STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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 Complaint # 196952 --Unsubstantiated Facility Reported Incident (FRI) 197317 Type 1 Violations 295.4010 a) d) e) 295.6000 a) 3) 13) 295.9000 a)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 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. 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)	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A4010	Continued From page 1 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). These requirements were not met as evidenced by: Based on record review, incident report review, hospital record review, review of facility policies , family and staff interviews, the facility failed to ensure fire safety education was addressed in the service plan for 1 of 3 sampled residents (R1) reviewed for use of supplemental oxygen . The facility also failed to revise interventions on R1's service plan to address frequent falls. These failures resulted in severe harm to R1 who received burns on the face, lips, cheeks, nose and eyelids when R1 tried to blow out the flames of a candle while wearing oxygen resulting in nasal cannula igniting. These failures also resulted in R1 experiencing 14 falls from 1/12/25 through 8/30/25. These failures create a substantial probability of severe harm to other residents in the facility. Findings Include: 1. Review of R1's electronic medical record showed the resident was admitted on 9/16/2024 with diagnoses that included Heart Failure, Chronic Respiratory Failure with Hypoxia and Hypercapnia and Dependence on Supplemental Oxygen. R1 ' s current physician orders showed an order	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A4010	Continued From page 2	A4010		

for continuous oxygen at 3 liters per minute per nasal cannula every morning and at bedtime for chronic respiratory failure and ordered a nonventilated mask on at night switch to nasal cannula at daytime at bedtime for hypoxia related to dependence on supplemental oxygen.

R1's current service plan (SP) dated 5/2/2025 addressed the resident's use of oxygen . There weren't any interventions instructing staff to educate and monitor R1 on using oxygen around open flames.

Review of R1's 9/1/2025 incident reports documented at approximately 10:20 PM, R1 was observed sitting in a chair wearing the nasal cannula for delivery of oxygen. As documented, the nurse later identified as E3, stated E3 went into R1's bedroom and while there E3 heard R1 scream. E3 went to investigate and found R1 bent over the kitchen table with flames on R1's face. E3 went to get a towel to use to put out the flames. While in the kitchen E3 stated E3 heard R1 fall, went back to the resident and used the towels to extinguish the flames on the resident's face. E3 documented E3 stayed with R1 until paramedics arrived to transfer the resident to an area hospital. The burns resulted from R1, while attempting to blow out the lit candle that was on the kitchen table, R1 lost balance, resulting in the lit candle being knocked over, igniting the nasal cannula.

The hospital's Summation of Episode Note dated 9/1/25-9/5/25, documented R1 was seen for "a burn injury from ignition of the patient home oxygen while blowing out a candle". Patient had a respiratory rate of 35 on arrival. R1 had 2nd degree burns on the face, lips, cheeks, nose and eyelid. Patient had visibly singed hair and soot in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A4010	Continued From page 3 the nares. R1 had a 10 X 10 cm burn on the face, cheeks, nose, lips and also had a 3 cm (centimeter) laceration on the posterior scalp from a fall at the facility that was stapled while at the hospital. The facility ' s policy on Oxygen Therapy requires signs to be visible before entering a resident room informing others that oxygen is in use. Another requirement is for residents who use oxygen be kept 2-4 feet away from others who smoke. The policy doesn't address the education of residents who use supplemental oxygen on the safe use of oxygen. The facility was unable to provide evidence of R1 or any oxygen dependent resident being educated about using oxygen safely. 2. Further review of R1's record indicated R1 has had 14 falls. Dates of fall incidents were identified as follows: 1/12/2025, 1/31/2025, 2/4/2025, 2/5/2025, 3/12/2025, 3/18/2025, 3/30/2025, 3/31/2025, 4/5/2025, 4/5/2025, 4/6/2025, 6/26/2025, 7/3/2025, and 8/30/2025 . The service plan does not show any additional interventions added after each fall occurrence. Review of the facility ' s Fall Management Policy required a fall risk evaluation to be completed at the time of move in. Falls are to be noted in the resident record and entered into the BAIRS system, a post fall evaluation is done and individualized interventions are " considered " . Falls/injuries, resident responses and	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A4010	Continued From page 4	A4010		

interventions are to be documented in Progress Notes and the service plan is to be reviewed for potential fall interventions and updated as necessary. This was not done after R1 ' s falls.

On 9/4/25 at 8:07PM Z1 (R1's son) was interviewed by phone and stated R1 had the candles when R1 was initially admitted to the facility and they've sat on the dining room table. When asked, Z1 stated Z1 had been "kind of aware" that flames shouldn't be around oxygen, but R1 never burned the candles when the family visited and never mentioned R1 lit candles before. Z1 and the family had given R1 a "snuffer" to use to snuff out the candle in case R1 did use/light the candles.

There is no documented evidence to indicate that the facility educated R1 and R1's family regarding lit candles not being in the possession of R1. Z1's interview indicated that a non-lit candle has been on the kitchen table of R1 for some time.

E5 (Certified Nursing Assistant/Caregiver) was identified as the staff person assigned to care for R1 the evening shift on 9/1/25. On 9/4/25 at 8:35PM E5 was interviewed by phone. As stated by E5, E5 hadn't seen candles (in R1's apartment.) before 9/1/25. On 9/1/25 at "about 6:30PM, E5 had seen 2 un-lit candles on R1's dining table." Later, E5 was notified about the resident's accident with the candle and oxygen and when E5 arrived, R1 was alert and still had the nasal cannula in R1's nose but was saying R1 couldn't breathe. E5 took the cannula from R1's nose and placed it at R1's mouth but the resident took it and replaced it in R1's nose. E5 continued on to say E3 (nurse) told E5 that R1 had been trying to blow out a candle and R1 was "kind of in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A4010	Continued From page 5	A4010		

and out" after hitting R1's head.

E3 (nurse) was identified as the nurse on duty 9/1/25 who cared for R1.

On 9/5/25 at 11:55AM E3 was interviewed by phone. E3 stated on 9/1/25 at 9:57PM E3 went into the apartment and looked at the resident who was sitting across the room in a recliner looking at TV but didn ' t look at the table and didn't walk all the way into the resident's living room, didn't look at the table ,so didn't see the candle. I (E3) asked R1 if R1 was ready to go to bed and R1 said yes. E3 went into the bedroom to set up R1 ' s CPAP (Continuous Positive Airway Pressure) machine.

E3 heard R1 yell and ran into the living room and saw the resident leaning over the table with R1's face on fire. E3 got a towel from the kitchen to put out the fire, heard a thump and when E3 returned to the resident, saw R1 on the floor bleeding from the back of the head where R1 hit it on the TV stand. R1 was still trying to put out flames using R1's hands and had the nasal cannula still in R1's nose. E3 took the cannula out and away and put out the flames. R1 kept saying R1 couldn't breathe and needed oxygen. E3 got new oxygen tubing and reapplied the oxygen.

E3 stated E3 never seen R1 use anything with flames during E3's times caring for the resident and asked the resident if R1 had ever been taught about not having open flames around oxygen. R1 replied " yes " but had been using oxygen for years and nothing had happened before.

On 9/4/25 E4 (Evening Supervisor) stated R1 is alert and oriented to time, person and place. E4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A4010	Continued From page 6 knew R1 used oxygen continuously and hadn't seen a lit candle in R1's apartment and hadn't known R1 had access to candles and didn't know R1 had candles at all. The resident needs a rollator walker for mobility. E3 stated R1 uses a walker and walks slow to keep from tripping over the long oxygen tubing. E3 was aware the resident falls but didn't know the causes. Staff tells R1 to ask for help to walk or transfer but questioned R1's compliance. Other than instructing R1 to request assistance before transferring and or walking , E3 was unable to list other interventions used to prevent R1's falls. Z1 (Son) stated R1 has fallen in Z1's presence, has fallen out of bed and has had minor skin lacerations. Z1 stated R1 needs help in the morning to discontinue R1's CPAP and to get up. R1 has to have the walker to move about otherwise R1 wouldn't be able to walk; is very unsteady. R1's left leg isn't fully functional and R1 has a little "drag" to the leg. When Z1 takes R1 to the car , Z1 has to lift R1's leg up and into the vehicle.	A4010		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights,	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A6000	Continued From page 7	A6000		

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:

3) The right to retain and use personal property, unless such use infringes on the health, safety, or welfare of other individuals, and a place to store personal items that is locked and secure;

13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor;

These Requirements Were Not Met as Evidenced By:

Based on record review, review of incident reports, review of the facility's policies, hospital record review , family and staff interviews , the facility failed to protect 1 oxygen dependent resident from severe harm. This involves 1 of 3 sampled residents (R1) reviewed for neglect . This failure resulted in severe harm to R1 who sustained second degree burns to the face, lips, cheeks, nose and lids from an ignited nasal cannula.
This failure has the probability to affect all residents in the facility. This failure creates a substantial probability of severe harm to a resident or residents.

Findings Include:

Review of R1's electronic medical record showed the resident was admitted on 9/16/2024 with diagnoses that included Heart Failure, Chronic Respiratory Failure with Hypoxia and Hypercapnia and Dependence on Supplemental

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A6000	Continued From page 8 Oxygen. R1 ' s current physician orders showed an order for continuous oxygen at 3 liters per minute per nasal cannula every morning and at bedtime for chronic respiratory failure and ordered a nonventilated mask on at night switch to nasal cannula at daytime at bedtime for hypoxia related to dependence on supplemental oxygen. Review of R1's 9/1/2025 incident reports documented at approximately 10:20 PM R1 was observed sitting in a chair wearing the nasal cannula for delivery of oxygen. As documented, the nurse later identified as E3, stated E3 went into R1's bedroom and while there E3 heard R1 scream. E3 went to investigate and found R1 bent over the kitchen table with flames on R1's face. E3 went to get a towel to use to put out the flames. While in the kitchen E3 stated E3 heard R1 fall, went back to the resident and used the towels to extinguish the flames on the resident's face. E3 documented E3 stayed with R1 until paramedics arrived to transfer the resident to an area hospital. The burns resulted from R1, while attempting to blow out the lit candle that was on the kitchen table, R1 lost balance, resulting in the lit candle being knocked over igniting the nasal cannula. The hospital's Summation of Episode Note dated 9/1/25-9/5/25, documented R1 was seen for "a burn injury from igniting of her home oxygen while blowing out a candle". Patient had a respiratory rate of 35 on arrival. R1 had 2nd degree burns on the face, lips, cheeks, nose and eyelid. Patient had visibly singed hair and soot in the nares. R1 had a 10 X 10 cm burn on her face, cheeks, nose, lips and also had a 3 cm (centimeter) laceration on the posterior scalp from a fall at the	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A6000	Continued From page 9	A6000		

facility that was stapled while at the hospital.

R1's current service plan (SP) dated 5/2/2025 addressed the resident's use of oxygen . There weren't any interventions instructing staff to educate and monitor R1 on using oxygen around open flames.

The facility ' s policy on Oxygen Therapy requires signs to be visible before entering a resident room informing others that oxygen is in use. Another requirement is for residents who use oxygen be kept 2-4 feet away from others who smoke. The policy doesn't address the education of residents who use supplemental oxygen on the safe use of oxygen.

The facility was unable to provide evidence of R1 or any oxygen dependent resident being educated about using oxygen safely.

On 9/4/25 at 12:00PM E2 (Resident Care Director) stated E2 was unaware the resident had candles in R1's apartment. E2 further stated on 9/1/25 ,R1 had been burned on R1's bilateral cheeks, fell back and hit R1's head and was transferred to the hospital and admitted with a diagnosis of burns.

On 9/4/25 at 8:07PM Z1 (R1's son) was interviewed by phone and stated R1 had the candles when R1 was initially admitted to the facility and they've sat on the dining room table. When asked, Z1 stated Z1 had been "kind of aware" that flames shouldn't be around oxygen, but R1 never burned the candles when the family visited and never mentioned R1 lit candles

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A6000	Continued From page 10	A6000		

before. Z1 and the family had given R1 a "snuffer" to use to snuff out the candle in case R1 did use/light the candles.

There is no documented evidence to indicate that the facility educated R1 and R1's family regarding lit candles not being in the possession of R1. Z1's interview indicated that a non-lit candle has been on the kitchen table of R1 for some time.

E5 (Certified Nursing Assistant/Caregiver) was identified as the staff person assigned to care for R1 the evening shift on 9/1/25. On 9/4/25 at 8:35PM E5 was interviewed by phone. As stated by E5, E5 hadn't seen candles (in R1's apartment.) before 9/1/25. On 9/1/25 at "about 6:30PM, E5 had seen 2 un-lit candles on R1's dining table." Later, E5 was notified about the resident's accident with the candle and oxygen and when E5 arrived, R1 was alert and still had the nasal cannula in R1's nose but was saying R1 couldn't breathe. E5 took the cannula from R1's nose and placed it at her mouth but the resident took it and replaced it in R1's nose. E5 continued on to say E3 (nurse) told E5 that R1 had been trying to blow out a candle and R1 was "kind of in and out" after hitting R1's head.

On 9/4/25 E4 (Evening Supervisor) stated R1 is alert and oriented to time, person and place. E4 knew R1 used oxygen continuously and hadn't seen a lit candle in R1's apartment and hadn't known R1 had access to candles and didn't know R1 had candles at al.

E3 (nurse) was identified as the nurse on duty 9/1/25 who cared for R1.

On 9/5/25 at 11:55AM E3 was interviewed by phone. E3 stated on 9/1/25 at 9:57PM, E3 went

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A6000	Continued From page 11	A6000		

into the apartment and looked at the resident who was sitting across the room in a recliner looking at TV but didn ' t look at the table and didn't walk all the way into the resident ' s living room, didn't look at the table ,so didn't see the candle. I (E3) asked R1 if R1 was ready to go to bed and R1 said yes. E3 went into the bedroom to set up R1 ' s CPAP (Continuous Positive Airway Pressure) machine.

E3 heard R1 yell and ran into the living room and saw the resident leaning over the table with R1's face on fire. E3 got a towel from the kitchen to put out the fire, heard a thump and when she returned to the resident saw her on the floor bleeding from the back of her head where she ' d hit it on the TV stand. R1 was still trying to put out flames using R1's hands and had the nasal cannula still in R1's nose. E3 took the cannula out and away and put out the flames. R1 kept saying she couldn't breathe and needed oxygen. E3 got new oxygen tubing and reapplied the oxygen.

E3 stated E3 never seen R1 use anything with flames during E3's times caring for the resident and asked the resident if R1 had ever been taught about not having open flames around oxygen. R1 replied " yes " but had been using oxygen for years and nothing had happened before.

E3 stayed with R1 until paramedics arrived. R1 was transferred to an area hospital. E3 stated E3 didn't see the candles until after R1 left for the hospital. There were 2 candles on the table, 1 opened (that had burned R1) and one unopened, unused candle.

On 9/4/25 at 5:00PM when asked during the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A6000	Continued From page 12 course of this investigation, if the facility had conducted inservices regarding safe use of oxygen around open flames with residents and staff and if so please provide copies, E1 (Executive Director) and E2 replied residents and staff hadn't been inserviced.	A6000		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 1 Violation Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. This requirement is not met as evidenced by: Based on record review, incident report review , hospital record review, review of evauation drills and staff interviews, the facility failed to comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments ; and failed to provide documentation demonstrating the facility is maintaining the building's acceptable Evacuation Capability Determination with a slow evacuation in accordance with the NFPA 101, 2012 Edition	A9000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A9000	Continued From page 13	A9000		

Sections 33.7.1, 33.7.2, 33.7.3 and 3.3.76. This involves 1 of 3 residents (R1) reviewed.
This failure was associated with R1 sustaining 2nd degree burns from a fire caused by a lit candle being knocked over on the kitchen table resulting in nasal cannula igniting.
This failure has the substantial probability of severe harm to all residents in the facility.

Findings include:

Review of R1's electronic medical record showed the resident was admitted on 9/16/2024 with diagnoses that included Heart Failure, Chronic Respiratory Failure with Hypoxia and Hypercapnia and Dependence on Supplemental Oxygen.

R1 ' s current physician orders showed an order for continuous oxygen at 3 liters per minute per nasal cannula every morning and at bedtime for chronic respiratory failure and ordered a nonventilated mask on at night switch to nasal cannula at daytime at bedtime for hypoxia related to dependence on supplemental oxygen.

Review of R1's 9/1/2025 incident reports documented at approximately 10:20 PM R1 was observed sitting in a chair wearing the nasal cannula for delivery of oxygen. As documented, the nurse later identified as E3, stated E3 went into R1's bedroom and while there E3 heard R1 scream. E3 went to investigate and found R1 bent over the kitchen table with flames on R1's face. E3 went to get a towel to use to put out the flames. While in the kitchen E3 stated E3 heard R1 fall, went back to the resident and used the towels to extinguish the flames on the resident's face. E3 documented E3 stayed with R1 until paramedics arrived to transfer the resident to an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510082	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE LAKE SHORE DRIVE	2960 N LAKE SHORE CHICAGO, IL 60657

(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
A9000	Continued From page 14 area hospital. The burns resulted from R1, while attempting to blow out the lit candle that was on the kitchen table, R1 lost balance, resulting in the lit candle being knocked over igniting the nasal cannula. The hospital's Summation of Episode Note dated 9/1/25-9/5/25, documented R1 was seen for "a burn injury from igniting of R1's home oxygen while blowing out a candle". Patient had a respiratory rate of 35 on arrival. R1 had 2nd degree burns on the face, lips, cheeks, nose and eyelid. Patient had visibly singed hair and soot in the nares. R1 had a 10 X 10 cm burn on her face, cheeks, nose, lips and also had a 3 cm (centimeter) laceration on the posterior scalp from a fall at the facility that was stapled while at the hospital. Copies of the facility's fire evacuation drills from May 2025 through August 2025 were provided but showed no evidence of any resident in the facility having participated in fire drills as required. On 9/5/25 at 11:15AM E6 (Maintenance Director) was interviewed by phone and stated residents are invited to attend fire and tornado drills and staff also participate.	A9000		