

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108		
(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 Investigation of Complaint 25712730/IL199296 Violations: 295.3020e) 295.6000a)13)	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 1 Violation: Section 295.3020 Employee Orientation and Ongoing Training e) An employee who has not demonstrated to the establishment that he or she is competent to perform a particular task may perform that task only under the direct supervision of an employee who has demonstrated competence in performing the task. These requirements are not met as evidenced by: The establishment failed to ensure an employee demonstrated they were competent to perform CPR as the employee obtained a CPR certification online with no return demonstration. This applies to 1 of 3 (E3) employees reviewed in the sample of 3 for ongoing training. failure caused severe harm to a resident or creates a substantial probability of severe harm to a resident or residents.	A3020		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108		
(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
A3020	Continued From page 1 Findings include: On 1/5/2025 at 9:56AM, E3 Licensed Practical Nurse (LPN) said on 12/28/2025 he was working second shift from 3:00PM - 11:00PM. E3 said he was caring for R1 that day. E3 said he went to check on R1 and pass his medications at 5:50PM. E3 said he found R1 sitting up in his recliner in his room unresponsive, not breathing, cold to the touch, and was blueish in color. E3 said he checked R1's code status and saw that he was a full code. E3 said E4 (Caregiver) was walking by, and she followed him back into the room. E3 said he and E4 moved R1 to the bed and began CPR. E3 said he did two rounds of CPR approximately one minute each with a 30 second break in between. E3 said he didn't give any breaths to the patient only did chest compressions. E3 said he called E2 (Director of Nursing - DON) after he did CPR and put R1 back in the chair. E3 said 911 was called, but he is unsure when they were called. E3 said chest compressions are normally done continuously. E3 said there was some confusion about the resident's code status but was confirmed in the computer and the binder both matched R1 was a full code. E3 said 911 should be contacted almost immediately if something like this occurs. E3 said he holds a CPR certification he obtained online that did not require a hands-on demonstration of CPR. On 1/5/2025 at 1:53PM, E2 said the first thing you do is call 911. E2 said the correct way to do CPR is put the resident on the ground and do it continuously until EMS arrives. E2 said she has additional training for staff scheduled soon which includes CPR training and the correct way to do it.	A3020			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108		
(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
A3020	Continued From page 2 R1's current Face Sheet and Emergency Info lists the resident as a Full Code. R1's IDPH Uniform Practitioner Order for Life Sustaining Treatment (POLST) form shows R1 is a Full Code. The establishment provided Medical Emergencies policy dated 6/1/2025 states, . . . staff will call Emergency Medical Services (911) when a resident exhibits signs and symptoms of distress and/or a medical emergency. . .	A3020		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 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 or financial exploitation or to refuse to perform labor; These requirements are not met as evidenced by: Based on interview and record review the establishment failed to call 911 immediately for an unresponsive resident and failed to continue CPR	A6000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108		
(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 (Cardiopulmonary Resuscitation) measures until EMS (Emergency Medical Services) arrived. This applies to 1 of 3 (R1) residents reviewed in the sample of 3 for resident rights. This failure caused severe harm to a resident or creates a substantial probability of severe harm to a resident or residents. Findings include: On 1/5/2025 at 9:56AM, E3 Licensed Practical Nurse (LPN) said on 12/28/2025 he was working second shift from 3:00PM - 11:00PM. E3 said he was caring for R1 that day. E3 said he went to check on R1 and pass his medications at 5:50PM. E3 said he found R1 sitting up in his recliner in his room unresponsive, not breathing, cold to the touch, and was blueish in color. E3 said he checked R1's code status and saw that he was a full code. E3 said E4 (Caregiver) was walking by, and she followed him back into the room. E3 said he and E4 moved R1 to the bed and began CPR. E3 said he did two rounds of CPR approximately one minute each with a 30 second break in between. E3 said he didn't give any breaths to the patient only did chest compressions. E3 said he called E2 (Director of Nursing - DON) after he did CPR and put R1 back in the chair. E3 said 911 was called, but he is unsure when they were called. E3 said chest compressions are normally done continuously. E3 said there was some confusion about the resident's code status but was confirmed in the computer and the binder both matched R1 was a full code. E3 said 911 should be contacted almost immediately if something like this occurs. E3 said he holds a CPR certification he obtained online that did not require a hands-on demonstration of CPR.	A6000			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108		
(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 On 1/5/2025 at 10:35AM, E4 (Caregiver) said she helped [E3] move [R1] from the chair to the bed. E4 said [E3] did CPR on [R1] two times. E4 said [R1] was moved back to the recliner chair after CPR was performed. E4 said [R1] wasn't blue in color, felt heavier than normal but didn't feel stiff. On 1/5/2025 at 11:14AM, E5 (Caregiver) said she was working on 12/28/2025. E5 said she didn't perform CPR on [R1] that night. E5 said [R1] looked pale in color. E5 said she went into the room around 6:05PM. E5 said when she went into the room she didn't see paramedics in the room at that time. On 1/5/2025 at 12:46PM, E6 (CNA) said she was working on 12/28/2025. E6 said she didn't perform CPR that night. E6 said she is CPR certified. E6 said 911 should be called as soon as the resident isn't breathing anymore. On 1/5/2025 at 1:53PM, E2 said the first thing you do is call 911. E2 said the correct way to do CPR is put the resident on the ground and do it continuously until EMS arrives. On 1/6/2025 at 12:12AM and 12:14AM, Z1 (Police Officer) said the call for services came in at 6:15PM. R1's current Face Sheet and Emergency Info lists the resident as a Full Code. R1's IDPH Uniform Practitioner Order for Life Sustaining Treatment (POLST) form shows R1 is a Full Code. The establishment provided Medical Emergencies policy dated 6/1/2025 states, . . . staff will call Emergency Medical Services (911)	A6000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/05/2026
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MEMORY CARE COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 241 E LAKE STREET BLOOMINGDALE, IL 60108		
(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 when a resident exhibits signs and symptoms of distress and/or a medical emergency. . .	A6000			