STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 Survey 25810828/IL198434 295.4010e) cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation Section 295.4010 Service Plan e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). This requirement was not met as evidenced by: Based on interview and record review the facility failed to update a resident's service plan and add interventions to prevent further falls. This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 4. This failure caused severe harm to a resident and has the substantial probability to cause severe harm to resisdnets. The findings include: R1's EMR (Electronic Medical Record) shows that she has had 3 falls in the last year. One on 4/15/25, one on 6/1/25 and another on 11/2/25. The fall on 4/15/25 did not result in injury and R1 was not sent to the hospital. The fall on 6/1/25 did not result on injury but R1 was sent to the hospital	A4010		

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A4010	Continued From page 1 for evaluation due to a change in condition. The fall on 11/2/25 resulted in a left hip fracture and R1 was sent to the hospital and eventually to a subacute rehab facility. R1's current Service Plan shows the Problem of Fall Risk Safety Checks, last reviewed on 5/1/25. The Services state, "Report to the nurse any observed or reported falls, change in gait/balance, change in toileting ability, changes in cognition, and any observed safety hazards in the resident's unit..." There are no interventions listed on this Service plan and no mention of R1's falls. On 11/12/25 at 12:22 PM E3 (Assistant Director of Nursing) stated, "The service plans should be updated with each incident report- after each fall. Her falls seem to happen because she takes herself to the bathroom and I have them rounding more because she is falling early in the AM." The facility policy titled Care/Service Plans dated 5/20/22 states, "A resident-centered care/service plan is created and maintained for every resident. The purpose of the care/service plan is to provide a centralized coordination of the services that will be provided to each resident, based on his or her individual needs, abilities and preferences." and "Formal review takes place: Upon significant change in resident status/ condition."	A4010		