

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105843	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/14/2026
NAME OF PROVIDER OR SUPPLIER SUNRISE OF PROSPECT HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 708 N ELMHURST ROAD PROSPECT HEIGHTS, IL 60070		
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A 000	Initial Comment Investigation of Complaint #2690135/IL199407 295.5000f)5) 295.6000a)13) 295.6010a)1)2) Investigation of Complaint #2690010/IL199379 295.5000f)5) 295.6000a)13) 295.6010a)1)2)	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 5) Recording of medication assistance provided to residents and maintenance of medication records.	A5000		

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

TITLE

(X6) DATE

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A5000	Continued From page 1 These requirements are not met as evidenced by: Based on interview and record review the facility failed to document pain medication administration. This applies to 1 of 3 (R1) residents reviewed for pain in the sample of 5. Findings include: On 1/14/2026 at 4:01PM, E8 (Licensed Practical Nurse - LPN) said on 12/25/2025 he was caring for [R1] and she was complaining of pain in the evening. E8 said he gave Tylenol and Oxycodone. E8 said he got approval confirmation of the antibiotic order from [E2 - Director of Nursing - DON] at 10:14PM. E8 said he was in contact with [E2] regarding her pain and the DON was able to get a hold of the provider for a prescription for antibiotics. E8 said the resident regularly asks for pain medication and he normally documents it immediately. On 1/14/2026 at 4:21PM, E2 said medication administration is documented on the MAR (Medication Administration Record). R1's 12/25/2025 at 10:53PM Progress Notes list Tylenol and Oxycodone being given but does not indicate a dosage. R1's December 2025 MAR shows an order for Acetaminophen (Tylenol) 325mg 2 tabs every 6 hours as needed for mild pain. On 12/25/2025 there are no recorded administration times for the Tylenol order. R1's MAR dated 12/1/2025 to 12/31/2025, shows an order for Oxycodone 5mg tablet take 1 tablet by mouth twice daily as needed for pain. On 12/25/2025 the only administration time for	A5000		

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A5000	Continued From page 2 Oxycodone is 9:39AM and no other administration times are present that day. The facility provided Medication Oversight Program policy dated 4/2023 states, . . . A medication error is defined as any event in which the "rights" of medication administration are not followed: . . . Right Documentation (includes transcription of medication orders . . . Right documentation - batch documenting at the end of the shift or documenting prior to medications being administered are both problematic and are considered medication errors. Waiting to document at the end of the shift creates false documentation and an out of time error. . .	A5000			
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 2 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:	A6000			

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A6000	Continued From page 3 Based on interview and record review the facility failed to document a resident's pain assessment for a resident complaining of pain as outline in the facility's policy. This applies to 1 of 3 (R1) residents reviewed for pain management in the sample of 5. This failure creates a substantial probably of harm to residents residing in the facility. Findings include: On 1/14/2026 at 4:01PM, E8 (Licensed Practical Nurse - LPN) said on 12/25/2025 he was caring for [R1] and she was complaining of pain in the evening. E8 said he gave Tylenol and Oxycodone. On 1/14/2026 at 4:21PM, E2 (Director of Nursing - DON) said if a resident is voicing pain an assessment should be done describing the pain, location, if its severe or not, and pain medication should be administered accordingly. R1's December 2025 MAR shows an order for Acetaminophen (Tylenol) 325mg 2 tabs every 6 hours as needed for mild pain. On 12/25/2025 there are no recorded administration times for the Tylenol order. A pain assessment was not present for 12/25/2025 on the evening shift. R1's MAR dated 12/1/2025 to 12/31/2025, shows an order for Oxycodone 5mg tablet take 1 tablet by mouth twice daily as needed for pain. On 12/25/2025 the only administration time for Oxycodone is 9:39AM and no other administration times are present that day. A pain assessment was not present for 12/25/2025 on the evening shift.	A6000		

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A6000	Continued From page 4 R1's 12/25/2025 at 10:53PM Progress Notes list Tylenol and Oxycodone being given but does not indicate a dosage and does not include a pain assessment with a value or rating. The facility failed to provide pain assessment documentation for 12/25/2025 on the evening shift. The facility provided Pain Management Program policy dated 1/2019 states, . . . PRN (as needed) Medications . . . When analgesic medication is administered in response to an episode of pain, the licensed nurse . . . documents the evaluation, treatment, and the effectiveness of the treatment. . . the following is documented. . . date and time . . . pain rating (Wong-Baker scale score for cognitively intact residents. . .	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The	A6010		

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A6010	Continued From page 5 establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. These requirements are not met as evidenced by: Based on interview and record review the facility failed to report and investigate an allegation of verbal abuse. This applies to 1 of 3 (R1) residents reviewed for abuse in the sample of 5. This failure creates a substantial probably of harm to residents residing in the facility. Findings include: On 1/14/2025 at 11:50AM, R1 stated she had a meeting on 1/6/2026 with [E1 - Executive Director] and [E2 - Director of Nursing - DON]. On 1/14/2025 at 10:50AM and 1:59PM, E1 said on 1/6/2026 [R1] brought up that residents or people were calling [R1] names like thief and slut. E1 said she didn't get a lot of specifics from the resident at the time. E1 said [R1] told her she would write down more details but never did. The facility failed to provide documentation of a reportable or investigation documentation regarding the verbal abuse allegation on 1/6/2026 from R1. The facility provided Abuse, Neglect, & Financial	A6010			

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**708 N ELMHURST ROAD
PROSPECT HEIGHTS, IL 60070**

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A6010	Continued From page 6 Exploitation - Prevention, Reporting and Investigation policy revised 4/24/2025 states, every Team Member and Volunteer is a Mandated Reporter and has a duty to report known or suspected abuse. . . to local and state/provincial authorities in accordance with applicable laws and regulations . . .	A6010		