STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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 Annual Licensure Survey 295.2000 a) 295.2040 g) h) 295.2070 a) 5) 295.4010 g) 4)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 2 Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure residency requirements are met for one (R3) of three residents reviewed for residency requirements. This deficient practice has the substantial probability to cause harm to a resident. Findings include:	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2000	Continued From page 1 According to R3's face sheet, R3 is 93 years old. R3's diagnoses include but not limited to Alzheimer's Disease, Acute Cystitis with Hematuria and Primary Generalized Osteoarthritis. R3 moved to the community on 1/18/25. R3's Mental Status Questionnaire form documented, R3's Mental Status Questionnaire Form dated 3/20/25 documented Moderately Advanced Impairment (Medium). On 12/8/25 at 1:28PM, R3 was observed in activity doing crossword puzzle. R3 uses a walker, and is hard of hearing. R3's admission notes dated 1/19/25 documented "Resident is alert but forgetful, oriented to self. Resident needs assistance with all ADLs and transfers. Resident uses a walker for mobility and a wheelchair for long distances. Needs escorts to activities and dining. Resident wears pull up for incontinence of bowel and bladder." According to R3's Progress notes, R3 had multiple fall incidents: 2/7/25- observed on floor in front of doorway ... 2/21/25- sitting on floor next to easy chair ... 2/25/25 2345- ...found on floor when she was doing her rounds ... 2/27/25 2127- ...sitting on floor in doorway ... 3/7/25 2046- sitting on her buttocks next to her chair ... 3/12/25 0542- ...observed resident sitting on floor in doorway ... stated " I crawled out of bed to floor I was trying to go home" 3/21/25 850PM- observed sitting on floor in doorway ...stated she crawled from her bed ...looking for someone ... 3/25/25 1026-observed scooting on the floor in her room. 3/26/25 3:13pm-observed resident scooting on	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2000	Continued From page 2	A2000		

floor near her recliner feet stretched Infront of her, states," I slid down the bed on my bottom I didn't hit my head..."
5/5/25 2205- At 7:30 pm nurse had to go give HS meds on west wing and resident was in wellness office reading, upon returning at 7:45 nurse observed resident in a sitting position next to wellness office door and states she slide out of her chair...
5/18/25 - ...at 11pm this shift, resident was observed sitting in front of apartment ...
5/24/25 2103- ...resident was in a sitting position on the floor and stated that she was wheeling herself in her wheelchair in the hallway and decided to get up and walk and lost her balance ...
6/23/25 1743 Resident observed on the floor ... "I did not fall. I wanted to get out of that thing, (Wheelchair) and I couldn't. I just slid out to the floor."
7/6/25 1644 ...reported to this nurse that resident lowered herself to the floor during transfer on the toilet before Morning care. Resident stated, " I am on the floor. I need to get up."
7/7/25 - At 3.00 am ...received a call from resident's granddaughter stating that resident has been calling her, and that it seems that she is on the floor ...
7/12/25 0331-reported to this nurse that resident lowered herself to the floor. Resident comments she was looking for a diaper.
7/14/25 1042-observed resident sitting at the doorway of her apartment.
7/22/25 2217- ...slid out of wheelchair in activity room.
7/28/25 - At 3:20am ...observed sitting on the floor on her buttocks ...stated that she slid off of her bed
9/14/25 5:28- ...observe resident sitting on floor in doorway ...states' I couldn't sleep so I scooted out

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2000	Continued From page 3	A2000		

of bed then I was looking for help because I couldn't get up ..."
10/15/25 1432- observed on the floor in her room sitting on her buttocks ...
11/11/25 1340- ...got a pager from resident's pendant, upon entering the room aide witness resident on the high mat. Writer walked into the room and witness resident in a laying position with legs hanging off the high mat.
11/22/25 1915- Resident observed in sitting position next to reclining chair ...

On 12/8/25 at 2:15pm, E2 (Director of Wellness) said, R3 has a Negotiated Risk regarding unsteady gait and imbalance that could result to injury. E2 said, there was a Change of Condition observed, based on falls and confusion. R3's family did not want R3 to move to the Memory Care unit. When the Home Health interventions were unsuccessful, Nurse Practitioner ordered for Hospice evaluation, this way the resident can get the fall mat, and scoop bed.

R3's progress notes documented on 7/19/25, R3 was admitted on hospice care.

On 12/9/25 at 10:17AM, E11 (Licensed Practical Nurse), confirmed R3 had a lot of falls, " ...with the Dementia she gets up on her own, she does not realize that she needs help her brain is saying- she doesn't need help, just get up and go. Her falls usually occurs night shift. The Night crew have to do two hours rounds on every resident. The thing is the two hours does not work. The doors are closed, you have to open the door, which wake up the residents. I don't know if hourly rounds are possible." E11 also said, "Most of the time the problem is staffing. They wait, if "Nobody is coming, let me go." During the day, she is engaged. I feel like she is going to decline

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2000	Continued From page 4 if she comes to MC. I can see that she is with it, but then she falls. She can use her call button; she makes sure she have the call button." E 11 also said, on the 6AM- 2PM shift, there are two Caregivers for the whole building. "If you ask me, there should be one in the middle. They drop down staffing because the census dropped down. I think there should be 3 for this people to get the care that they need." According to R3's Service Plan, intervention was added/ revised after the fall, however R3 continued to fall. On 12/8/25 establishment rounds, started on the first floor at 9:16am to the second floor at 9:23am, the building consist of two floors, the hallways were long.	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2040	Continued From page 5 Code will apply. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. This requirement was not met as evidenced by: Based on record review and interview the facility failed to ensure fire drills include identification of any residents who received assistance for evacuation, and failed to ensure residents were evacuated within 13 minutes. This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include: On 12/08/2025, at around 11:00 AM, Fire drills and tornado drills were provided to surveyor. Fire drill documentation as follows: Fire Drills 1/27/2025- 10:00AM- 1st shift- employee signature, resident roster- Total time of drill:35 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 2/13/2025- 7:30PM- 2nd shift- employee signature, resident roster- Total time of drill:40 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 3/6/2025- 3:30AM- 3rd shift- employee signature, resident roster- Total time of drill:45 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building.	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2040	Continued From page 6 5/23/2025- 4:00PM- 2nd shift- employee signature, resident roster- Total time of drill:25 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 6/2/2025- 11:00PM-3rd shift- employee signature, resident roster- Total time of drill:25 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 6/17/2025- 11:00AM- 1st shift- employee signature, resident roster- Total time of drill:30 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 8/15/2025- 8:00PM- 2nd shift- employee signature, resident roster- Total time of drill:20 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 9/18/2025- 3:30AM- 3rd shift- employee signature, resident roster- Total time of drill:35 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 11/28/2025- 9:00AM- 1st shift- employee signature, resident roster- Total time of drill:35 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. 11/28/2025- 3:30PM- 2nd shift- employee signature, resident roster- Total time of drill:25 minutes. Time is more than 13 minutes. No list of residents needing assistance out of the building. On 12/8/2025 at 11:50AM, E10 (Maintenance Director) said that Fire drills are done all three shift every quarter, ideally monthly. All the staff participates in the drills. Residents' participation	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2040	Continued From page 7 depends what part of the building the fire drill is conducted, if the fire drill is in the east side of the building resident who resident in the side will be evacuated or the ones who are consider in immediate danger within 30 minutes or until the fire department gets here. Tornado drills- all resident will be brought down from the second floor to the first floor to areas that has not a lot of windows, all the blinds will be put down and residents are with their back to the window, so nothing hits their face. Tornado drills are done every February, all shifts. E10 said that tornado drills are not timed. For Fire drills E10 said "I put the total time the fire drill last from the type a pull the alarm. I don't put the actual time that takes to evacuate the residents. I have a separate form where I have the residents who need assistance for evacuation, but I don't have them added to the fire drill forms.	A2040		
A2070	Section 295.2070 Negotiated Risk Agreement This Regulation is not met as evidenced by: Type 3 Violation Section 295.2070 Negotiated Risk Agreement a) The negotiated risk agreement, if any, shall be signed by the resident or the resident's representative and the licensee and shall describe the following: 5) A time frame for review. These requirements are not met as evidenced by:	A2070		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A2070	Continued From page 8 Based on interview and record review the establishment failed to ensure Negotiated Risk agreement were signed by Resident or Resident Representative for one (R3) resident and include a time frame for review for two (R1, R3) residents. Findings include: R1's Negotiated Risk Agreement dated 10/2/25, did not indicate when this Negotiated Risk Agreement will be reviewed. R3's Negotiated Risk Agreement dated 1/31/25, was not signed by the Resident or Resident Representative. This agreement did not indicate when this Negotiated Risk Agreement will be reviewed. On 12/8/25 at 2:15PM, E2 (Health Services Director) said, the Negotiated risk agreement needed to be sign by the resident or resident representative, however R3's was done before E2 assumed current position, and this issue will be relayed to the Executive Director.	A2070		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan g) Service plans shall address: 4) Any risk being negotiated;	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510308	A. BUILDING: _____ B. WING _____	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA JOLIET LLC (3320)	3320 EXECUTIVE DRIVE JOLIET, IL 60431

(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
A4010	Continued From page 9 This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to include Negotiated Risk on resident Service plan affecting two (R1, R3) of two residents reviewed for this requirement. Findings include: R1's Negotiated Risk Agreement was signed on 10/2/25, regarding identified fall risk. This Negotiated risk agreement was not discussed on R3's undated Service Plan. The Negotiated risk also did not indicate when this Negotiated Risk Agreement will be reviewed. R3's Negotiated Risk Agreement dated 1/31/25, was not signed by the Resident or Resident Representative. This agreement did not indicate when this Negotiated Risk Agreement will be reviewed. It was also not signed by Resident or Resident Representative. On 12/8/25 at 2:15PM, E2 (Health Services Director) said, Negotiated Risk is included on the service plan. This statement however was not reflected on R1's and R3's undated Service Plans.	A4010		