STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510106	A. BUILDING: _____ B. WING _____	C 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL BAPTIST VILLAGE	4747 N CANFIELD AVE NORRIDGE, IL 60706

(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 Complaint Investigation IL185243/ 2590716- Substantiated, 295.4000 cited.	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to notify physician of one (R1) resident's concern of redness and pain on the buttock to ensure adequate assessment and appropriate treatment was provided. This affected one of three residents reviewed for activities of daily living assistance. Findings include: According to R1's face sheet, R1 is 97 years old. R1's diagnoses include but not limited to	A4000		

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A4000	Continued From page 1 Osteoarthritis Unspecified and Unspecified macular Degeneration. At the time of survey R1 was admitted in skilled unit. R1's service plan updated on 1/6/25, R1 needs physical assistance with toileting needs and peri-care. R1's untitled document submitted for review by E2 (Director of Resident Services) indicated the following: 1/22/25: shower given bottom is sore, applied A&D ointment. Assisted with toileting. Helped wipe and apply barrier cream. 1/24/25: observed redness in buttocks, washed applied barrier cream. 1/25/25: pressed pendant 8x, mostly toilet assistance, right side of butt is sore. 1/26/25: needed to use the bathroom. He said she was sore and wanted A&D ointment on her bottom. Several times assisted to the bathroom; barrier cream applied. Toilet assist applied BC (Barrier cream) sore area at 4pm. R1's progress notes dated 1/26/25 entered by E4 (Registered Nurse) stated in part, "complaint of sore bottom. No open areas noted at this time; area very red maybe due to prolonged sitting as resident feels unsteady and in pain to move around ..." On 2/18/25 at 10:10am, E4 said R1's concern regarding the observed redness on the bottom and pain was not reported to R1's physician. E4 said, R1 administer her own medication, and they do not take orders from physician for residents who administer their own medications. E4 said R1 was advised to call her physician. On 2/18/25 at 10:32am, E2 was asked if a	A4000		

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A4000	Continued From page 2 resident has concern of redness and pain in the buttock regardless of absence of open skin, should the physician be notified even though the resident administer her own medication, E2 said, in cases like this POA (Power of Attorney) and Physician will be notified. E2 said staff will be in-serviced.	A4000		