

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2025
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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 Violation: 295.2000 Residency Requirements a) c) 3) 4) 5)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: General 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) c) A person shall not be accepted for residency if: 3) The person requires total assistance with 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	A2000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A2000	Continued From page 1 emergency to protect themselves, given the staffing and construction of the building; These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure residency requirements for Assisted Living are met. This deficient practice affected two (R1, R4) of 7 new residents reviewed for residency requirements. Findings include: According to R1's face sheet, R1 is 98 years old. R1 moved to the community on 4/5/25. R1's diagnoses include but not limited to Hypertensive Heart Disease with Congestive Heart Failure, Mild Cognitive Impairment, and Chronic Bilateral Back pain. R1's Hospice documents indicated R1 was admitted under hospice care on 4/5/25. Terminal diagnosis: Heart Failure, unspecified. Per R1's move in notes (4/5/25), R1 was 1 assist with transfers and ADL's (Activities with daily Living) and utilizes wheelchair for mobility. Incontinent with bowel and bladder. Per R1's notes dated 4/7/25, R1 has been requiring two person assists with transfer. Resident was able to stand and bear weight but does not move her feet to pivot and turn. Follow up nursing notes (4/7/25) confirmed R1 required two persons assists. 4/30/25: Care staff x2 having difficulty with transfers with resident. Resident leaning forward and unable to assist standing. 5/3/25: Found lying on the ground ...blood on the left side of her head ...large cut near her left eyebrow ...sent to the hospital.	A2000		

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A2000	Continued From page 2 5/8/25: R1's Broda chair and Hoyer lift delivered. Hoyer lift to be utilized for transfer. On 8/13/25 at 12:55pm, R1 was observed in the dining area. Seated on a Broda chair lined with Hoyer lift sling. Able to feed self. On 8/13/25 at 12:56pm, E12 (Caregiver) confirmed R1 needs 2 persons assist for transfer, unable to walk. R1's document titled "Physician Plan of Care" dated 3/31/25 completed by an Advanced Practice Nurse (APN) documented, R1 was unable to bathe herself, complete personal hygiene, and dress self. R1 requires assistance with transfer, and evacuation in case of emergency. R1's Hospice documents dated 4/5/25 indicated the following assessment by Hospice nurse: Ambulatory ability is lost (cannot walk without personal assistance). Mental Status: Alert, forgetful, Confused. R1's Service plan dated 5/4/25 indicated; Bathing: two staff Wheelchair Assistance: Two staff members with a Hoyer lift to assist with transfer. Resident utilizes a Broda chair for all mobility needs. Transferring Assistance: (R1) requires two staff members with Hoyer lift to assist all transfers. Toileting: Full assistance. Evacuation: 2 assists with Hoyer lift and Broda chair. According to R4's face sheet, R4 is 77 years. R4 moved into the community on 4/2/25. Documents reviewed indicated R4 was already on hospice care at the time of move in.	A2000		

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A2000	Continued From page 3 R4's Mini- Mental State Examination score dated 4/2/25 was 0/30 indicating marked impairment. Likely to require 24 hour supervision and assistance. R4's nursing notes were reviewed; it indicated the following: 4/2/25 (move in notes): R4 was admitted from a skilled facility, " ...no nurse to nurse report was receivedresident is newly admitted to (FP) hospice, alert, oriented x1 to self ...diagnosis of Dementia, Anxiety Disorder, Adult Failure to Thrive, Insomnia, Depression, Hyperlipidemia and Fracture unspecified part of neck of left femur with routine healing ... uses wheelchair to ambulate and incontinent of bowel and bladder ..." 4/5/25: R4 was found on the floor in the dining room. Staff went to help a hospice nurse out of the community, when staff turned around, R4 was on the floor. A big bump was observed on R4's head with bruising. R4 was sent to the hospital for evaluation. 4/7/25: Hospice nurse visited, stated R4 needed Broda chair. 4/10/25: Hospice nurse indicated R4 required x2 assist with all transfer due to weakness and difficulty with transfer. 5/25/25: resident slid out of Broda wheelchair onto the floor ...unable to verbalize how he slid out due to dementia diagnosis... resident had small skin tears to right hand area ... 5/29/25: observed by care staff crawling off floor mat no injuries noted ... 6/11/25: suspected with Urinary Tract Infection due to foul smelling urine. 6/17/25: ...was found on the floor next to his fall mat ... stated "I slid down". R4's notes pertaining to Hospice indicated on 5/7/25, R4 was transferred to another hospice	A2000		

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A2000	Continued From page 4 agency. R4's document titled Physician Certification/Recertification of Terminal Illness indicated; Admission Date: 5/5/25. Primary Diagnosis: Senile Degeneration of the Brain. Comorbidities: Dementia, Failure to Thrive. R4's Service Plan dated 6/17/25 indicated the following: Ambulation: Non ambulatory, 2 assist with Broda chair. Wheelchair Assistance: (R4) requires two staff members to assist with all transfers. Bathing: Two staff Toileting assistance: (R4) is incontinent with bowel and bladder and requires two staff members to assist with toileting process. Evacuation Assistance: 2 assists with Broda chair. On 8/13/25 at 1:31pm, E11 (Caregiver) confirmed, R4 required two persons assist for toileting, and transfer. On 8/13/25 at 1:36pm R4 was observed at the patio with visitors. R4 was seated on a Broda chair. Appeared to have a well-kept appearance. Appeared alert, unable to answer questions appropriately.	A2000		