STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510178	A. BUILDING: _____ B. WING _____	C 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENFIELDS OF GENEVA	ON801 FRIENDSHIP WAY GENEVA, IL 60134

(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 2620985/IL199762 295.4010d)e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) 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). These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure a resident's service plan was updated and interventions were in place for an impulsive resident. This failure resulted in two residents falling and one resident sustaining a hip fracture during the fall. This applies to 2 of 3 (R1, R2) residents reviewed for falls in the sample of 5. This failure caused severe harm to a reisdent and	A4010		

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A4010	Continued From page 1	A4010		

has the substantial probability to cause severe harm to a resident or residents.

Findings include:

On 2/2/2026 at 12:56PM, video footage of R1 and R2's fall on 1/7/2026 was reviewed with E5 (Director of Plant Operations). E5 was able to identify and confirm R1 and R2 on the video. At 9:16AM [R2] is seen standing up by his wheelchair and sitting back down. No staff were present while R2 was seen standing and sitting back down. E4 (Caregiver) is seen going in and out of the room just after R1 sits down. At 9:18AM, R2 is observed walking into the activity area with her rolling walker. R2 was seen standing up by his wheelchair looking towards the back and side of the wheelchair while holding onto the wheelchair. R1 walks over to R2, coming up from behind him and puts her right hand on his right shoulder. R2 starts to turn his head, looking to his left, but loses his balance while holding onto the wheelchair and falls backwards into R1. R1 loses her balance, and her left foot catches the walker as she falls. R1 and R2 are observed falling on the ground. R1 immediately appears to be grasping at her right hip area. E4 and E6 (Caregiver) entered the activity room seconds after the fall but were not present during the fall.

On 2/2/2025 at 11:13AM, E2 (Assisted Living & Memory Care Director) said we always try to have a staff member in the common area at all times. E2 said typically service plans are updated following a significant change. E2 said they try to increase activities for residents, keep them busy, and have the appropriate DME (durable medical equipment) such as a walker. E2 said [R1] and [R2] were both fall risks with a history of falls.

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A4010	Continued From page 2 On 2/2/2026 at 10:35AM, E7 (Registered Nurse - RN) said [R2] was a "busy" guy. E7 said she did not see the fall occur. E7 said the fall occurred in the activity area during an in-between period while people were moving from the dining area to the activity area after breakfast. On 2/2/2026 at 1:26PM, E6 (Caregiver) said she didn't see the fall happen. E6 said she was assisting another resident in the bathroom when the fall happened. E6 said she told [R2] to sit down before taking another resident to the bathroom. E6 said [R2] was always trying to stand up. On 2/2/2026 at 12:48PM, E4 (Caregiver) said she wasn't in the room when the fall happened. [R2] was impulsive, you could re-direct him not to stand up on his own then you would turn around and he would be standing. E4 said [R2] has had previous falls. R1's hospital CT Abdomen Pelvis records dated 1/7/2026 states . . . Bones: There is an acute mildly displaced transcervical facture of the right femoral neck. . . R1's Admission History of Physical dated 1/7/2026 states . . . In the ED [Emergency Department], vitals and labs were stable. Imaging confirmed a R [Right] femoral neck fx [fracture]. Orthopedics was consulted and the patient will be admitted . . . The facility provided Incidents by Incidents Type - Fall Incidents list R2 having falls on 1/3/2026, 1/4/2026, and three falls on 1/7/2025, which includes the fall with R1 at 9:30AM.	A4010		

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A4010	Continued From page 3 R2's Service Plan shows fall interventions being added on 12/15/2025, but no additional interventions added after 12/15/2025 for falls. The facility provided Clinical Services policy dated 7/24/2025 states . . . Service/care plans should be revised, if needed, based on resident reassessments and monitoring. . .	A4010		