STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 Conducted 295.2000 a) 295..2040 a)5)d)g) 295.4010 d)e)g),1) A)B)C),3)h) Complaint Investigation IL00191511/2593873-Unsubstantiated	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: 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) (Source: Amended at 48 Ill. Reg. 12026, effective July 29, 2024) These requirements were not met as evidenced by: Based on interview and record review, this establishment failed to ensure residents were adequately assessed for Residency requirements for 4 residents (R4, R5. R6. R8) admitted to	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 hospice services. Findings Include: On May 14 and 16, 2025 resident clinical records. R5 moved into this establishment on 3/25/2025. R5's documented title Treatment Orders dated 3/25/2025.It stated that R5 was admitted to Hospice care due to degeneration of the brain complicated by dementia with behavioral disturbances. On 5/16/2025 at 11:15AM, E3 (Nursing Management) was not aware that resident did not meet resident requirements	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 2 assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. 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 Code will apply. These requirements were not met as evidenced by: Based on interview and record review, this establishment failed to ensure that residents were oriented to the emergency and evacuation plan with in 10 days of moving into the establishment for six residents (R2, R4, R5, R6, R7, R8, R9) and failed to ensure that Fire and Tornado rills were conducted as required. Findings Include: On 5/14/2025 and 5/16/2025, Establishment Resident Health Records were reviewed. Per Residents' Face sheets indicted the following: R2 moved into this establishment on 11/01/2024. R4 moved into this establishment on 4/8/2025 R5 moved into this establishment on 3/25/2025 R6 moved into this establishment on 1/27/2025 R7 moved into this establishment on 2/7/2025 R8 moved into this establishment on 12/13/2024	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 3 R9 moved into this establishment on 12/10/2024. No resident orientation noted for any of these residents. On 5/16/2025 at 10:24AM, E1 (Executive Director) said that they do not do orientation with residents because this is memory care. On 5/14/2025 9:27AM STATE BINDER was provided by E14 (Maintenance Management) FIRE AND TORNADO DRILLS FIRE DRILLS 10/31/2024- 3:15PM-3:30PM Staff sign in sheet List of Resident TORNADO DRILLS No tornado Drills on file On 5/14/2025 around 9:45AM, E1 (Executive Director) took the State Binder from Surveyor stating that that binder was for internal use only and said that she will bring the Fire and Tornado Drills. However, E1 failed to provide further documentation regarding Fire and Tornado Drills. On 5/16/2025 at 10:24AM, E1 (Executive Director) said that Fire and Tornado Drills are done monthly.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation Section 295.4010 Service Plan d) The service plan, which shall be reviewed	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 4 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). f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act) g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; C) special accommodations for the resident. 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; h) The service plan shall include all support services provided or arranged for by the establishment.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 5 These requirements are not met as evidenced by: Based on interview and record review the establishment failed to address in the service plan hospice services for three residents (R4, R5, R6), These deficient practices involved all residents reviewed for service plan. This has the potential to affect all residents. Findings include: On May 14 and 16, 2025 resident clinical records, Establishment's Incident/ Accident log, Drill log, were reviewed. R4's document titled "Hospice Physician Initial Certification of Terminal Illness" dated 4/27/2025 was reviewed. It stated R4 was admitted under Hospice care on 4/27/2025 with diagnosis of Parkinson's' Disease. R4's service plan dated 11/1/2024 was reviewed. Hospice care was not addressed on service plan. Hospice care was not addressed with interventions and the responsible staff in place. R5's documented title Treatment Orders dated 3/25/2025.It stated that R5 was admitted to Hospice care due to degeneration of the brain complicated by dementia with behavioral disturbances. R5's Service Plan dated 3/26/2025 Hospice care was addresses on the services plan. However, it does not address interventions and the responsible staff in place. R6's "Hospice Physician Initial Certification of Terminal Illness" dated 4/18/2025/2025.It stated that R6 was admitted to Hospice care due to Senile degeneration of brain. R6's Service Plan dated 1/27/2025 Hospice care was addresses on	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510483	A. BUILDING: _____ B. WING _____	C 05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE POINT PLACE	5701 W 101ST OAK LAWN, IL 60453

(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 6 the services plan. However, it does not address interventions and the responsible staff in place. On 5/16/2025 at 11:15An, E3 (Nursing management) said that Service plan is updated in any change in condition, such as wounds, falls, hospice, if they are getting PT/OT (Physical Therapy/Occupational Therapy). E3 said "we put on the service plan who is coming to care for the wound, and how often, same for hospice care services. Fall intervention is also put in the service plan and fall risk."	A4010		