STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510545	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELODY LIVING OF LAKE IN THE HILLS	525 HARVEST GATE ROAD LAKE IN THE HILLS, IL 60156

(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 Facility Reported Incident of 10/23/25/IL198222 295.4010g)1)2)3)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan g) Service plans shall address: 1) The level of service the resident is receiving, including: 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; This Requirement was NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to ensure service plan interventions were followed for 1 of 3 residents (R1) reviewed for service plans in the sample of 3. This failure has the substantial probability to cause harm to a resident or residents. The findings include: R1's face sheet printed on 10/29/25 showed diagnoses including but not limited to acute kidney failure, heart failure, and long-term use of anticoagulants. R1's mini-mental state	A4010		

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A4010	Continued From page 1	A4010		

examination dated 7/10/25 showed he was cognitively intact.

On 10/29/25 at 11:01 AM, R1 was seated in a recliner in his room and was alert. R1 had an elastic wrap bandage around the left arm. The bandage had an egg-size dark, purple blood stain near the elbow on it. R1 was wearing light grey sweatpants, and the left knee area had a dime size dark, purple blood stain on it. R1 lifted his left pant leg, and the same knee had an elastic wrap bandage on it. The bandage was saturated with a quarter size dark, purple blood stain. R1 lifted his right pant leg. The elastic wrap bandage around it was loose and unraveling. White cotton wrap was visible between the folds on all three areas. None of the dressings were dated. R1 said the "specialty nurses" are in charge of changing the dressings. R1 said it is supposed to be done two times per week. They should have been changed a long time ago. I can't recall the last time someone did it. I take a blood thinner, so my skin is very thin. I bruise and bleed a lot when I get skin tears or bump something.

R1's service plan showed a nursing intervention start dated 10/24/25 that stated: "Collaborate with (primary care provider and home health) for wound orders and treatment ...monitor dressings, assess for abnormal bleeding, drainage, infection, saturated dressings ..."

R1's October 2025 order summary report showed an order for Clopidogrel (blood thinner) to be given daily. The same report showed multiple dressing change orders with directives to be done twice a week by the home health nurse and prn (as needed) by the floor nurse.

On 10/29/25 at 11:25 AM, E2 (Registered Nurse)

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A4010	Continued From page 2	A4010		

stated the home health nurse does R1's dressings twice a week. I just called them this morning to let them know it needs to be done. I can't say the last time it was done. They chart in a separate binder kept downstairs. The floor nurses do it as needed if it is bloody, soiled, or coming off.

On 10/29/25 at 12:10 PM, E1 (Director of Health and Wellness) stated nurses should be changing dressings if they become saturated or need replacing. Blood on a dressing is considered saturated and needs to be changed. Home health is here two times weekly, and they are responsible for scheduled changes. The floor nurses do it as needed.

Documentation for R1's dressing changes was requested for the last two weeks. The most recent was a physician order dated 10/24/25 for wound treatment and dressing changes to the left arm twice weekly and as needed.

On 10/29/25 at 1:50 PM, E1 stated R1 went to the emergency room after a fall on 10/23/25. E1 said she would assume the dressings were changed there, on that date. E1 said home health attempted to do dressing changes on 10/27/25, but R1 was at an appointment. E1 said today's nurse was going to do the changes but R1 was at breakfast and then with the surveyor. E1 said it is important to follow service plans to ensure residents receive the right care. It guides staff so they know what to do for residents. There is the potential for infection, slow healing, and pain if dressings are not changed as ordered. It is expected the floor nurses to change them when it looks soiled or bloody.
It is a standard nursing care.

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A4010	Continued From page 3 The facility did not provide any documentation related to R1 refusing dressing changes or being unavailable for dressing changes. The facility's Service Plan policy date 7/7/23 states under the purpose section: "2. Communicates guidelines for Team Members to deliver consistent quality care and service." The policy states under the definition section: "A Service Plan should- 6. Ensure care is well-documented."	A4010		