STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 10/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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 Facility Reported Incident of 9/4/25/IL197385 Section 295.4010 d) Service Plan	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 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) Type 2 Violation This requirement was not met as evidenced by: Based on interview and record review the facility failed to update a resident's service plan following a fall during a transfer. This applies to 1 of 3 residents (R1) reviewed for service plans in the sample of 3. This failure creates a substantial probability of harm to a resident or residents. The findings include: R1's Observation Notes dated 9/4/25 at 5:30 PM state, "Called by caregiver to go to resident's room. Resident on the floor in prone position. Per caregiver , it was witnessed. Caregiver was transferring resident to the wheelchair and became weak during the transfer, resident sat sideways on the wheelchair, resident's left arm	A4010		

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A4010	Continued From page 1	A4010		

was caught in the wheelchair and went forward to the ground with hematoma to the left eyebrow. BLE/BUE (Bilateral lower and upper extremities) ROM WNL (range of motion within normal limits), resident with socks on, no liquid on the floor, room with good light, got resident up x 2 staff and a (Mechanical lift). Resident denies pain/discomfort at the moment of the fall...."

R1's Incident Report dated 8/20/25 states, "Resident was found on ground by caregivers states he was trying to get up to get to the door. He state he hit his head and reports chronic neck pain. Reports no new injury. Alert and oriented x 2 at baseline."

On 10/6/25 at 9:40 AM E3 (Caregiver) stated, "(On 9/4/25) I was transferring him out of bed and into the wheelchair. He usually transfers, stands up, pivots and sits in the chair. But this day (R1) started to pivot, his legs gave out and mid transfer he became dead weight and went down on the edge of the wheelchair and was sitting on his arm and his arm was kind of twisted. His arm was hurting so he kind of slid off the chair and onto the floor. Then I moved the chair and he fell backwards and hit the side of his head on the floor. I had already called the nurse and she was on her way. She came and we used the (Mechanical lift) to get him off the floor and into the wheelchair. "

On 10/6/25 at 10:55 AM E2 (Health Services Director) stated, "(R1) is an occasional transfer with a (mechanical lift)- we are AL (Assisted Living) so we don't usually do that but since he became hospice he is a 2 assist. He was getting PT/OT but he has these chronic UTIs and has just been kind of going downhill from there. When he had the fall I was out of town and I have not

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A4010	Continued From page 2 had a chance to update the Service Plan . I was going to do it next week. I was traveling pretty much the whole month of September. I have nurses but they do not have access to that." R1's Service Plan is dated 7/10/25 (R1 has a move-in date of 7/8/25) and states, "(R1) requires assistance of 1 person transferring (without a mechanical lift)..." R1's Service Plan does not address R1's admission to Hospice Services on 9/4/25, his falls on 8/20/25 and 9/4/25 or his occasional need for a mechanical lift for transfers.	A4010		