STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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 Change of Ownership Survey	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 3 VIOLATION Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect. These requirements are not met as evidenced by: Based on observation interview and record review the facility failed to ensure one resident (R3) received dressing changes to weeping lower extremities as ordered by the physician. The facility also failed to ensure physician prescribed medications were administered as ordered. This failure resulted in R3 being hospitalized twice in 3 weeks for lower extremity wound infection/management and fluid overload. These failures also have the probability of affecting all residents who recieve dressing changes and may be candidtaes for medication self- administration.	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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
A6000	Continued From page 1 Findings include: Medical record documents R3 is 88 years old and admitted to the facility on 6/14/22 with diagnosis including chronic obstructive pulmonary disease, congestive heart failure, lymphedema, bilateral lower extremity cellulitis, fluid overload, hypokalemia, and obesity. On 4/18/25 at 2:10 PM R 3 was observed to be sitting in her recliner with loose and drooping kerlex wraps to bilateral lower extremities, from knee to ankle. A small to moderate amount of drainage was observed having seeped through to the top layer on the right dressing. There was no date written on the dressings indicating the last time a dressing change had been performed. R3 was alert and oriented to self and the fact she was in a facility receiving care. When asked about the dressings to her lower extremities, R3 was not aware of who was currently providing treatment. R3 began to tell a story about taking an Uber to the wound clinic and but now wants to have the facility driver transport her at no cost but that hasn't happened. R3 stated she sleeps in the recliner and tries to keep her legs elevated even though at the time of this observation they were not elevated. Nursing notes document on 3/5/25 that R3 had a renewed order of the antibiotic doxycycline for cellulitis to the lower extremities following an appointment to wound clinic (on 3/5/25) for a foul-smelling wound behind the left knee which had not improved after the initial course of doxycycline. Progress notes dated 3/19/25 states R3 went to	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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
A6000	Continued From page 2	A6000		

the wound clinic on Tuesday (no date) 'where they are monitoring both legs and keeping them wrapped tightly.' R3 also 'reported weeping of her right leg that filled a towel.'

Progress note also dated 3/19/25 states R3 reported that she did not take her Lasix 4 days in a row because of appointments last week. When asked how R3 missed four days of Lasix (40mg in AM and 60 mg in pm), E2 stated R3 is assessed as a resident that can self-medicate but not for Lasix (or Coumadin). E2 did not have an explanation as to how R3 had missed four days of Lasix on April 7, 8, 9, 10 as indicated on R3's April 23, 2025 MAR.

Progress note dated 3/26/25 states a chest X-ray was performed showing pulmonary effusion for R3. As a result, the Lasix was increased to 40 milligrams at noon on top of the 60 milligrams of Lasix already taking in the morning. The next progress note is dated 3/31/25 documenting R3 states her left leg is draining. No documentation related to follow-up or monitoring of the weeping lower extremities.

Progress note dated 4/6/25 states R3'S "BLE dressings have not been changed for two weeks, due to transportation difficulties. The dressings are starting to roll down, weep and have an odor. ... Urgent need of getting R3 transportation either Monday or Tuesday."

When asked why R3 had not had dressing changes for two weeks, E2 stated that the facility driver had taken R3 to a wound appointment free of charge a couple of weeks ago and now R3 doesn't want to pay anyone for transportation. E2 stated R3 does not understand the transportation is not a service provided free of charge by the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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
A6000	Continued From page 3 facility on a routine basis. Progress note dated 4/7/25 (7 days later) documents R3's leg dressings were not changed as resident didn't go to wound clinic for dressing change. Wraps are wet and have an odor. R3 states she had a bad experience in the hospital and was refusing to go. A later note dated on 4/7/25 states R3 was unable to get a ride to wound care. Leg dressings are wrapped tightly with foul smelling drainage from the legs. Since unable to care for wounds in assisted living, encouraged patient to go to the ER at (hospital) for evaluation of wounds. R 3 was admitted for cellulitis and was readmitted to the facility on 4/10/25 on 2 antibiotics for BLE infection. A progress note dated a 4/11/25 states a wound care agency will be taking over R3's wound care and is to perform an intake appointment today (4/11/25). A progress note dated later on 4/11/25 states the intake appointment has been rescheduled for 4/24/25. It remains unclear who and when dressing changes were performed on R3. R3 was assessed on 4/14/25 per E2, however there is no documentation of wound care having been performed. E2 was not able to provide documentation of R 3's wound assessment or dressing change of 4/14/25. Progress note dated 4/15/25 states the home health wound representative and E2 report that R3 was upset stating she did not authorize permission for anyone to care for her leg wrap needs here in house. The note continues on stating R3 had agreed on 4/11/25 that it would be much easier for her to be managed in house instead of having to go out to a weekly wound clinic. R3 stated she did not speak to anyone nor	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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
A6000	Continued From page 4	A6000		

gave permission. Staff notices a decline in residence cognition.

Progress note dated 4/16/25 states:

Wound care order:

Every Monday, home health wound nurse will come to care for the BLE.

Every Wednesday and Friday, NOD (nurse on duty) will complete BLE order as follows:

Unwrap both legs of all layers of dressings, use wound cleanser to cleanse any open areas, cut and alginate dressing to the exact wound size, put matter honey on alternate dressing in place over wounds, cover with ABD pad, wrap from toes to knees with ace wraps.

E2 confirmed on 4/18/25 there was no documentation as to when a subsequent dressing change was done even after this order was given on 4/16/25.

A 4/21/25 note states "Home health nurse came around 5pm for resident's BLE wound care. L leg was weeping. Per home health , no skin on LLE. Home health recommended to send resident to ER for further evaluation."

Upon return from hospital on 4/22/25 progress note states R3 "will not be getting any in-house treatment to her BLE as wound clinic is the best option for her. R3 will go back to scheduled standing weekly visit to wound clinic starting this week and going forward. Staff nurses will not provide any wound care, wrapping or adjusting wraps if they are bothering the resident, she will instead go back to the wound clinic or ER for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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
A6000	Continued From page 5 assessment & treatment." E2 stated on 4/18/25 at 1:25 PM she doubted R3 would be able to answer most questions on a cognitive assessment quiz. E2 provided a list of self-medicators of which R3's name was included along with 16 other residents. Facility policy and procedure for self-administration of medications under policy interpretation and implementation states: 1. as part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self administering medications is clinically appropriate for the resident. 2. In addition to general evaluation of decision making capacity, the staff and practitioner will perform a more specific skill assessment, including the residents: a. ability to read and understand medication labels; b. comprehension of the purpose and proper dosage and administration time for his or her medications; c. ability to remove medications from a container and to ingest and swallow (or otherwise administer) the medication; And d. ability to recognize risks and major adverse consequences of his or her medications. 10. Nursing staff will review the self-administered medication record on each nursing shift, and they will transfer pertinent information to the medication administration record kept at the nursing station, appropriately noting that the doses were self-administered.	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510024	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARILLON CROSSING AL	829 CARILLON DR BARTLETT, IL 60103

(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
A6000	Continued From page 6 Progress note dated 3/19/25 states R3 reported that she 'did not take her Lasix 4 days in a row because of appointments last week.' When asked how R3 missed four days of Lasix (40mg in AM and 60 mg in pm), E2 stated R3 is assessed as a resident that can self-medicate but not for Lasix (or Coumadin). E2 did not have an explanation as to how R3 had missed four days of Lasix. E2 provided R3's self-medication assessment form dated 4/4/25. Medications listed for R3 to self-administer include ammonium lactate lotion, Advair inhaler, nystatin and Neosporin. The facilities self-medication assessment form does not assess and follow their own policy and procedure as stated under #2 a-d. E2 stated that someone does assess for those things but it is not a formal, documented assessment. This assessment form consists of 3/4 of one piece of paper and is not specific to the areas identified in their own policy and procedure. Review of R3's March 2025 MAR for 60 milligram is blank on March 5th and March 8th and documents refusal on March 6th, 11th, 13th. and 18th. Per order note dated 3/25/25 R3's Lasix was being administered related to fluid overload. E2 stated on 4/18/25 at 3:25pm that no one was notified when R3 did not receive Lasix as ordered. E2 confirmed on 4/18/25 at 2:50 PM that it was unclear what had occurred. E2 did not have an explanation as to how R3 had missed four days of Lasix on April 7, 8, 9, 10 as indicated on R3's April 23, 2025 MAR.	A6000		