STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510494	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO ST CHARLES	4058 E MAIN STREET ST CHARLES, IL 60174

(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		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24-hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) h) The establishment shall have sufficient personnel to provide the following for its current resident population: 1) All mandatory services. 2) Services established in each resident's service plan. 3) Service to meet the needs of each resident, including 24 hour scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis. This requirement is not met as evidenced by: Based on observation interview and record review the facility failed to have staff sufficient with	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510494	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO ST CHARLES	4058 E MAIN STREET ST CHARLES, IL 60174

(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
A3000	Continued From page 1 adequate skills, education, and experience to immediately address monitoring and healing interventions for one resident (R5) who developed a blister to the left heel. This failure resulted in R5 developing a facility acquired unstageable heel ulcer. Findings include: Medical record documents that R5 is 72 years old and admitted to this memory care facility on 7/24/24 with diagnosis of dementia. E2 (DON) stated on 1/30/25 at 11:20 AM that R5 is independent with mobility and transferring but requires assistance and or supervision for other ADL's due to severe dementia. Nursing Progress note dated 10/17/24 states a that during R5's shower a 'pressure ulcer with a blister on outer left side of heel' was observed. There is no further documentation until three days later on 10/20/24 when R5 is 'encouraged to not wear shoes due to blister on left foot.' However, review of (facility) Skin Condition/Wound Progression note dated 10/22/24 states: blister was discovered on 10/21/24 (incorrect as it was discovered on 10/17/24); was not present on admit to the facility; measures 5 cm x 5 cm. Treatment was not ordered. There was no documentation found in R5's service plan or anywhere in the medical record indicating any monitoring or preventative/healing interventions were put in place for 6 days. Home health documentation dated 10/23/24 (6 days after first identified as a blister) states the pressure ulcer to the left heel is unstageable, measuring 4 cm x 4 cm x .1 cm.	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510494	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO ST CHARLES	4058 E MAIN STREET ST CHARLES, IL 60174

(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
A3000	Continued From page 2 Skin Condition/Wound Progression notes document this left heel pressure ulcer is not healing on 11/27/24. Note dated 12/13/24 states the wound Is 80% eschar. Home health agency wound documentation 1/27/25 and provided by E2 documents the left heel wound to be 1.8 x 2 x .2 cm with 80% slough. On 1/30/25 at 1:15 PM, R5 was observed to be lying on his bed, alert and oriented to self. E2 unwrapped dressing to the left heel to reveal a dime sized unstageable pressure ulcer to the outer lateral heel. A large amount of thick, yellow slough pulled up with the dressing. Raw, red tissue was observed surrounding the pressure sore. E2 stated that R5 had become very weak and sedentary prior to the development of this pressure ulcer to the left heel in October. E2 confirmed there had been a lack of monitoring and immediate interventions to address R5's left heel pressure ulcer that has now advanced to unstageable.	A3000		