STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510353	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF PALOS PARK	12828 S LAGRANGE RD PALOS PARK, IL 60464

(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 a) d) 295.3000 b) Complaint Investigation IL197595/2598948- Substantiated 295.6000 14) 16)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. These requirements were not met as evidenced by: Based on record review and interview, the establishment failed to conduct tornado drills on each shift during February of each year for employees. This failure has the probability to affect all residents. This failure creates a substantial probability of harm to a resident or residents. Findings include:	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510353	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF PALOS PARK	12828 S LAGRANGE RD PALOS PARK, IL 60464

(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
A2040	Continued From page 1 On 10/2/2025 around 2:45PM, E1 (Executive Director) provided establishment drills conducted since the last annual survey on 11/25/2024. It was noted that only two tornado drills were conducted on the month of February. Tornado Drills were conducted as follows: 2/26/2025- 1st shift 1:00PM-1:15PM 15 minutes 2/26/2025- 2nd shift 2:pm-2:15pm 15 minutes 9/30/2025- 3rd shift 4:55am-5:10AM 15 minutes 10/6/2025 at 1:53PM, E16 (Maintenance Coordinator) said that fire drills are done during the first, second and third shifts. E16 said not sure how often drills are done; because he just started working here but that the system let him know when he needs to conduct a drill. E16 said that he doesn't know how often tornado drills are done but that he just did one last week because the system triggered an overdue tornado drill. E16 said he is aware the evacuation during drill should be done in least than 13 minutes.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 2 Violation Type 2 Violation Section 295.3000 Personnel Requirements, Qualifications and Training	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510353	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF PALOS PARK	12828 S LAGRANGE RD PALOS PARK, IL 60464

(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
A3000	Continued From page 2 b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. This requirement was not met as evidenced by: Based on interview and record review the establishment failed to obtain cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR for five (E10, E11, E12, E13, E14) of 14 employees reviewed for CPR. This failure has the probability to affect all residents in this establishment. This failure creates a substantial probability of harm to a resident or residents. Findings include: On 10/2/2025, around 1:30 PM E1 (Executive Director) provided CPR certificates for employee as requested. CPR certificate for the following nurses E10, E11, E12, E13, E14 was not from the American Heart Association and are from strictly online classes. On 10/6/2025 at 1:43PM, E15 (Business Office Coordinator) said that some CPR training was done online, but since she has been here the CPR with return demonstration has been done. .	A3000		
A6000	Section 295.6000 Resident Rights	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510353	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF PALOS PARK	12828 S LAGRANGE RD PALOS PARK, IL 60464

(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 3 This Regulation is not met as evidenced by: Type 3 Violation Section 295.6000 Resident Rights 14) The right to confidentiality of the resident's medical, financial, or other records. The release of a record shall be by written consent of the resident or the resident's representative and shall specify the circumstances under which each individual record may be released, except as specified by law; 16) The right of access and the right to review and copy the president's personal files maintained by the establishment, during normal business hours or at a time agreed upon by the resident and the establishment. These requirements were not met as evidenced by: Based on interview and record revie, the establishment failed to release medical records as requested for one (R1) out of three residents reviewed for Resident/Patient/Client Rights. This failure has the probability to affect all residents in the establishment. Findings Include: R1 is the subject of this complaint investigation. This investigation was conducted in conjunction with the Annual Licensure Survey. During this investigation R1, R2, R5 were interviewed and reviewed for Resident Records. R1 is no longer in this establishment, R3 moved out on 5/31/2025. On 10/4/2025 at 3:30PM, E1 (Executive Director) said that in order to obtain resident Health Records, a Release of information form is sent to legal, once legal reviews the form, then the health	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510353	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF PALOS PARK	12828 S LAGRANGE RD PALOS PARK, IL 60464

(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 4 records are release to family members, or to whomever requested the records. On 10/6/2025 at 2:44PM, E1 provided a document that she said Z1 (R1's Power of Attorney/ POA) submitted to the establishment on 8/20/2025 requesting R1's Health Records. E1 also provided an email with the protocol for the record production: Local counsel should contact the ED (executive Director) with the name of the attorney handling the request and the proper address to send the records. The Executive Director will copy the relevant paper records and send them directly to the attorney handling the matter. The attorney will then review the request and record (Medical records only and pulling out anything non-responsive to the request or privileged, such as incident report). The responsive records which are to go to the requestor will then be returned to the ED and the ED will forward those records counsel has deemed appropriate to the requesting party ... It is our goal to send the records out within one week of receiving the request .... On 10/6/2025 at 4:01PM, E1 said that she does not know whether the Health Records were provided to Z1. E1 said that she was going to follow up with legal On 10/7/2025 at 8:46AM, E1 said "the records request was sent to our legal department and under review and once completed I will receive an email of clearance to provide to him."	A6000		