STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510350	A. BUILDING: _____ B. WING _____	10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF LINCOLN PARK	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 295.2040 e) g) h)	A 000		
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 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.	A2040		

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A2040	Continued From page 1 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. 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. E11 was	A2040		

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A2040	Continued From page 2 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		