STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510280	A. BUILDING: _____ B. WING _____	C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LIVING RESURRECTION VILLAGE	7262 W PETERSON AVE CHICAGO, IL 60631

(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 IL 00200492- 295.4010 d) Complaint Investigation: IL201118 - Resident identified in the complaint did not reside in Assited Living	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) This requirement was not met as evidenced by: Based on interview and record review, the establishment failed to update and implement appropriate intervention to prevent falls for one (R1) resident with history of multiple falls with known non-compliance with the use of pendant call resulting in fall with major injury. This deficient practice has affected one of three residents reviewed for fall . This failure creates the substantial probability of severe harm or death to R1 and other residents.	A4010		

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A4010	Continued From page 1 Findings include: R1 is 79 years old with diagnoses which include but not limited to Vascular Dementia, Diabetes Mellitus, Anxiety, Hypertension, Mood Disturbance, Osteoarthritis. R1's Fall risk assessment dated 2/5/26 indicated R1 was moderate fall risk. Brief Interview for Mental Status (BIMS) score dated 11/9/25 was 14 of 15 indicating intact cognition. Review of R1's notes and incident reports indicated R1 had several falls since moving in 9/24/25: -10/7/25 1:20pm-being weighed lost balance, caught by staff but resident had a large laceration to the lower lateral right leg and small skin tear to the anterior portion of her left hand. -11/11/25 4pm- "I came in here to put down the toilet seat and I fell"...hit head on wall denies pain or discomfort. - 1/3/26- Around 5:45pm found on the ground between bed and window.... noted blood on forehead and hands. Resident reports went to close blinds and fell...Open mildly bleeding laceration noted above right eyebrow which appears to need stitches. 2/2/26 3:15pm- observed on the floor in room back against bed" I wanted to get in my wheelchair, and I didn't call for help. They all told me to call and I didn't." No injury. 2/15/26 found resident on the floor in resident's room around 4:20pm ...actual fall unwitnessed. Resident reports attempting to self-transfer from living room chair to wheelchair ...Reported right sided hip pain ...taken to hospital .... Hospital report admitted due to right femur fracture. Additional nursing notes indicated R1 was immediately assessed after fall, R1was unable to	A4010		

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A4010	Continued From page 2 sit up or move right leg. R1's Service plan with updated date of 1/2/26 indicated: Plan of care. Based on assessment, identify services, frequency and any accommodations needed for this resident (include am, pm, and night needs): -(R1) is at risk for falls. Staff will remind resident to wear call pendant at all times for required assistance and safety. -Staff to perform routine safety checks on all residents. (No frequency indicated). -Staff to supervise resident as needed and adjust care as needs present. Bathing- Moderate Assist. Poor balance. Toileting- Moderate Assist. Poor balance. Transferring- Moderate Assist. Mobility/Ambulation- Moderate Assist. 10/7/25 Assisted fall- large laceration to right lower lateral leg and small laceration to hand. - Rollator breaks tighten, Home Health to provide wound care. 11/11/25- Fell in the bathroom did not use her call button -Educated to call for assistance with all transfer 1/3/26- Skilled PT/OT ordered. Reeducated to use call button. Call don't fall sign placed in room. 2/2/26- Reeducated to use call button. PT (Physical Therapy) to work on wheelchair safety (lock wheelchair). A majority of the falls was caused by R1's attempts to self-transfer and not using the call button to request assistance. Despite continued re-education of the use of call lights, R1 continued to fall. Establishment was aware of this issue and yet no intervention in place to ensure resident safety.	A4010		

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A4010	Continued From page 3 On 4/6/26 at 1:50pm, E2 (Director of Clinical Operations Assisted Living) said, R1 was wheelchair bound, able to stand and pivot with gait belt with one staff assistance. R1 knows how to use call pendant but calls after falling. R1 believed (R1) was able to walk. R1's daughter was aware of this issue. E2 said R1 was on target during cognitive assessment. E2 was asked why R1 remained in the community despite falls. E2 said, "We thought we could give (R1) a chance." E2 added, R1's daughter asked establishment for R1 to stay. On 4/6/26 at 4:15pm, E3 (Resident Assistant) said, R1 uses wheelchair, requires assistance with Activities of Daily Living, including being wheeled to and from the dining room for meals. E3 also confirmed, R1 do not use pendant call to ask for assistance. E3 was asked how often staff conduct resident rounds, E3 said, only when specified, everybody has to be independent unless specified by the nurse and residents are randomly checked. They are supposed to know how to use the call light, unless they are new moved in, staff will constantly check on residents.	A4010		