

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/27/2025
NAME OF PROVIDER OR SUPPLIER SUNRISE OF LINCOLN PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2710 N CLARK ST CHICAGO, IL 60614		
(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 ANNUAL LICENSURE SURVEY 295.2000 a) c) 11) 295.2040 e) g) h)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 3 Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 11) The person is a diabetic requiring routine insulin injections unless the injections are self-administered or administered by a licensed health care professional. These requirements were not met as evidenced by: Based on record review and interview the facility accepted one resident (R3) for residency while	A2000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A2000	Continued From page 1 requiring sliding scale insulin which is a service that should not be provided in an assisted living establishment. Findings include: R3 is a 74-year-old resident admitted to establishment on 5/30/2025 with diagnoses including but not limited to Type 1 Diabetes Mellitus without complications and neurocognitive disorder with lewy bodies. R3's order dated 8/29/2025 documents: Insulin Lispro (1) INJECT EVERY MORNING: 4 UNITS SUBCUTANEOUSLY WITH BREAKFAST (BEYOND USE 28 DAYS) (2) INJECT TWICE DAILY: 5 UNITS SUBCUTANEOUSLY WITH LUNCH & DINNER (3) INJECT THREE TIMES DAILY SUBCUTANEOUSLY PER SLIDING SCALE; 150-200=1, 201-250=2 UNITS, 251-300=3 UNITS, 301-350=4 UNITS, 351-400=5 UNITS, >400 CALL MD (4) INJECT AT BEDTIME PER SLIDING SCALE IF GLUCOSE LEVELS ARE: 250-300 = 1 UNITS, 301-350 = 2 UNITS, 351-400 = 3 UNITS (5) INJECT AS NEEDED; 2 UNITS SUBCUTANEOUSLY R3's Service Plan dated 5/30/2025 documents in part Focus: Diabetic Management Goals: My eating/dining and nutritional needs will be met through the next review. My meal/snack preferences will be honored through the next review date. Interventions: Assist me with medications as ordered by my physician I manage my diabetes with controlled carbohydrate diet, continuous glucose monitoring and insulin as per physician order. Observe for and report any signs and symptoms	A2000		

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A2000	Continued From page 2 of high blood sugar - increased thirst and hunger, frequent urination, weight loss, fatigue, warm dry skin, poor wound healing, muscle cramps, abdominal pain, "fruity" breath, stupor, coma, complaints of vision changes, irritability, headache, nausea/vomiting. Observe for and report if I have any signs and symptoms of low blood sugar - sweating, shaking, increased heart rate, pallor, nervousness, confusion, slurred speech, complaints of hunger, complaints of vision changes, complaints of nausea/vomiting. On 10/23/2025, at 11:25 AM, R3 stated I am on scheduled and sliding scale insulin that the nurse gives me. On 10/23/2025, at 2:51 PM, E2 Resident Care Director stated R3 is on scheduled and sliding scale insulin. The order changes frequently but she did admit to facility with sliding scale insulin. As far as I am aware we are able to admit residents with sliding scale insulin orders.	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 Violation Section 295.2040 Disaster Preparedness e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation	A2040		

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A2040	Continued From page 3 of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements are not met as evidenced by: Based on record review, interview and observation, the establishment failed to document the time when drill was conducted on the drill evaluation, establishment also failed to document resident participation, and the required assistance provided for the residents during the drill. These deficient practices have the probability to affect all residents. Findings include: An onsite visit was conducted on 10/23/25. Establishment Emergency preparedness binder was submitted for review. Tornado drills completed on the 1st shift (2/20/25) and 2nd shift (2/26/25) did not document the time when drill was conducted.	A2040		

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A2040	Continued From page 4 There was no list of residents who participated on the drills. The drill completed on the 3rd shift (2/6/25 4:35AM), had no documented resident participation. There was resident roster attached to the Fire drills evaluation conducted on 2/3/25 at 11:00am, and 6/27/25 5:00AM, however it did not document the assistance received by the residents who participated during the drill. On the fire drill conducted on 8/28/25 4:00pm, there were six residents signed on the document titled "Drill Attendance Record" there was a resident roster included on the drill evaluation, it also did not document what assistance provided to residents participated on the drill. On 10/23/25 at 11:28am, E11 (Maintenance Director) confirmed that the required assistance by the residents were not documented. E 11 was also reminded to indicate when (time) the drills were conducted. On 10/23/25 at 11:50am, E2 (Resident Care Coordinator) was asked to highlight residents on the resident roster, who were on a wheelchair. E2 marked 24 residents on a wheelchair. Out of the 24 residents, only five can self-propel. According to the list submitted by E2, there were four residents requiring Hoyer lift for transfer and one resident for sit to stand. Safety standards requires 2 persons assist for all Hoyer lift transfer. Observation conducted on 10/23/25 starting from 2:34pm on all floors, surveyor observed some residents on wheelchair, some were being pushed by staff.	A2040		