STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510123	A. BUILDING: _____ B. WING _____	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF NEW LENOX, COTTAGE #3	1027 S CEDAR RD NEW LENOX, IL 60451

(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 Annual Licensure Survey	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 3 Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) b) Only adults may be accepted for residency. (Section 75(b) of the Act) c) A person shall not be accepted for residency if: 1) The person poses a serious threat to himself or herself or to others; 2) The person is not able to communicate his or her needs in any manner and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services; 3) The person requires total assistance with	A2000		

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A2000	Continued From page 1 2 or more activities of daily living; 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect himself/herself, given the staffing and construction of the building; 6) The person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), where the individual is substantially disabled due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. Nothing in this Section is meant to prohibit an individual with a diagnosis of depression from living in an establishment so long as the resident is not substantially disabled in the areas of self-maintenance, social functioning, activities of community living, and work skills; These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to conduct adequate resident assessment to ensure residency requirements	A2000		

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A2000	Continued From page 2	A2000		

are met for one resident (R3).

Findings include:

Per R3's documents, R3 is 71 years old. R3 moved to the Memory Care unit on 6/30/24. R3's diagnoses include but not limited to Hypertension, Depression, Congestive Heart Failure, Cerebral Infarction without residual, and Vascular Dementia without behaviors. R3's Mini-Mental State Examination (MMSE) score dated 7/1/24 was 0/30 which indicate clear impairment. May require 24- hour supervision.

On 8/7/24 at 1:39pm, R3 was observed seated on a wheelchair, being assisted by two staff to the bathroom.

Hospice documents indicated R3 was admitted under hospice care on 7/1/24 (next day after moving in) with a terminal diagnosis of Senile Degeneration of brain, Co morbidity of Cerebral Infarction, syncope and collapse and kidney disease ...Alert and oriented to person only ...uses wheelchair due to high fall risk ... Due to limited mobility patient is at risk for skin breakdown. Discussed frequent position changes. Incontinent with bowel and bladder.

Review of R3's service plan dated 8/2/24, there were no interventions to include promotion of skin integrity. It also documented R3 was found on the floor in the living room sitting right next to wheelchair on 7/24/24. Staff was educated to perform frequent safety checks. R3 was not adequately monitored while in the common area of the unit. R3's progress notes also indicated on 7/29/24 R3 was observed with a seizure like activities. R3 was sent to the hospital. MRI was done, the result was indicative of Stroke.

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A2000	Continued From page 3 On 8/8/24 at 11:57am, E2 (Health and Wellness Director) said R3's family wanted her to be admitted under hospice care.	A2000		