STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510218	A. BUILDING: _____ B. WING _____	C 09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON SQUARE LC LOMBARD, LLC	555 FOXWORTH BLVD LOMBARD, IL 60148

(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 Original investigation of FRI IL 197269. 295.6000 a)13)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; TYPE 2 VIOLATION Based on record review and interviews, the establishment neglected to address one of three residents experiencing pain and vomiting. (R1) This failure creates a substantial probability of harm to a resident or residents. Findings include: R1's Service Plan dated 8/27/25 notes that R1 is receiving hospice services and has Diagnosis including Dementia, Osteoarthritis, Osteoporosis, and Hydronephrosis. Service Plan notes that R1 requires staff to reposition her in bed and when in reclined wheel chair. R1 requires a licensed nurse to administer pain medications when	A6000		

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A6000	Continued From page 1 needed. R1's progress note on 8/27/25 at 8:00 A.M., reads, "Per night shift, (R1) threw up all night - brown / black emesis. Sleeping in bed at 6:30. When day shift RP brought (R1) out to dining room area in (Reclined Wheel Chair), stated she had to be very careful with (R1) while doing ADL's due to (R1) having pain L upper leg..." E3's (Caregiver) written statement regarding night shift 8/27/25 reads, "I (E3) checked on (R1) at 10:30 P.M., She (R1) had a little throw up on her and (R1) was saying she was in pain. Then my (E3) second round (R1) had more throw up on her and again (R1) was saying she's in pain. I (E3) tried to put a pillow on that side but that didn't work. My (E3) last round (R1) had thrown up again and (R1) was saying she's in pain. I (E3) thought the nurse knew what was going on because I (E3) never saw (R1) complaining like that." On 9/15/25 at 12:10 P.M., E1 (Executive Director) stated that he had concerns that E3 let R1 suffer in pain and vomit all night without any intervention. E1 stated that E3 failed follow protocol. E1 stated that E3 should have called the hospice nurse to come in and administer pain medication and medication to stop R1's vomiting. Establishment "Emergency Procedures During Overnights" reads, "In case of emergencies for Residents on Hospice that requires Hospice Nurse to be called immediately: - Severe Pain, Emesis / Vomiting....." On 9/19/25 at 2:30 P.M., E1 stated that E3's employment was terminated due to her failures on the night of 8/27/25.	A6000		

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A6000	Continued From page 2 E3's "Termination / Discipline Notice" reads, "(R1) failed to follow the required overnight protocol that mandates immediate notification of hospice, 911, or the Director of Assisted Living / Memory Care when a resident is experiencing pain or has a change in condition. This failure resulted in Resident (R1) spending the entire night in pain without receiving the necessary care and medical attention. Decision : After reviewing the facts and confirming the policy violation, it has been determined that (E3's) actions constitute a serious breach of resident care standards and company protocol. As a result, employment is terminated effective immediately."	A6000		