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 05/21/2026

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 Facility Reported Investigations IL00201786 IL00201921 295.2050 a)b) & 295.6000 a)13)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 Violation 295.2050 a)b) Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. This requirement was not met as evidenced by: Based on interview and record review, the establishment failed to report a resident fall with an injury within 24 hours for 1 of 3 residents (R3) reviewed for falls in the sample of 3. This failure	A2050		

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A2050	Continued From page 1 creates a substantial probability of harm to a resident or residents. The findings include: On 5/20/26 at 1:21 PM, E2, Director of Nursing (DON), said R3 fell on 4/14/26 but it was not reported because she had no injuries. On 5/20/26 at 2:05 PM, E5, Licensed Practical Nurse (LPN), said the Certified Nursing Assistant called her to R3's pod on 4/14/26 because R3 was on the floor. E5 said R3 did not complain of any pain at the time. E5 said R3 didn't tell her what happened. E5 said she didn't report the fall to IDPH because R3 had no injury. E5 said if R3 had an injury, she would've reported it to the state. E5 said the next night, 4/15/26, R3 was saying her back hurt from the fall, so she gave R3 some pain medication. E5 said she is not sure if R3's back pain was a new symptom for her. R3's Admission Record dated 5/20/26 shows her diagnoses include, but are not limited to, Alzheimer's disease, unsteadiness on feet, and a history of falling. Pain, including back pain, is not listed as a diagnosis. R3's Progress Notes dated 4/14/26 at 9:35 PM show the CNA contacted E5 and stated R3 had fallen. R3's Progress Notes dated 4/15/26 at 8:15 PM show R3 complained of back pain post fall.	A2050		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 Violation	A6000		

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A6000	Continued From page 2 295.6000 a)13) Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; This requirement was not met as evidenced by: Based on interview and record review, the establishment failed to ensure the physician and/or nurse practitioner was notified of an injury after a fall for 1 of 3 residents reviewed for resident rights in the sample of 3. This failure creates a substantial probability of harm to a resident or residents. The findings include: On 5/20/26 at 1:21 PM, E2, Director of Nursing (DON), said R3 fell on 4/14/26. E2 said the nurse should inform the provider about back pain after a fall. On 5/20/26 at 2:05 PM, E5, Licensed Practical Nurse (LPN), said the Certified Nursing Assistant called her to R3's pod on 4/14/26 because R3 was on the floor. E5 said R3 did not complain of any pain at the time. E5 said R3 didn't tell her what happened. E5 said the next night, 4/15/26, R3 was saying her back hurt from the fall, so she	A6000		

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A6000	Continued From page 3 gave R3 some pain medication. E5 said she is not sure if R3's back pain was a new symptom for her. E5 said she did not report it to the provider. R3's Admission Record dated 5/20/26 shows her diagnoses include, but are not limited to, Alzheimer's disease, unsteadiness on feet, and a history of falling. Pain, including back pain, is not listed as a diagnosis. R3's Progress Notes dated 4/14/26 at 9:35 PM show the CNA contacted E5 and stated R3 had fallen. R3's Progress Notes dated 4/15/26 at 8:15 PM show R3 complained of back pain post fall. The facility's Falls and Fall Risk, Managing Policy (undated) under the Post Fall Protocol heading shows if no apparent injury was sustained, the resident will be observed for 24 hours. If there is any change in condition causing concern, call the provider (doctor or nurse practitioner) or 911.	A6000		