STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510368	A. BUILDING: _____ B. WING _____	C 07/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THREE OAKS ASSISTED LIVING	1055 SILVER LAKE RD CARY, IL 60013

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A 000	Initial Comment Complaint Investigations: Facility Reported Incident dated 6/22/25/IL195361-295.4010a)d)e) #2515009/IL193774- 295.4010a)d)e) #2515056/IL193823- 295.4010a)d)e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation 295.4010a)d)e) General violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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	A4010		

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A4010	Continued From page 1 change in the resident's physical, cognitive, or functional condition (see Section 295.4000). This regulation is not met as evidenced by: Based on interview and record review the establishment failed to ensure service plan was reviewed and revised fall interventions, failed to update the service plan for a resident who requires assistance with toileting/incontinence care. This applies to 2 of 3 residents (R1,R2) reviewed for service plans in the sample of 4. The findings include: 1. R1's electronic face sheet accessed on 7/18/25 documents R1 has diagnosis of mild cognitive impairment and cerebral infarction with R1's move in date to the establishment of 5/1/21 to the Assisted Living. A document entitled Daily Resident Report dated 7/18/25 show R1 was transferred to the Memory Care Unit of the establishment with a move in date of 3/1/25. R1's Neurocognitive assessment (SLUMS) dated 1/2/25 show a score of "0". (score of 1-20=dementia) R1's incident reports show R1 has had multiple falls: 6/22/25- "R1 was found on the floor at bedside. Resident is bare footed and her walker is not near by... Resident obtained an inch round lump at the back of her head, behind right ear." R1's service plan did not show any intervention to this 6/22/25 fall.	A4010		

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A4010	Continued From page 2	A4010		

5/17/25- R1 fell due to her sliding down from her recliner.
R1's Service plan intervention was to encourage resident when feeling tired to get in bed, however R1 again had a similar fall on 5/20/25- R1 slid down from her recliner.

On 5/9/25 -Resident was dancing during Happy Hour, her foot slipped from underneath her and she landed on her buttocks

R1's falls on 4/22/25 and 4/24/25 documents: R1 had fallen by the public bathroom in the Memory Care unit, R1 stated "I was opening the bathroom door and tripped on my walker and fell on the floor and hit the back of my head." then on 4/24/25, R1 was again found on the public bathroom in Memory Care Unit for unwitnessed fall-R1 noted to be sitting on bathroom floor.

R1's fall on 3/6/25 show, resident was found to have fallen in her bedroom close to the door. it was observed that she did not use her walker, which was far a little from her. R1's fall intervention was to remind R1 to use walker. R1 fell again on 3/19/25 unwitnessed in the Residents bedroom. Resident laying on the floor next to the residents bed with intervention to again use a walker.
Another fall on 3/29/25, slipped while going to the bathroom-intervention to encourage resident to participate in activities to limit time in her apartment.

On 7/18/25 at 12:03 PM, E2 (Director of Clinical Services) said she recognized that R1's service plan have to be reviewed. E2 said R1 at present was at a Short Term facility receiving antibiotic treatment. When R1 comes back, the establishment will discuss with R1's family the

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A4010	Continued From page 3	A4010		

need for 1:1 caregiver due to R1's multiple falls to prevent further falls. Fall interventions should be effective and revised per resident's needs.

2. On 7/18/25 at 8:50 AM, upon entering R2's apartment a strong urine smell was present. Two urine soiled incontinent pads were on the floor next to her bed. R2 was in her scooter, getting herself dressed. R2 said she used to have a catheter, after the catheter was removed she has been incontinent of urine. R2 said she soiled her incontinent pads last night and placed the soiled incontinent pads on the floor. R2 said the staff don't check on me unless she calls for assistance.

On 7/18/25 at 9:00 AM, E5 (Resident Assistant) said the resident care plan shows what assistance they need. R2 has a catheter and is independent with cares. E5 said she was not aware of R2 being incontinent and she has not been in to check on her wet.

On 7/18/25 at 9:22 AM, E7 (Licensed Practical Nurse) said R2 is alert and oriented, she has been declining and was hospitalized recently. She had radiation therapy recently and requires more assistance with cares. R2 is incontinent and requires assistance with toileting. E7 said she has not been in R2's room yet to check on her.

On 7/18/25 at 11:09 AM, E2 (Director of Resident Care) said R2 recently came back from the hospital. If a resident has a service change need we update the careplan. E2 confirmed R2 is incontinent and she requires staff assistance with toileting and the careplan did not get updated.

R2's service plan dated May 2025 shows she is

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A4010	Continued From page 4 94 year old female with diagnoses including hypertension, polyneuropathy, chronic kidney disease and type 2 diabetes. The service plan shows she is a two person assist reminder every twelve hours at 6:00 AM and 6:30 PM. The service plan shows she is independent with toileting. R2's progress note dated 6/18/25 shows R2 returned from urology appointment and her foley catheter was removed with recommendations for R2 to void every two hours. The facility's Care Plan Policy reviewed January 2024 shows "The Care Plan is designed to be resident directed and meet the specific needs and preferences of the resident and services the communication tool for team members that assists the providing quality, individual care...The Care Plan with the Assessment is reviewed and revised upon admission...or following a change of condition...the care plan will address the level of service the resident is receiving, team members responsible for providing the service..."	A4010		