STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510538	A. BUILDING: _____ B. WING _____	C 06/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALOS HEIGHTS SENIOR LIVING	7100 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

(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 Reportable Investigation: FRI of 5-5-26/IL00202072- 295.2050 a)b)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Violation: 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 facility failed to send an incident report to state agency within 24 hours after the occurrence of the incident for 1 (R1) residents out of 3. Findings include:	A2050		

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A2050	Continued From page 1 Facility reportable regarding R1 documents in part: Date of Report 5/15/2026, Date of Incident 05/05/2026. Incident Summary: A resident found on the floor in her room. Resident denied hitting her head and c/o slight lower right back pain. Head to toe assessment completed, No new apparent injuries noted or reported by resident. The resident assisted off the floor and placed into her recliner chair by staff nurse and RAs. Vital signs obtained and documented. Neurological status intact per resident's baseline. The resident gait was unsteady and had a hard time standing and ambulating independently. The resident was sent to hospital via ambulance for further evaluation. POA, PCP, DON and AL/MC Mangers notified. Resident will be placed on 72-hour frequent fall charting/monitoring. On 6/5/26 at 11:07 am R1 was observed in activity. R1 was clean and had her walker next to her. R1 said, she did not recall falling. R1 said, she gets up herself and walks using the walker herself. On 6/5/26 at 10:56 am E1 (Executive Director) said the incident should have been reported 24 hours. E2 said, they should have reported it, but they noticed it wasn't on time and she told the memory care supervisor to report this incident even as it was late. On 6/6/26 at 3:29 pm E2 (Director of Nursing) said, he tries to send the reportable and any management staff does that also. E2 said, the expectation is within 24 hours the facility is to send a reportable to the state.	A2050		