STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510474	A. BUILDING: _____ B. WING _____	C 03/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE NAPERVILLE	2920 LEVERNEZ ROAD NAPERVILLE, IL 60564

(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 Facility Reported Incident Investigation: Facility Reported Incident of 2/13/2026/200501 - 295.2050b) cited	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.2050b) Incident and Accident Reporting b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. (Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023) This REQUIREMENT was not met as evidenced by: A. Based on interview and record review the facility failed to report to Illinois Department of Public a residents change in condition for one (R1) of four residents reviewed for accident/injury. This failure resulted in R1 being sent to local emergency room due to R1 experiencing pain to left side of head, left forearm and left hand following a fall. B. Based on interview and record review the facility failed to submit a final report to Illinois	A2050		

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A2050	Continued From page 1 Department of Public Health (IDPH) within the required timeframe for an incident that resulted in a resident injury for one (R1) of three residents reviewed for reporting. This failure creates the substantial probability of severe harm or death to R1 and other residents. Findings include: R1 is a 71-year-old with diagnosis not limited to: Dementia, Parkinson's Disease, Hx of Fall According to R1's face sheet printed 3/27/2026, R1 was admitted to Assisted Living Memory Care on 2/11/2026. The Establishment Final Report to the department dated March 5, 2026, documented (in part): Description of Action Taken by Establishment as Result of Incident/Accident Final Report R1 was evaluated and treated by local hospital for right shoulder AC separation and torn ligament. Interventions: R1 placed on home health for PT and OT therapies. R1 placed on 72-hour monitoring, safety checks are in place. Night light on in bathroom in the evening/overnight. Staff encourage use of walker when transferring and ambulation. Service plan updated. On 3/27/2026 at 3:41pm E5, Licensed Practical Nurse stated, I work only in memory care (Evergreen). When R1 first came here, he was alert and aware. He had his first major fall on 2/13/2026 and he hurt his right shoulder. I was called to the room and the Resident Assistant (RA) found him on the floor. He was grimacing and I said don't move him, and he was clinching right shoulder. An assessment was completed,	A2050		

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A2050	Continued From page 2	A2050		

and Power of Attorney (POA) was called, and he was sent to hospital and management team was notified by me. R1 was between his bathroom and bedroom. He did not have any shoes on. He said he wanted to go to the restroom. There was nothing on the floor. At this point he did not have a pendant but eventually he was given a pendant, but I do not think he can functionally press a pendant to call. The RA was doing nightly rounds. Paramedics came and they had to cut his shirt and there was a small bump. He was complaining of pain and said I think I broke my shoulder. He has had a couple of other falls. R1 forgets he has a walker and tries to walk on his own. He is use to doing things on his own and I think he believes he can still do things on his own. I communicate any fall to the nurse and document for 3 days. I completed an incident report and made management aware of incident. Management sends reports to the state.

On 3/28/2026 at 10:49am E1, Executive Director stated, any fall with significant injury is reported to the state within 24 hours of injury. E1, E2, or E3 will send in the reportable Nurses do not send in reportable. Nurses will complete a facility incident report and will follow up with staff to get statements and memory care director and RCD and E1 will review incident report and sign. For R1 I noticed when I gave it to you it was a few days late. It should have been sent in by 2/27/2026. We have 14 days to submit the final report. Final report includes therapy or MD updates of new that we need to do and the summary of what was found out related to the injury/accident that occurred.

On 3/28/2026 at E3, Memory Care Director stated, according to what I read R1 had a fall, nurse assessed him, and he was guarding his

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A2050	Continued From page 3 shoulder and complaining of pain. I believe it was an AC separation. Care staff call the nurse will go and assess the resident and depending on assessment call the MD, 911 and POA and will inform me or the RCD that the resident went out to the hospital. The nurse will complete an incident report. Inform one of the directors of the fall and if a major injury we will do a state reportable. We do an initial (within 24 hours) and final we have a 14-day window to submit. The initial was sent within 24 hours and the final submitted 3/5/2026 should have been submitted possibly the 2/27/2026. The directors are responsible for making sure reportables initial and final reports are submitted. Facility Policy: Reportable Events - Illinois dated June 2025 documents in part: Policy: Company and regulatory guidelines for reporting and investigating incidents as defined in this procedure will be followed and completed in a timely manner. Procedure: Timeframe and Notification Protocol 3. The Executive Director, Resident Care, or Memory Care Director will notify within 24 hours of the following situations: Any time a Resident suffers a major injury defined as fractures State-Specific Reporting Requirements 3. Under no circumstance will information be submitted to the state regulatory agency without prior review by the Executive Director who is ultimately responsible for submitting a complete, accurate report in a timely manner. 5. If there is a requirement to submit a final or follow up report per state guidelines the same steps outlines in 1-3 will be followed. The Executive Director or Designee shall report to the Illinois Department of Public Health accident that has a significant negative effect on a Resident's health, safety welfare.	A2050		

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