). Based on observation, interview and record review, the facility failed to update a residents service plan following a change in condition and falls for one residents (R3) out of four residents	A4010		

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A4010	Continued From page 13 reviewewd for service plans. This failure resulted in R3 having repeated falls and creates a substantial probability of severe harm to a resident or residents. Findings include: R3 was admitted to the facility on 7/12/17 with a diagnosis of Parkinson's Disease. E2, Resident Care Director confirmed R3's last known physician assessment is dated 5/12/23. R3's service plan documents the following: Need: Transferring Category: ADL Services Area: Transferring Goal: Resident will maintain and/or maximize current level of functioning with transferring Action: Level of Assistance-Transferring: Independent Resident does not require assistance with transferring Need: Fall Potential Category: ADL Services Area: Fall Potential. Goal: Resident will maintain and/or maximize current level of functioning with fall potential. .11/1/25, no injuries. Action: Fall Potential; moderate; last fall 4/7/24; use devices to walk in room; check breaks; toilet after each meal and q 2 -3 hours; PT/OT; lock wheelchair, personal items in reach, review medications, 2 falls in August; no injuries; hazards/clutter in room, adequate lighting, adequate nutrition, proper footwear, assess for pain, medication review, encourage to use pendant for help, encourage to participate in activities;personal items within reach, wear glasses, assess mobility, transfer. R3's medical record documents the following	A4010			

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A4010	Continued From page 14 falls: 12/15/2025 2:23PM Fall Resident was heard screaming for help. Upon arrival, resident was found on the floor without his pendant in place. Resident denied hitting his head. Vital signs were obtained WNL (Within Normal Limits). Resident was educated on the importance and proper use of his pendant. Resident verbalized understanding. 01/15/2026 9:27PM Incident At around 7:30pm, care staff called writer to resident's room, writer went immediately, observed resident laying on the floor next to his bed. Assessed on the floor, noted skin tear to left shin. No changes in ROM (Range of Motion). Alert and oriented x3. Skin tear to left shin cleaned and applied dry dressing, no bleeding noted. Resident stated left shin feels tender with touch. Encouraged he go to the hospital. Resident refused. POA (Power of Attorney), DON (Director of Nursing) and MD notified. 01/25/2026 11:52AM Incident Nurse was called to the residents room, Resident found on the floor sitting with his back against his bed he states he slid from his bed. Resident denies any pain at this time. No injuries noted. Alert to baseline, Vs stable. Fall f/u in place. POA, MD, DRC (Director or Resident Care) notified. 02/11/2026 1:47PM Incident (Maintenance) found resident in the bedroom near bed on the floor. (Maintenance) was coming in to change heater and found resident. Resident did not use pendant which was placed around neck. Resident verbalized that he fell on to the floor knees first. Resident was trying to transfer self from bed to power wheel chair and power wheelchair moved	A4010			

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A4010	Continued From page 15 when accidentally touched the handlebar. Resident denies pain. This writer provided a range of motion to extremities and skin assessment and vitals signs at time of incident. Resident verbalized no pain and no signs of bleeding and refused to be taken to emergency room. 03/06/2026 6:11AM Incident This nurse received a call from the care partner around 11:00 PM stating that the resident was found on the floor . Upon assessment , the resident was observed sitting on the floor in the living room. This nurse asked the resident how he ended up on the floor. The resident stated that he fell forward out of his electric chair and landed face down. assessment revealed a rug burn/ abrasion to the frontal area of the face. The resident was alert and able to communicate. The resident refused to go to the hospital for further evaluation and treatment. This nurse assisted the resident with changing clothes and assisted him back to bed. The resident denied pain and distress at the time of assessment. 03/08/2026 11:48AM Incident Resident found on bathroom floor by the toilet by nurse and CP (Care Partner), resident attempted to transfer self to the toilet and lost his balance and fell. Alert and oriented to baseline No injures or skin tears noted at this time, resident denies any new onset pain. Resident transferred to chair x3 assist. VS stable, resident reminded to use pendant to call for help, resident verbalized understanding. Toilet was broken during the fall so patient was given a urinal until it is fixed. Maintenance work order in place. DRC and POA notified. Attempted to notify (MD) however office was closed. 03/09/2026 2:13PM Nursing Resident noted to be weak with difficulty standing and transferring.	A4010		

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A4010	Continued From page 16 Resident complained of pain. Resident has a history of two recent falls occurring back-to-back. Vital signs obtained: BP 98/72, P 72, R 20, O2 96% on room air. NP (Nurse Practitioner) on file notified and gave order to send resident out for further evaluation. DRC notified of resident status and transfer 03/21/2026 2:09PM Incident Resident was found on the bathroom floor after the nurse was called to the room. Resident stated that his legs gave out. He denied hitting his head and denied any pain at the time of assessment. No bruising noted at this time. Resident is alert and oriented x3. BP 144/82, P 82, o2 96% Resident verbalized understanding of the need to call for assistance but continues to refuse at times. Nurse assisted resident into a chair, where he stated he was fine. NP,DRC notified, POA called ; no answer. 03/25/2026 11:14AM Incident Upon arrival, the resident was found on the floor in his bedroom. Resident stated he was attempting to go to the bathroom. Resident is alert and oriented. He denied hitting his head and reported no pain or discomfort. No abrasions or redness were observed. Resident was assisted to his chair and then to the bathroom. Resident was educated on calling for assistance to prevent falls. BP 148/86, P86, R18, O2 96%.NP and DRC were notified. POA was called; no answer. 03/26/2026 12:51PM Incident Care partner went to escort resident to lunch and found resident on the floor. Resident refused to call for assistance, stating he had the urge to use the bathroom. Resident stated he did not hit his head and denied pain or discomfort at this time. Resident alert and orientated times 3. BP 144/86, P82, R 19, O2 96%. Resident has no abrasions/redness	A4010		

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A4010	Continued From page 17 noted. Resident educated to use urinal if unable to wait for assistance. On 3/27/26 at 11:30 am, during an observation of residents getting to and eating lunch, R3 observed to have power wheelchair and shaking while eating lunch. R3's right leg appeared to keep dropping off the wheelchair's foot pedal. R3 was place it back on the foot pedal and then it would drop off again. On 3/27/26 at 12:22 pm, E3, Caregiver, was asked about R3's ability to transfer himself given the observation. E3 stated "(R3) has been needing 1-2 person assists with transfers. He was able to transfer himself, but he's now always a 1 person since his decline. Recently he's starting to require more of a 2-person transfer. He has days he's weaker, so it takes 2 people to transfer him." On 3/27/26 at 12:56 pm, while reviewing R3's service plan in the nurses station, E4, Nurse entered. E4 was asked if R3's service plan for his ability to transfer independently was accurate. E4 stated "No, (R3) is definitely at least a 1 person assist. He's had a decline in condition so he has days that he's weak and needs a 2 person assist" E4 was asked how long ago did R3 have a decline in condition requiring additional assistance. E4 stated "It's been a while. Two to Three months maybe." On 3/27/26 at 1:34 pm, E2, Resident Care Director, was asked about R3's transfer status. E2 stated "(R3) is a 1 person assist for sure. (R3) has Parkinson's and he's has had a decline in condition. There are times he can be a 2 person assist. I agree that he's declining and needs more assistance. I talked to (E1, Executive Director) about setting up a meeting with the family to	A4010			

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A4010	Continued From page 18 discuss his level of need, but she's on vacation." E2 was asked if there is any documentation of the facility evaluating or discussing R3's decline in condition and his need for a higher level of care. E2 stated "There's no documentation." On 3/27/26 at 2:10 PM, E5, E6 and E7 (Caregivers) were all asked about R3's decline in condition. All three stated R3 has had a decline in condition going from an independent transfer to a 1 person assist and is now intermittently requiring a 2 person assist. The caregivers were asked how long ago. They stated R3 declined to a 1 person assist "A while ago" and has been requiring a 2 person assist more often over the last couple of months. On 3/27/26 at 2:45 PM, E9, Nurse, was asked about R3's transfer status. E9 stated "(R3) has had a decline in condition due to his Parkinson's. He still wants to be independent, so he won't use his pendant and call for assistance. That's why he's been having a lot of falls. Like the one yesterday. He wants to hold onto his independence, but he's getting weaker and needs help. I'm getting ready to go down and assess him." This surveyor walked with E9 to R3's room. On 3/27/26 at 2:55 PM, R3 observed lying in bed close to the edge. R3 was asked about his falls. R3 stated that he knows to call for assistance but feels as though he doesn't need it. Confirmed he's had increased falls lately. Stated it happens when he tries to transfer from the bed to his wheelchair or wheelchair to toilet. On 3/27/26 at 3:00 PM, E2 verified R3 has been having increased falls over the last couple of months. E2 stated that R3's falls are because he's had a decline in condition and refuses to use	A4010		

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A4010	Continued From page 19 his call pendant to ask for help. With E2 present, R3's service plan was reviewed for falls. R3's service plan document's R3's last fall was on 11/1/25. E2 was asked if she could look up to see how many falls R3 has had over the last couple of months. E2 reviewed R3's chart and stated "It looks like he's had 7 falls. I see they aren't in his service plan, but I am currently updating it for when we talk to (R3)'s family about him possibly needing a higher level of care." This surveyor asked for R3's fall report, progress notes and accident/incident investigations. On 3/27/26 at 3:20 PM, E2 returned and handed this surveyor R3's requested documents. With E2 present, this surveyor went over R3's information and pointed out that R3 had 9 falls since December with 5 of them being in March. The medical records provided for R3 documents falls on 12/15/25, 1/15/26, 1/25/26, 2/11/26, 3/6/26, 3/8/26, 3/21/26, 3/25/26 and 3/26/26. E2 again stated that R3's falls are because he tries to transfer himself without calling for help. E2 confirmed R3's service plan does not contain any falls afer 11/1/25, does not include R3's decline in condition or R3's refusal to ask for assistance.	A4010		
A7000	Secton 295.7000 Resident Records This Regulation is not met as evidenced by: Type 1 Violation Section 295.7000 Resident Records b) An establishment shall maintain a resident's record that contains at least the following:	A7000		

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A7000	Continued From page 20 10) Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition that would trigger an assessment or evaluation, and action taken by employees to address the resident's changing needs; Based on observation, interview and record review, the facility failed to document, assess and address a resident's change in condition for one resident (R3) out of four residents reviewed. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: R3 was admitted to the facility on 7/12/17 with a diagnosis of Parkinson's Disease. E2, Resident Care Director, confirmed R3's last known physician assessment is dated 5/12/23. R3's service plan documents the following: Need: Transferring Category: ADL Services Area: Transferring Goal: Resident will maintain and/or maximize current level of functioning with transferring Action: Level of Assistance-Transferring: Independent Resident does not require assistance with transferring Need: Fall Potential Category: ADL Services Area: Fall Potential. Goal: Resident will maintain and/or maximize current level of functioning with fall potential. .11/1/25, no injuries. Action: Fall Potential; moderate; last fall 4/7/24; use devices to walk in room; check breaks; toilet after each meal and q 2 -3 hours; PT/OT; lock wheelchair, personal items in reach, review	A7000		

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A7000	Continued From page 21 medications, 2 falls in August; no injuries; hazards/clutter in room, adequate lighting, adequate nutrition, proper footwear, assess for pain, medication review, encourage to use pendant for help, encourage to participate in activities;personal items within reach, wear glasses, assess mobility, transfer. Review of R3's electronic and paper medical record only documents a change in condition on 3/9/26 with no assessments for his change in condition. R3's progress note dated 3/9/26 documents "Resident noted to be weak with difficulty standing and transferring. Resident complained of pain. Resident has a history of two recent falls occurring back-to-back. Vital signs obtained: BP 98/72, P 72, R 20, O2 96% on room air. NP on file notified and gave order to send resident out for further evaluation. DRC notified of resident status and transfer." On 3/27/26 at 11:30 am, during an observation of residents getting to and eating lunch, R3 observed to have power wheelchair and shaking while eating lunch. R3's right leg appeared to keep dropping off the wheelchair's foot pedal. R3 would place it back on the foot pedal and then it would drop off again. On 3/27/26 at 12:22 pm, E3, Caregiver, was asked about R3's ability to transfer himself given the observation. E3 stated "(R3) has been needing 1-2 person assists with transfers. He was able to transfer himself, but he's now always a 1 person since his decline. Recently he's starting to require more of a 2-person transfer. He has days he's weaker, so it takes 2 people to transfer him."	A7000		

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A7000	Continued From page 22 On 3/27/26 at 12:56 pm, while reviewing R3's service plan in the nurses station, E4, Nurse entered. E4 was asked if R3's service plan for his ability to transfer independently was accurate. E4 stated "No, (R3) is definitely at least a 1 person assist. He's had a decline in condition so he has days that he's weak and needs a 2 person assist" E4 was asked how long ago did R3 have a decline in condition requiring additional assistance. E4 stated "It's been a while. Two to Three months maybe." On 3/27/26 at 1:34 pm, E2, Resident Care Director, was asked about R3's transfer status. E2 stated "(R3) is a 1 person assist for sure. (R3) has Parkinson's and he's has had a decline in condition. There are times he can be a 2 person assist. I agree that he's declining and needs more assistance. E2 was asked if there is any documentation of the facility evaluating or discussing R3's decline in condition and his need for a higher level of care. E2 stated "There's no documentation." On 3/27/26 at 2:10 PM, E5, E6 and E7 (Caregivers) were all asked about R3's decline in condition. All three stated R3 has had a decline in condition going from an independent transfer to a 1 person assist and is now intermittently requiring a 2 person assist. The caregivers were asked how long ago. They stated R3 declined to a 1 person assist "A while ago" and has been requiring a 2 person assist more often over the last couple of months. On 3/27/26 at 2:45 PM, E9, Nurse, was asked about R3's transfer status. E9 stated "(R3) has had a decline in condition due to his Parkinson's. He still wants to be independent, so he won't use his pendant and call for assistance. That's why	A7000		

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A7000	Continued From page 23 he's been having a lot of falls. Like the one yesterday. He wants to hold onto his independence, but he's getting weaker and needs help. I'm getting ready to go down and assess him." This surveyor walked with E9 to R3's room. On 3/27/26 at 3:00 PM, E2 verified R3 has been having increased falls over the last couple of months. E2 stated that R3's falls are because he's had a decline in condition and refuses to use his call pendant to ask for help. On 3/27/26 at 3:20 PM, With E2 present, this surveyor went over R3's information and pointed out that R3 had 9 falls since December with 5 of them being in March. The medical records provided for R3 documents falls on 12/15/25, 1/15/26, 1/25/26, 2/11/26, 3/6/26, 3/8/26, 3/21/26, 3/25/26 and 3/26/26. E2 again stated that R3's falls are because he tries to transfer himself without calling for help. At 3:40 PM, E2 was again asked if there's any assessments for R3's change in condition to determine if he meets the facility's assisted living requirement. E2 confirmed knowing about R3 change in condition and possibly needing a higher level of care, but stated R3 hasn't been reassessed. E2 confirmed R3's service plan does not contain any falls afer 11/1/25, does not include R3's decline in condition or R3's refusal to ask for assistance. E2 was unable to give an aproximate date of when R3's was noticed to have a decline in condition. E2 stated she started employment in mid February so anything prior to that, she has to look at R3's chart, but there is no documentation of when R3's decline started. On 3/28/26 at 1:17 PM, E2 stated that R3's 5/12/23 physician assessment is the last physician assessment she has for R3.	A7000			

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A7000	Continued From page 24 All staff interviewed identified R3's change in condition started at least a month prior to the 3/9/26 progress note.	A7000			