| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ASL5105850 | A. BUILDING: _____ B. WING _____ | C 10/07/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SUNRISE OF WESTMONT | 407 W 63RD ST WESTMONT, IL 60559 |

| (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 |
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| A 000 | Initial Comment<br><br>Complaint Investigation 2579117/IL197651<br>295.2050a)b)<br>295.6010a)1)2) cited<br><br>Facility Reported Incident IL197598 (08/28/2025)<br>295.6010 a)1)2) cited | A 000 | | |
| A2050 | Section 295.2050 Incident and Accident Reporting<br><br>This Regulation is not met as evidenced by:<br>Type 3 Violation<br><br>Section 295.2050 Incident and Accident Reporting<br><br>a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident.<br>b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident.<br><br>This requirement was not met as evidenced by:<br><br>Based on interview and record review, the facility failed to report a fall incident with significant injury to the Illinois Department of Public Health (IDPH) within 24 hours after the incident occurred for 1 of | A2050 | | |

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| A2050 | Continued From page 1<br>3 residents (R1) reviewed for incidents and accidents in the sample of 3.<br><br>The findings include:<br><br>R1's face sheet documented move-in date of 03/29/2025 and discharge date of 09/01/2025. Past medical history included but not limited to anxiety, restlessness and agitation, and dementia.<br><br>R1's initial incident report with case number "01005379" and print date of 10/07/2025 documented that R1 had a fall incident on 07/31/2025 with notable bleeding from back of head and was sent to a local hospital for evaluation. Further review of initial incident report did not document the date when IDPH was notified of R1's incident by the facility.<br><br>On 10/07/2025 at 11:56 AM, E1 (Resident Care Director) said the facility does not have an internal policy on reporting incident and accidents, but they follow IDPH guidelines. At 12:08 PM, E1 said either she or the Executive Director report all "serious falls" within 24 hours of occurrence, including weekends. E1 could not indicate the date R1's initial report was submitted.<br><br>On 10/07/2025, review of facility's incident reports within the IDPH portal (LLCS) showed initial report with case number "01005379" (same as above) that was timestamped 08/14/2025 at 10:06 PM. Portal also showed case number "01005379" was created on 08/14/2025 at 10:07 PM.<br><br>On 10/07/2025 at approximately 03:30 PM, E1 was informed by surveyor of the findings through LLCS regarding R1's submission date of | A2050 | | |

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| A2050 | Continued From page 2<br>08/14/2025 for fall incident on 07/31/2025. E1 did not comment on surveyor's findings. | A2050 | | |
| A6010 | Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr<br><br>This Regulation is not met as evidenced by:<br>Type 3 Violation<br><br>Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting<br><br>a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall:<br>1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report.<br>2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report.<br><br>This requirement was not met as evidenced by:<br><br>Based on interview and record review, the facility failed to submit a final incident report to the Illinois Department of Public Health (IDPH) following a fall incident with significant injury | A6010 | | |

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| A6010 | Continued From page 3 | A6010 | | |

within 14 days after the incident occurred for 2 of 3 residents (R1, R2) reviewed for incidents and accidents in the sample of 3.

The findings include:

1) R1's face sheet documented move-in date of 03/29/2025 and discharge date of 09/01/2025. Past medical history included but not limited to anxiety, restlessness and agitation, and dementia.

R1's initial incident report with case number "01005379" and print date of 10/07/2025 documented that R1 had a fall incident on 07/31/2025 with notable bleeding from back of head and was sent to a local hospital for evaluation.

On 10/07/2025 at 11:56 AM, E1 (Resident Care Director) said the facility does not have an internal policy on reporting incident and accidents, but they follow IDPH guidelines. At 12:08 PM, E1 said either she or the Executive Director report all "serious falls" within 24 hours of occurrence, including weekends. E1 added that if not submitted over the weekend, then it will be done by the next business day. E1 then said they "have to submit a final report" which is submitted upon completion of the investigation and/or after the resident readmits to facility.

R1's progress note dated 8/2/2025 at 09:45 PM reads in part, " ... [hospice] called, resident will be returning tomorrow from [hospital]" ...

R1's readmission note dated 08/03/2025 indicated resident returned to facility at 1300 from hospital via ambulance and was admitted to hospice services ...

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| A6010 | Continued From page 4<br><br>On 10/07/2025, review of facility's incident reports within the IDPH portal (LLCS) showed no final report was submitted by facility for R1's fall incident on 07/31/2025 (case number 01005379).<br><br>On 10/07/2025 at 02:20 PM, E1 (RCD) said there is no final report for R1's fall incident on 07/31/2025 but one should have been completed.<br><br>2) R2's face sheet printed on 10/7/25 showed diagnoses including but not limited to dementia with behavioral disturbance, urinary tract infection, cellulitis of right toe, and chronic non-pressure ulcer of the left foot.<br>The facility provided an initial incident report showing R2 had an unwitnessed fall on 8/28/25 at 1:20 AM. The report showed R2 was transported out the same day to the local hospital and was admitted for a subdural hematoma. The IDPH (Illinois Department of Public Health) incident reporting portal showed the initial report was submitted on 8/28/25 at 9:49 AM.<br><br>R2's progress notes showed he returned to the facility on 9/2/25.<br><br>On 10/7/25 at 11:57 AM, E1 (Resident Care Director) stated if a resident gets admitted to the hospital after a fall with injuries, we submit the final incident report to IDPH after they return here. We wait until we get all the information on them. E1 said we absolutely need to submit a final report. E1 said we submitted R2's final report on 9/2/25, which was the day he returned to the facility. E1 provided a computer screen view of a PDF file uploaded to the IDPH portal. E1 said this is what we submitted for R2's final report. The file did not show any date or time it was uploaded. E1 said as far as I know that information can't be | A6010 | | |

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| A6010 | Continued From page 5 | A6010 | | |

displayed on my end. You would have to reach out to IDPH to find out the date and time the reports are submitted.

R2's final incident report submitted to the IDPH portal was reviewed by this surveyor. The portal showed the report was submitted 10/7/25 at 11:08 AM (day of survey).

On 10/7/25 at 3:08 PM, E1 (Resident Care Director) and E2 (Area Director of Nurses) stated we are just now realizing we don't exactly know how to ensure incident reports are being submitted in a timely manner. That is something we will have to prioritize now and get focused on training to use the IDPH portal.
The facility provided an initial incident report showing R2 had an unwitnessed fall on 8/28/25 at 1:20 AM. The report showed R2 was transported out the same day to the local hospital and was admitted for a subdural hematoma. The IDPH (Illinois Department of Public Health) incident reporting portal showed the initial report was submitted on 8/28/25 at 9:49 AM.

R2's progress notes showed he returned to the facility on 9/2/25.

On 10/7/25 at 11:57 AM, E1 (Resident Care Director) stated if a resident gets admitted to the hospital after a fall with injuries, we submit the final incident report to IDPH after they return here. We wait until we get all the information on them. E1 said we absolutely need to submit a final report. E1 said we submitted R2's final report on 9/2/25, which was the day he returned to the facility. E1 provided a computer screen view of a PDF file uploaded to the IDPH portal. E1 said this is what we submitted for R2's final report. The file did not show any date or time it was uploaded. E1

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| A6010 | Continued From page 6<br>said as far as I know that information can't be displayed on my end. You would have to reach out to IDPH to find out the date and time the reports are submitted.<br><br>R2's final incident report submitted to the IDPH portal was reviewed by this surveyor. The portal showed the report was submitted 10/7/25 at 11:08 AM (day of survey).<br><br>On 10/7/25 at 3:08 PM, E1 (Resident Care Director) and E2 (Area Director of Nurses) stated we are just now realizing we don't exactly know how to ensure incident reports are being submitted in a timely manner. That is something we will have to prioritize now and get focused on training to use the IDPH portal. | A6010 | | |