STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510535	A. BUILDING: _____ B. WING _____	C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDING ON DUNDEE SENIOR LIVING (THE)	156 WEST DUNDEE ROAD WHEELING, IL 60090

(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 Investigation of Facility Reported Incident of 10/10/25/IL198081	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 3 Violation Section 295.2050 Incident and Accident Reporting 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. 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. This requirement is NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to report R1's Serious Accident to The State Agency within 24 hours for 1 of 4 residents reviewed for Safe Enviroment in the sample of 4. The findings include:	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510535	A. BUILDING: _____ B. WING _____	C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDING ON DUNDEE SENIOR LIVING (THE)	156 WEST DUNDEE ROAD WHEELING, IL 60090

(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
A2050	Continued From page 1 On 10/21/25 at 10:15AM, R1 was sitting in a wheelchair with a left long arm splint. On 10/21/25 at 10:30AM, R1 did not provide details about the splint. R1's Mini-Mental Status Examination dated 02/24/25 shows, "10/20 Moderate Dementia." On 10/21/25 at 2:30PM, E4 RN-Registered Nurse said, I was notified by a Caregiver that R1 was on the floor. R1 was walking faster than normal and fell to the left side. R1 uses a walker. The x-ray performed in the facility showed R1 had a fracture to the left elbow. The hospital x-ray found R1 had a fracture in the left hip and the left elbow. R1's X-Ray Hip 2-3 Views dated 10/11/25 shows, Bilateral hip arthroplasties are in anatomic alignment. Orthopedic hardware is also seen in the visualized lower lumbar spine. There is an acute, comminuted fracture involving the proximal portion of the left femur. The fracture fragments are in near anatomic alignment. There is generalized osteopenia. Impression: There is an acute, comminuted periprosthetic fracture involving the proximal left femur. R1's X-Ray Elbow Complete Minimum 3 Views dated 10/11/25 shows, There is an acute, comminuted fracture involving the olecranon process. The largest fragment is distracted posteriorly and proximally by about 2 centimeters. There is marked surrounding soft tissue. Swelling. Impression: Acute, comminuted intra-articular fracture involving the olecranon process. R1's Incident Report dated 10/10/2025 at 3:35PM, shows, R1 went to the Emergency	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510535	A. BUILDING: _____ B. WING _____	C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDING ON DUNDEE SENIOR LIVING (THE)	156 WEST DUNDEE ROAD WHEELING, IL 60090

(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
A2050	Continued From page 2 Room. R1 sustained a Left Elbow fracture. R1 sustained a Left Hip fracture. The facility's Send Result Report dated 10/13/25 at 4:57PM, shows, it took over 72 hours to notify The State Agency of R1's Serious Accident. The facility reporting policy revised 06/20/24 shows, No Guidance on The Initial Report to The State Agency.	A2050		