STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 Licensure Survey 295.2040 a) c) 3) d) e) h) 295.4010 d) e) 2) 3) 295.4060 f) Entity Reported Incident Survey IL00201836- Substantiated IL00200658- Substantiated 295.4010 d) e) 2) 3)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 3) Evaluate the effectiveness of disaster plans, procedures and training. d) The establishment shall conduct a tornado drill on each shift during February of each	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A2040	Continued From page 1 year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements were not evidenced by: Based on interview and record review the facility failed to: -conduct tornado drills on each shift in February of each year for employees. -ensure residents are involved in fire drills and identify those residents who need assistance with each fire drill. -ensure the evaluation of the drills date and times are on each drill and within the time limits of fire drill expectations. These failures have the probability of affecting all residents who reside in the establishment. Findings include: On 5/18/2026 at around 11:00AM - Fire and Tornado drills were reviewed from last annual survey as follows: TORNADO DRILLS	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A2040	Continued From page 2 2/26/2026 6:00AM-6:15AM- employee signature 6/26/2025- 5:33Am- 5:45Am- 3rd shift- employee signature- resident roster 6/26/2025- 6:05Am- 6:16am- 1st shift- employee signature- resident roster FIRE DRILLS 2/25/2026- 3-3:30- 2nd shift- employee signature- resident roster 2/25/2026- 1-1:30- 1st shift- employee signature- resident roster 1/8/2026- 2:30-2:40- 2nd shift- 2nd shift 1/8/2026- 10:15-10:20- employee signature- resident roster 1/30/2026- 3:20-3:30- 2nd shift 1/30/2026- 1:15-1:30- employee signature- resident roster 8/26/2025- 5:55AM-6:01AM- employee signature- resident roster 8/26/2025- 6:22AM-6:31AM- employee signature- resident roster On 5/20/2026 at 2:24PM, E1 (Executive Director) said Tornado drills are done every February. Fire drills are aimed for monthly but definitely quarterly. Each shift. Residents are evacuated.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation Section 295.4010 Service Plan d) The service plan, which shall be reviewed	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 3 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 residents' physical, cognitive, or functional condition (see Section 295.4000). 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. These requirements were not met as evidenced by: Based on interview and record review the establishment failed to implement interventions to prevent falls for two residents (R1, R2) resulting on several falls with or without injuries; failed to implement interventions to prevent skin breakdown for one resident (R3) resulting on two pressure ulcers; and failed to indicate amount, type, and frequency of health related services needed for three residents (R3, R4, R5) requiring outside services for wound care and hospice. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: An onsite visit was conducted on 5/18/2026-5/21/2026. Observations, interviews were conducted, and records were reviewed. R1's medical record showed R1 moved into the establishment on 9/29/2025, resides in the memory care unit, and has multiple diagnoses, including but not limited to Alzheimer's disease, Essential (primary) Hypertension.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 4 R1's Service Plan, dated 4/10/2026, showed R1 was independent, with the use of a wheelchair, for transfers and mobility. R1 service plan does not address R1 as a fall risk and had no interventions in place. R1's Incident Report, date of incident 3/5/2026, was reported to the Department within 24 hours of the occurrence. The report was consistent with the intake information provided by the Department. The investigation showed R1 has had the following falls: 4/10/2026- R1 laying on the floor, right side, in her room next to the bed... noted red areas to right elbow and right outer knee... 4/3/2026- R1 was witnessed on the bedside floor mat, sitting on buttocks... no injuries noted... 3/5/2026- R1 admitted to local hospital with Dx: Forehead laceration, dementia, frequent falls... 3/4/2026- R1 observed on the floor in room 205 with a laceration to forehead with a large amount of floor... 2/7/2026- R1 observed on floor on right side next to the bed... observed two raised bumps on forehead, sent out to local hospital... 1/12/2026- R1 observed sitting upright on the floor with back against the bed.... no visible injuries noted 12/28/2025- R1 observed sitting on the floor beside her bed... no apparent injuries...	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 5 R1's Fall Risk dated 4/10/2026 Total Score: 21 points Total Score: A score of 10 or more= Risk of Falls Interviews showed staff were knowledgeable of interventions used to prevent falls. However, interventions were not documented in the service plan. R2's medical record showed R2 moved into the establishment on 3/13/2025, resides in the memory care unit, and has multiple diagnoses, including but not limited to Acquired absence of left breast and nipple, Alzheimer's disease unspecified, Atrial fibrillation and flutter cervical region, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, Disp fx of lateral malleolus of r fibula, Essential (primary) Hypertension, GastroEsophageal Reflux Disease (GERD), History of falling, Hyperlipidemia, Non-ST elevation (NSTEMI) myocardial infarction, Obstructive and reflux uropathy, Other specified disorders of muscle, Personal history of malignant neoplasm of breast, Glaucoma, Urinary Tract Infection.. R2's Service Plan, dated 5/13/2026, showed R2 requires minimum assistance, with the use of a wheelchair, for transfers and mobility. R2's service plan does not address R2 as a fall risk and has no interventions in place. Fall Risk dated 5/4/2026- Total Score:16. Total Score: A score of 10 or more= Risk of Falls R2's Incident Report, date of incident 5/12/2026, was reported to the Department within 24 hours of the occurrence. The report was consistent with the intake information provided by the	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 6 Department. Interviews showed staff were knowledgeable of interventions used to prevent falls. However, interventions were not documented in the service plan. The investigation showed R2 had the following fall incidents: May 12, 2026, at 6:17AM- R2 observe on the floor, unwitnessed fall, in the bathroom. May 12, 2026- R2 came back from the ER at 5am, accompanied by 2 paramedics. R2 was wide awake, alert and verbally responsive R2 received 2 stitches to the left side of the head post fall 5/12/2026 at 1:05AM- R2 was observed sitting on the floor behind the door, R2 was bleeding from the head. May 4, 2026- R2 was found in a sitting position on the floor next to resident's bed. No Injuries. 3/30/2026- R2 was on the floor in a sitting position in front of the couch... head-to-toe assessment was conducted... 3/28/2026- R2 lying supine on the floor next to bed.... No visible injuries noted upon assessment. sent out to hospital due to pain and unwitnessed fall. 1/31/2026- found R2 in a sitting position next to the bed on the floor.... head toe assessment was conducted... 12/30/2025 at 5:36PM- R2 was found on the floor by her apartment's door with walker next to her.... head to toe assessment was conducted.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 7 12/30/2025 at 8:48AM- R2 was found in a sitting position next to the bed... head to toe assessment was conducted... Mini Mental Exam dated 4/7/2026 Total Score: 15 pts. Evaluation The Total Score The maximum amount of points is 31 C. 20-1- confused Incident Report dated 5/12/2026 R2 was found sitting on the floor behind the door with head injury to left side of head with active bleeding... resident A&OX1. mobile by walker... transferred to local hospital.... R2 was sent back from local hospital... R2 with 2 stitches to left side of head... at 6:00AM R2 was found on the floor with reopened injury to previous area on the left side of the head R2 was transferred once again for medical evaluation.... R2 admitted for UTI... R3's medical record showed R3 moved into the establishment on 4/10/2026, resides in the memory care unit, and has multiple diagnoses, including but not limited to Dementia, Heart Failure, Muscle Weakness, Gastro-Esophageal Reflux Disease, Age-related Cataract, Urinary Tract Infection, Osteoarthritis. R3/s Home Health Wound Care Notes indicate the following: 4/21/2026- Start of Care R3 was referred to home health services due to Left inner buttock pressure ulcer stage 2. Home Health services frequency SN 2W9, 2PRN for wound care complications PT 1w6 Cleansed left inner buttock pressure ulcer with normal saline solution, pat dry, applied extra thin	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 8 duoderm dressing and to be changed every 3 days and as needed when dressing comes off or soiled. Caregiver may apply Calmoseptine ointment if dressing comes off as protective barrier to be applied every after incontinence and until HH nurse's scheduled visit. 4/24/2026- Left inner buttock pressure ulcer stage 2. Measurement- LxWxD-1.4cm x 1.0cm x 0.1cm 4/28/2026- Left inner buttock pressure ulcer stage 2- 1.5cm x 1.0cm x 0.1cm 5/1/2026- Left inner buttock pressure ulcer stage 2- 2.0cm x 1.0cm x 0.1cm- slightly increase in length. 5/5/2026- Left inner buttock pressure ulcer stage 2- 2.0cm x 1.0cm x 1.0cm 5/8/2026- Skin assessment done and noted a new open wound on left outer buttock pressure ulcer stage 2 Left inner buttock pressure ulcer stage 2- 2.0cm x 1.0cm x 1.0cm Left outer buttock pressure ulcer stage 2- 1.0cm x 1.0cm x 0.1cm 5/12/2026- Left inner buttock pressure ulcer stage 2- 2.3cm x 1.0cm x 1.0cm Left outer buttock pressure ulcer stage 2- 0cm x 0cm x 0cm R3's Service Plan dated 4/10/2026 does not indicate skin assessment and intervention to prevent skin breakdown, does not document outsource services frequency and staff responsible to provide the services. R4's medical record showed R4 moved into the establishment on 5/6/2026, resides in the memory care unit, and has multiple diagnoses, including but not limited to Dementia, Depression,	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 9 Frequent Falls. On 5/19/2026 R4 was observed in the common area, using a high back geriatric chair, R4 was unable to meaningful conversation. Hospice Physician Narrative indicates in part... R4 is 79-year-old who was admitted to hospice on May 7,2026 with the primary diagnosis of cerebral atherosclerosis, Past medical history includes vascular dementia, hypertension, falls, and nicotine dependence. R4 is alert and oriented X1 able to have conversations although is nonsensical... R4 requires feeding assistance, R4 also needs assistance with toileting, and is dependent on hygiene. R4's Physician Assessment dated 5/3/2026 indicates that R4 needs assistance with eating, dressing, toileting, transferring, bathing. R4 Assessment Pre-Move In dated 5/4/2026 indicated resident needs moderate assistance with bathing, dressing, oral care, toileting, transfer (gait belt), mobility, meals. R4's Service plan dated 5/19/2026 does not indicate outsource services for hospice, frequency, and staff responsible to provide services. On 5/20/2026 at 11:00AM, E11 (Caregiver) said that R4 requires two-person assistance for transferring, bathing, toileting, and mobility. On 5/20/2026 at 2:33PM, E2 (Nursing Management) said that R4 come from local hospital already under hospice care, R4 is unable to let her needs know, does not speak at all, is non-weigh bearing. However, R4's documents	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 10 indicated that R4 was admitted to establishment on 5/4/2026 and R4 was admitted to hospice on 5/7/2026. R5's medical record showed R5 moved into the establishment on 5/8/2026, resides in the memory care unit, and has multiple diagnoses, including but not limited to A Fibrillation, Acute Respiratory Failure, Cataracts, CHF, Dementia, Glaucoma, Hypertension. On 5/19/2026 at 11:25AM, R5 was observed in the common area visiting with Z1(Power of Attorney/POA) R5 could not have a meaningful conversation. Z1 (POA) said that she was not sure of the reason for admitting R5 to hospice, but the doctor said it was due to R5's comorbidities, and R5 was newly diagnosed with A fib (Atrial Fibrillation). Z1 said that R5 cannot communicate her needs entirely, that when in pain R5 is going to holler. Z1 further said that R5 needs 3-4 people to assist R5 with bathing and toileting. Resident Assessment dated 4/30/2026 Pre- Move In indicated Full Assistance with bathing, dressing, oral care, toileting, transfer (using mechanical lift), mobility. R5's Physician Assessment dated 5/2/2026 indicates that resident needs assistance with eating, dressing, toileting, transferring, bathing. R5's Hospice Physician Initial Certification of Terminal Illness dated 5/13/2026 Primary Diagnosis: Senile degeneration of brain, nor elsewhere classified Written Certification: Based on my clinical judgment, I certify that this patient is terminally ill with a life expectancy of 6 months or less if the	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4010	Continued From page 11 terminal illness runs its normal course. Narrative: R5 is an 89-year-old with diagnosis of senile degeneration of the brain... R5 is alert and oriented x 1... R5 is now incontinent and R5 is also bed-bound and requires total assistance with transfers, R5 requires significant help... R5's Service plan dated 5/8/2026 does not indicate outsource services for hospice, frequency, and staff responsible to provide services. On 5/20/2026 at 11:00AM, E11 (Caregiver) said that R5 requires two staff for all her care. On 5/20/2026 at 2:33, E2 (Nursing Management) said that R5 is not able to let her needs known. R5 was not able to get up and has muscle weakness. On 5/20/2026 at 2:33PM, E2 (Nursing Management) said that All outside services, such as wound care, hospice, PT/OT (Physical Therapy/Occupational Therapy), etc. should be incorporated in the service plan.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 1 Violation Section 295.4060 Alzheimer's and Dementia Programs f) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of the Act. (Section 150(e) of the Act)	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4060	Continued From page 12 This requirement was not met as evidenced by: Based on observation, interview and record review, the establishment failed to ensure residency requirements were met by two (R4, R5) residents required immediate admission to hospice care upon moving in. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: An onsite visit was conducted on 5/18/2026-5/21/2026. Observations, interviews were conducted, and records were reviewed. R4's medical record showed R4 moved into the establishment on 5/6/2026, resides in the memory care unit, and has multiple diagnoses, including but not limited to Dementia, Depression, Frequent Falls. On 5/19/2026 R4 was observed in the common area, using a high back geriatric chair, R4 was unable to meaningful conversation. Hospice Physician Narrative indicates in part... R4 is 79-year-old who was admitted to hospice on May 7,2026 with the primary diagnosis of cerebral atherosclerosis, Past medical history includes vascular dementia, hypertension, falls, and nicotine dependence. R4 is alert and oriented X1 able to have conversations although is nonsensical... R4 requires feeding assistance, R4 also needs assistance with toileting, and is dependent on hygiene. R4's Physician Assessment dated 5/3/2026	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4060	Continued From page 13 indicates that R4 needs assistance with eating, dressing, toileting, transferring, bathing. R4 Assessment Pre-Move In dated 5/4/2026 indicated resident needs moderate assistance with bathing, dressing, oral care, toileting, transfer (gait belt), mobility, meals. On 5/20/2026 at 11:00AM, E11 (Caregiver) said that R4 requires two-person assistance for transferring, bathing, toileting, and mobility. On 5/20/2026 at 2:33PM, E2 (Nursing Management) said that R4 come from local hospital already under hospice care, R4 is unable to let her needs know, does not speak at all, is non-weigh bearing. However, R4's documents indicated that R4 was admitted to establishment on 5/4/2026 and R4 was admitted to hospice on 5/7/2026. R5's medical record showed R5 moved into the establishment on 5/8/2026, resides in the memory care unit, and has multiple diagnoses, including but not limited to A Fibrillation, Acute Respiratory Failure, Cataracts, CHF, Dementia, Glaucoma, Hypertension. On 5/19/2026 at 11:25AM, R5 was observed in the common area visiting with Z1(Power of Attorney/POA) R5 could not have a meaningful conversation. Z1 (POA) said that she was not sure of the reason for admitting R5 to hospice, but the doctor said it was due to R5's comorbidities, and R5 was newly diagnosed with A fib (Atrial Fibrillation). Z1 said that R5 cannot communicate her needs entirely, that when in pain R5 is going to holler. Z1 further said that R5 needs 3-4 people to assist R5 with bathing and toileting.	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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
A4060	Continued From page 14 Resident Assessment dated 4/30/2026 Pre- Move In indicated Full Assistance with bathing, dressing, oral care, toileting, transfer (using mechanical lift), mobility. R5's Physician Assessment dated 5/2/2026 indicates that resident needs assistance with eating, dressing, toileting, transferring, bathing. R5's Hospice Physician Initial Certification of Terminal Illness dated 5/13/2026 Primary Diagnosis: Senile degeneration of brain, nor elsewhere classified Written Certification: Based on my clinical judgment, I certify that this patient is terminally ill with a life expectancy of 6 months or less if the terminal illness runs its normal course. Narrative: R5 is an 89-year-old with diagnosis of senile degeneration of the brain... R5 is alert and oriented x 1... R5 is now incontinent and R5 is also bed-bound and requires total assistance with transfers, R5 requires significant help... On 5/20/2026 at 11:00AM, E11 (Caregiver) said that R5 requires two staff for all her care. On 5/20/2026 at 2:33, E2 (Nursing Management) said that R5 is not able to let her needs known. R5 was not able to get up and has muscle weakness.	A4060		