STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510331	A. BUILDING: _____ B. WING _____	C 09/12/2025

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DEER PARK VILLAGE SENIOR LIVING	21840 W LAKE COOK ROAD DEER PARK, IL 60010

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A 000	Initial Comment Investigation of Facility Reported Incident Facility Reported Incident of 8/4/2025- Section 295.4010 a) b) 1) 2) 3) c) d) e) Service Plan was cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care.	A4010		

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A4010	Continued From page 1 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). This requirement was not met as evidenced by: Based on interview and record review, the facility failed to revise and update the service plan with new interventions to mitigate fall reoccurence. This failure affected two (R1 and R3) out of 3 residents reviewed for accidents and service plans. The failure resulted to R1 sustaining multiple falls in one day. This failure creates a substantial probability of harm to a resident or residents. Findings include: R1 moved in the establishment on 5/29/2025, with diagnoses to include essential hypertension, macular degeneration, gastro-esophageal reflux disease, history of urinary tract infections, glaucoma, irritable bowel syndrome, and osteoarthritis. On 9/12/2025 at 11:45 AM, R1 was observed	A4010		

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inside her room, watching TV, able to ambulate with her walker independently. Room was clutter free and no hazards were identified. When asked where her pendant was, R1 fumbled and looked for it in her bed, walker and later found it attached to her cross body bag. R1 stated she does remember falling but don't know exactly when. Stated she was getting up from the bed to go to the bathroom but didn't have her pendant with her. And she called her daughter who then called 911 for her. Stated her daughter changed her to bed to one that is an inch lower than what she had. and now she always calls for assistance and always always has her pendant with her.

R1 had a fall incident on 8/4/2025 at 2:15 am that was not reported by the client to the facility staff. R1called her family member and the family member called 911. The paramedics came to transport R1 to the hospital but did not let any facility staff know that they are taking R1 to the hospital. R1 returned to the facility the same day and was found to have a urinary tract infection with orders to start on oral antibiotics. A few hours after R1's return from the hospital, R1 fell again, was observed sitting on the floor next to the bathroom. No injuries were noted.

Review of R1's medical records indicate that R1 had fallen 3 times during the last 90 days on the following dates: 7/29/25, 8/4/2025 around 2:15 AM and then 8/4/2025 around 1:00 PM.

R1's service plan dated 5/29/2025 for Fall Potential documents: Resident has a history of falls. Staff to assist in keeping a clutter free apartment, encourage resident to wear proper footwear, and remind resident to ask for

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A4010	Continued From page 3	A4010		

assistance as needed. The service plan did not have any updates after the fall incidents on 7/29/2025 and 8/4/2025.

On 9/12/2025 at 12:09 PM E2, Assistant Director of Nursing, stated that after a fall incident, the E3, Director of Nursing or herself updates the service plan if there's a change in condition, for example if there's an injury. If there's no injury, the service plan does not get updated. For R1, E2 stated that after the fall, physical therapy was requested, R1 was started on oral antibiotics for urinary tract infection and that the family provided a lower bed for R1.E2 also stated that she considers multiples falls within the last 90 days a significant change and confirmed that none of the interventions were documented in R1's service plan. E2 stated the caregivers are informed of fall prevention interventions through the service plan located in the patient's chart and the nurse verbally informs them.

R3 moved in the establishment on 11/30/2026, with diagnoses to include R1 moved in the establishment on 5/29/2025, with diagnoses to include essential hypertension, esophageal reflux disease with esophagitis, generalized anxiety disorder, hyperlipidemia, dementia with behavioral disturbance and solitary pulmonary nodule.

R3's progress noted dated 8/15/2025 at 12:50 PM document that R3 was found in a sitting position in the common are near the activity site. R3 was complaining of pain, was sent to the hospital and returned to the facility with no new orders.

R3's service plan dated 8/29/2025 for Fall Potential documents: Resident has a history of

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A4010	Continued From page 4 falls. Staff to assist in keeping a clutter free apartment, encourage resident to wear proper footwear, and remind resident to ask for assistance as needed. R3's service plan dated 8/29/2025 did not have any new interventions documented after the fall incident on 8/15/025. On 9/12/2025 at 3:20 PM E2, Assistant Director of Nursing (ADON), stated R3 has had problems with her knees, was started on physical therapy, was provides with a water bottle instead of the ceramic mug that she was customarily holding while ambulating as new interventions to prevent further falls. E1, Executive Director, and E2, ADON, both affirm that providing R2 with a new water bottle was a key intervention for R3 to prevent further falls. E2 affirm that R3's service plan was not revised to add the intervention of using the new water bottle. E2 stated staff, including new staff, are directed to review the residents' service plans to make them aware of new interventions to prevent further fall and how to take care of the residents. When asked if the facility has new caregiver starting today, how is that caregiver able to know if the interventions are not in the resident's current service plan, E2 then added that intervention (replace coffee mug with water bottle) to the service plan dated 9/12/2025. Facility policy titled "Service Plan" with effective date of 5/2026 and revised date of 2/2025 documents in part: 1. The Service Plan will be the basis for coordination of services and tailored to everyone's specific needs. Individualized service plans will be developed for each resident based on health and functional, cognitive and lifestyle	A4010		

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A4010	Continued From page 5 evaluations. 5. When a resident required personal or health-related care, the service plan is reviewed and updated, as needed, with a significant change, and no less than annually: a. If a significant change (a decline or improvement in a resident's mental, psychosocial, health, or physical functioning) occurs. b. If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized.	A4010		