STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6022653	A. BUILDING: _____ B. WING _____	C 07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT CRYSTAL LAKE	495 ALEXANDRA BLVD CRYSTAL LAKE, IL 60014

(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 IL202976 295.4010c)d)e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation Repeat Violation 295.4010c)d)e) Section 295.4010 Service Plan c) The service plan shall be signed and dated by all individuals involved in its development. 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). These requirements were not met, as evidenced	A4010		

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A4010	Continued From page 1 by: Based on interview and record review, the facility failed to ensure resident service plans were signed by all individuals involved in its development and failed to update a service plan after repeated falls for 2 of 3 residents (R1 and R2) reviewed for falls in the sample of 3. This failure creates a substantial probability of severe harm to a resident or residents. The findings include: R1's Care Plan (service plan) dated 7/29/26 shows staff administered R1's medications. R1's service plan was signed by R1's Power of Attorney for Health Care (POAHC) on 7/29/26, but was not signed by a Registered Nurse (RN), or any other individuals involved in its development. R2's Observation notes from 6/1/26 to 7/29/26 show R1 fell on 6/5/26, 6/6/26, 6/8/26, 6/13/26 (two different times), 6/19/26, 6/22/26, and 7/17/26. R2's Observation notes dated 7/10/26 at 11:00 PM show R1 fell forward in her wheelchair and hit her head on the door frame. R2's service plan signed and dated on 6/8/26 was not updated with any new fall or injury prevention interventions after she hit her head on the doorframe or after any of her falls from 6/13/26 to present. On 7/29/26 at 12:58 PM, E2, Director of Nursing, said she is in charge of completing the resident service plans. E2 said the service plan needs to be updated and signed by the family whenever there is a change in condition. E2 said the service plan needs to be signed by the POA and herself as the RN. E2 said the purpose of the service plan is to ensure the family is in agreement with	A4010		

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A4010	Continued From page 2 the plan of care for their loved one and to add their input. E2 said the service plan helps them provide the tailored and individualized care the resident needs.	A4010		