STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510318	A. BUILDING: _____ B. WING _____	C 10/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERIDAN AT TYLER CREEK, THE	508 NORTH MCLEAN ELGIN, IL 60123

(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 Investigation of Facility Reported Incidents Reported Incident of 9/16/2025/IL197865- cited 295.2050a)b) Reported Incident of 9/28/2025/IL197867- cited 295.2050a)b) Reported Incident of 7/7/2025/IL196698- cited 295.2050a)b)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 3 Violation Section 295.2050 a)b) Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident.	A2050		

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A2050	Continued From page 1	A2050		

These requirements are not met as evidenced by:

Based on record review and staff interviews, the facility failed to ensure that serious incidents were reported to the State Survey Agency as required. This deficient practice was identified for five (5) of seven (7) residents reviewed for incidents and accidents (R2, R3, R4, R5, and R8). the failure to report incidents involving serious injury had the potential to delay state oversight, prevent timely investigation, and place residents at risk for ongoing harm or unaddressed safety issues.

Findings include:

Record review of the facility ' s incident and accident logs for the period of January to October 2025 revealed five serious incidents were not reported to the state surveying agency. Review of the corresponding incident reports, medical records, and follow-up documentation showed that:

R2 had an unwitnessed fall on 10/06/2025 at 9:34 AM, R1 was found with active bleeding on the side of his head and was sent to the emergency room for evaluarion of occipital scalp abrasion. Documentation indicated the incident was reviewed internally, but there was no evidence that the event was reported to the State Survey Agency.

R3 was found on the floor on 2/3/2025 and sustained a laceration to the head requiring hospital stay. Records dated 2/19/2025 from the rehab facility indicate that R3 had a recent acute subarachnoid hemorrhage as a result of the fall

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A2050	Continued From page 2 and inferior pubic rami failure; the incident was not reported to the State Survey Agency. R4 sustained a nondisplaced right nasal bone fracture from an witnessed fall on 7/30/2025 at 12:30 PM; there was no documentation of notification to the State Survey Agency. R6 had an unwitnessed fall incident and experienced a significant skin tear with blood loss requiring emergency department treatment on 10/2/2025; there was no evidence of report submission. R7 sustained a head lacerations in two locations with significant bleeding after a fall incident on 7/29/2025; staff statements confirmed that the incident was only reviewed at the facility level and not reported externally. Interview with the Director of Health and Wellness, E1, on 10/17/2025 at 3:34 PM confirmed that the above incidents were not reported to the State Survey Agency. E1 stated, "If it's not in my binder, there was no report submitted." E1 also confirmed awareness that these incidents met the criteria for reportable events involving serious incidents and should have been submitted to the State Survey Agency immediately.	A2050		