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 _____	C 09/06/2025

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

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A 000	Initial Comment Complaint Investiation #2516434/IL196407 - No findings Investigation of Facility Reported Incident of 6/29/25/IL196497 - 295.4010 a)e)f)g)1)A)C)4) cited. Investigation of Facility Reported Incident of 8/15/25/IL197326 - 295.4010 a)e)f)g)1)A)C)4) cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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). f) Based on the physician's assessment, the service plan may provide for the disconnection or	A4010		

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removal of any kitchen appliance. (Section 15 of the Act)
g) Service plans shall address:
1) The level of service the resident is receiving, including:
A) assistance with activities of daily living;
C) special accommodations for the resident;
4) Any risk being negotiated; and

This REQUIREMENT was NOT MET as evidenced by:

Based on observation, interview, and record review the facility failed to ensure service plans were available to staff, failed to ensure Service Plans were updated with changes, and failed to include interventions on the Service Plan for 2 of 3 residents (R1 and R2) reviewed for injury of unknown origin in the sample of 3.

The findings include:

1. R1's face sheet showed she was admitted to the facility on 11/5/24 with diagnoses to include vascular dementia, anemia, hypothyroidism, lactose intolerance, hypertension, atherosclerotic heart disease of native coronary artery, and osteoarthritis.

R1's medical record showed she has severe cognitive impairment and requires assistance with all cares.

R1's 6/29/25 Health Status Note showed, "CNA (Certified Nursing Assistant) reported new skin tear during shower. 7.5 cm linear wound to right forearm. Cleaned, TAO (triple antibiotic ointment) and non-adherent (dressing) applied as first aid .... Reportable submitted ... Will continue to

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monitor."

R1's IDPH Incident & Accident Report completed 6/29/25 showed, " ... Location of Incident/Accident: Noticed while in shower ... Description of Incident/Accident .... Resident has 7.5 centimeter linear skin tear of right forearm - unknown cause .... What was the root cause of the Incident/Accident? Unknown ..."

The facility's staffing scheduled showed E9 CNA (Certified Nursing Assistant) was assigned to R1's hall on 6/29/25.

R1's 8/26/25 Health Status Note showed, "Resident Assistant (RA) informed this writer that resident has a skin tear to LT (left) side of face. RA stated that resident became combative during early am (morning) care. Wound cleansed TAO applied, and covered with a bandage. Resident does not show any signs of pain at this time. All parties to be notified by oncoming nurse. Staff will continue to monitor."

R1's Quarterly Service Plan Summary dated 7/31/25 showed, " ... June 29 skin tear was noted to her right forearm and June 6 an abrasion noted to her right knee ..." This Quarterly Service Plan Summary does not identify any interventions in place for prevention of skin tears. R1's Individual Service Plan from admission dated 11/14/24 has not be updated.

On 9/6/25 at 2:19 PM, E9 CNA (Certified Nursing Assistant) said, "[R1] needs help with pretty much everything, including bathing, feeding, putting clothes on, transfers. [R1] does have behaviors, sometimes she is combative and will get to screaming a lot. I wouldn't say she tries to hit you, but she tries to scratch and yell at you pretty

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good. I supposedly worked 6/29 but I don't remember her getting a skin tear. That was 3 months ago. Sometimes when I try to get her dressed, she gets a skin tear."

On 9/6/25 at 10:40 AM, E12 ADON (Assistant Director of Nursing) said, "I'm pretty much the same as [E5] but they gave me a fancy title. I'm mainly a floor nurse. Skin tears are reported to the State, generally we know how they happened. I don't know if there is an investigation. I don't update Service Plans. I haven't seen a Service Plan. I have been part of a care plan meeting. I don't do anything with care plans. I have not seen a Care Plan. [E2] DON (Director of Nursing) takes care of everything after the care plan.

On 9/6/25 at 10:45 AM, E5 RN (Registered Nurse) said, she knows what the resident's care needs are because she knows the residents. E5 said she has never seen a Service Plan. E5 said agency staff know how to take care of the residents because they are amazing and use intuition to know the resident needs. Agency staff can also ask the CNAs what the resident care needs are.

On 9/6/25 at 4:58 PM, E2 DON (Director of Nursing) said, "We use the Quarterly Service Plan evaluation for resident care needs. If there are interventions to be added, that is where they would be added..."

No facility staff present in the facility were able to provide policies.
2. On 9/6/25 at 11:34 AM, R2 was sitting in her wheelchair in the dining room. R2 had on long sleeves and her forearms were not visible.

R2's Progress Note dated 8/15/25 showed, E5

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was called to R2's apartment at approximately 8 AM and R2's left forearm was bleeding profusely. After cleaning it a large skin tear had occured or "unknown cause." The edges were approximated with steri-strips and dressings were applied. The state reportable was submitted.

R2's Facesheet showed she had diagnoses to include, but not limited to Alzheimer's disease, gastro-esophageal reflux disease (GERD), hypothyroidism, diabetes, hyperlipidemia, anxiety disorder, sleep apnea, and hypertension.

R2's Quarterly Service Plan dated 7/14/25 showed R2 was able to make her needs know, was one assist for cares, and had a history of falls. R2's Service Plan did not address her having skin tears, nor was it updated after the 8/15/25 skin tear.

On 9/6/25 at 10:26 AM, E5 (RN - Registered Nurse) said sometimes residents just wake up with skin tears. She said rarely does she know how they happened. E5 said usually someone finds it and tells me they have a skin tear. We don't do an investigation. We check the surroundings for potential safety issues, but that's about it. Whenever a resident gets a skin tear or says ouch we have to send a report to IDPH (Illinois Department of Public Health). That's all I know. Myself, E12 (ADON - Assistant Director of Nursing) or E2 (DON) will send the initial report. I don't know about a final report. If the resident gets a skin tear, we call hospice and they take care of it. E5 said she remembers that R2's skin tear on 8/15/25 was bleeding profusely and was a large Z-shape. E5 said by the time she saw it R2 was in the dining room, but the caregivers reported that there was blood in her bedding. E5 said she didn't get any report of a fall or incident

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A4010	Continued From page 5 involving E5. E5 said she didn't know what happened to R2's forearm. E5 said they just found it. On 9/6/25 at 2:24 PM, E9 (CNA) was scheduled 8/15/25 when R2's skin tear was noted. E9 said shed didn't remember any of the specifics, but she does know that R2 gets alot of skin tears on her arms. E9 said R5 will pick at the skin tear and dressings too. E9 said they try to put long sleeves on R2. E9 said R2 can stand and walk a little, but she's a fall risk. No facility staff present in the facility were able to provide policies. .	A4010		