STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY C	300 WEST 22ND STREET LOMBARD, IL 60148

(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 Incident Survey IL00202326 295.6000 a) 13) 295.6010 a) 1) c) d)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 1 VIOLATION 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 residents are protected and free from abuse for three (R1, R2, R3) residents of five reviewed for abuse. This failure creates the substantial probability of severe harm or death to a resident or residents. Findings include: On 6/12/2026 at 12:28PM R1 was observed in her apartment, R1 uses a wheelchair and said that she needs assistance to transfer to the toilet.	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6000	Continued From page 1 R1 said that the people here are trying to be good, R1 said she has problems with some of the staff here but stated that she is having difficulties hearing today and that she is very tired because there were people coming in and out of her apartment, helping her to dressing and other things. R1 not able to answer questions due to her hearing, R1 said that she has hearing aids, but they don't work. R1 said that some staff here are not very nice but R1 was not able to give more information. R1's medical record showed R1 moved into the establishment on 8/17/2023, resides in the assisted living unit, and has multiple diagnoses, including but not limited to Personal history of pulmonary embolism, Heart disease, unspecified, Vitamin B12 deficiency anemia, Muscle weakness (generalized), Hyperlipidemia, unspecified, Essential (primary) hypertension, Chronic kidney disease (CKD), Age-related osteoporosis without current pathological fracture, Glaucoma, Personal history of pulmonary embolism, Heart disease, unspecified, Vitamin B12 deficiency anemia, unspecified, Muscle weakness (generalized), Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits. R1's Service Plan dated 4/2/2026, showed R1 requires assistance for transfers and mobility, uses a wheelchair and needs 1 person assisting with toileting. On 6/12/2026 at 12:55PM R2 said that one staff (Identified later as E2) was rough to her "I was surprised that E3 was rough with me when E3 help me to transfer from my wheelchair to my bed. R2 said " E2 was also rough when she was assisting me in the bathroom. R2 said that she	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6000	Continued From page 2	A6000		

needs help with showers, toileting, and putting on bottom clothing, R2 said that she can propel herself but needs assistance with transfers and needs escort to and from dining room. R2 said that one-time E2 pushed her really hard to the table during meals. R2 said "E3 made me so nervous that I was sick for three days."

R2's medical record showed R2 moved into the establishment on 5/31/2025, resides in the assisted living unit, and has multiple diagnoses, including but not limited to Acute diastolic (congestive) heart failure, Heart failure, other arthritis.

R2's Service Plan dated 5/3/2026 shows R2 requires assistance for transfers and mobility, R2 uses a wheelchair. R2 also requires 1 person assistance with bathing and toileting, hands-on for dressing.

On 6/12/2026 at 1:25PM R3 said that about 2-3 weeks ago one of Caregivers (later identified as E3) was very abrupt with residents, not gentle with people. "It seems that E3 was in a hurry." E3 was not gentle with residents. It was in the dining room, I can walk to the dining room, but someone must hold the chair because it has wheels, and I am afraid to rolled back and fall. When I sat on the chair, E3 was standing next to me and I asked her if she was going to roll me around to the table, E3 grabbed the chair and E3 turned the chair around hard and abrupt. One of the other residents who were sitting at the same table, told E3 that she needed to learn how to be gentler with residents because we were old."

R3's medical record showed R3 moved into the establishment on 11/7/2023, resides in the assisted living unit, and has multiple diagnoses,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6000	Continued From page 3	A6000		

including but not limited to Diagnoses: Spinal stenosis, Hypothyroidism, unspecified, Gastro-esophageal reflux disease, Essential (primary) hypertension, Insomnia, Hyperlipidemia, unspecified, Dysphagia, Anxiety disorder, unspecified, Chronic kidney disease, stage 2 (mild), Carpal tunnel syndrome, right upper limb, Injury of unspecified muscle, fascia and tendon at shoulder and upper arm level.

R3's Service Plan dated 4/2/2026, shows R3 is independent, with the use of a walker, for transfers and mobility.

R1, R2, R3's Incident Report, date of incident 5/23/2026, was not reported to the Department within 24 hours of the occurrence. The report was consistent with the intake information provided by the Department.

Interviews on 6/12/2026 with E4 (Resident Assistant/RA), E5 Registered Nurse/RN), E6 (Licensed Practical Nurse/LPN), E7 (RA), E8 (RA) all said that they have not witnessed anyone being abusive with residents, they will report it immediately. All said that they have had training about abuse and when to report it.

On 6/12/2026 at 2:57PM, E9 (Assisted Living Manager) said "I haven't seen it or witnessed abuse firsthand, but on May 23, when the reports were made, E10 the Activities person reached out to me about the alleged abuse of the three residents. E9 said that R1 reported to a family friend who helps R1 with groceries, then the family member reported to E10. When abuse is suspected will be reported to Regional, take Team Member off the floor, contact Director of Operations and HR (Human Resources). I received training about abuse when hired, yearly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6000	Continued From page 4	A6000		

In fact, we had an in service after this incident where I learn a lot, the process to follow to report abuse."

On 6/12/2026 at 3:04PM, E10 (Director of Entertainment and Programming) "I haven't witnessed it, but it was reported to me that R2, asked another caregiver to talk to the manager. I was the manager on duty that day. I went to talk to
R2 and R2 told me that the caregiver (E3) assigned to her was not helping her, E3 told R2 she could dress herself. E3 didn't help R2 to get dressed, when E3 brought R2 to the dining room E3 was rude and just shoved R2 on the table. R2 said that in general, E3 was really rude to her and R2 was afraid of E3, R2 was very nervous and didn't want to eat her lunch. I called E9 and let her know what was reported to me. E9 told me that E3 was about to leave her shift, I told R2 that E3 was not going to care for her the rest of the day. E10 said "I received training about abuse upon hired and yearly."

On 6/12/2026 at 3:17PM, E2 (Director of Nursing/DON) said that she was not notified until Tuesday 5/27/2026 about the alleged abuse. E2 said that the Manager on Duty was supposed to notify the Regional Director of Operations immediately. E2 said "this happened over the weekend before the Holiday (Memorial Day). incident should be reported immediately."

Establishment's Policy titled Abuse, Neglect, and Financial Exploitation
Reporting. Revised January 2015 indicates "
Policy
This Community strives to maintain an environment that supports each resident's right to be free from either the threat or the occurrence of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6000	Continued From page 5 any abusive behavior. Such behavior may include, but is not limited to, abuse (verbal, physical, mental or sexual), neglect or exploitation as defined below. Each resident will be treated with respect and dignity at all times. Our team members must maintain ethical and professional behavior. We take all reasonable steps to ensure that team members have been properly screened as required by state regulations to minimize the opportunity for inappropriate behaviors." Procedure 1. Report or Observation of Suspected Abuse a. Any complaint of, observation of, or suspicion of abuse of a Resident will be investigated and reported as outlined below. 9. Report actual or suspected abuse within 24 hours of receiving allegation."	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Type 1 Violation Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6010	Continued From page 6	A6010		

establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report.

c) Establishment employees and volunteers are obligated to report abuse, neglect, or financial exploitation of a resident to the establishment management and to the Department.

d) When the establishment has a reasonable belief that abuse, neglect or financial exploitation occurred, the perpetrator, if an employee or volunteer, shall be removed from direct contact with residents.

These requirements were not met as evidenced by:

Based on interview and record review, facility failed to forward timely and complete required reports to the Department for incidents which qualify as suggestive of abuse and for three residents (R1, R2, R3) out of five reviewed for compliance with reporting requirements. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

R1, R2, R3's Incident Report, date of incident 5/23/2026, was not reported to the Department within 24 hours of the occurrence. The report was consistent with the intake information provided by the Department.

On 6/12/2026 at 3:04PM, E10 (Director of Entertainment and Programming) said that "I called E9 (Assisted Living Manager) and let her know what was reported to me. E9 told me that E 3 (Former Resident Assistant) was about to leave

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510231	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOMBARD PLACE ASSISTED LIVING AND MEMORY (	300 WEST 22ND STREET LOMBARD, IL 60148

(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
A6010	Continued From page 7 her shift, I told R2 that E3 was not going to care for her the rest of the day. R2 was not sure which caregiver, R2 was not able to provide the name, but E9 was able to find out who the caregiver was and E9 told me that E3 was about to get off her shift, E10 said that E3was not asked to leave after R2 report E3 been rough. On 6/12/2026 at 3:17PM, E2 (Director of Nursing/DON) said that she was not notified until Tuesday 5/27/2026 about the alleged abuse. E2 said that the Manager on Duty was supposed to notify the Regional Director of Operations immediately. E2 said "this happened over the weekend before the Holiday (Memorial Day). incident should be reported immediately." Establishment's Policy titled Abuse, Neglect, and Financial Exploitation Reporting. Revised January 2015 indicates "Procedure 1. Report or Observation of Suspected Abuse a. Any complaint of, observation of, or suspicion of abuse of a Resident will be investigated and reported as outlined below. 9. Report actual or suspected abuse within 24 hours of receiving allegation."	A6010		