

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510347</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNRISE OF FOUNTAIN SQUARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2210 FOUNTAIN SQUARE</b><br><b>LOMBARD, IL 60148</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                              | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| A 000                                                                 | Initial Comment<br><br>Facility Reportable investigation:<br><br>FRI of 3/1/26-IL00200896<br>295.3000 a) h) 1) 2) 3)<br>295.4010 a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A 000                                                                                            |                                                                                                                          |                                                                    |
| A3000                                                                 | Section 295.3000 Personnel Requirmts, Qualifns,<br>and Trng<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation<br><br>Section 295.3000 Personnel Requirements,<br>Qualifications and Training<br><br>a) The establishment shall have staff<br>sufficient in number with qualifications, adequate<br>skills, education and experience to meet the 24<br>hour scheduled and unscheduled needs of<br>residents and who participate in ongoing training<br>to serve the resident population. (Section 35(a)<br>(3) of the Act)<br>h) The establishment shall have sufficient<br>personnel to provide the following for its current<br>resident population:<br>1) All mandatory services;<br><br>2) Services established in each resident's<br>service plan;<br><br>3) Service to meet the needs of each<br>resident, including 24 hour scheduled and<br>unscheduled needs, general supervision, and the<br>ability to intervene in a crisis;<br><br>This requirement was not met as evidenced by: | A3000                                                                                            |                                                                                                                          |                                                                    |

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNRISE OF FOUNTAIN SQUARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2210 FOUNTAIN SQUARE</b><br><b>LOMBARD, IL 60148</b> |                                                                                                                          |                                                                    |
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| A3000                                                                 | <p>Continued From page 1</p> <p>Based on interview and record review the facility failed to ensure staff caring for a resident knew the assistance level the resident required. This failure resulted in R1 falling and sustaining a fracture of rib and thoracic vertebra. This failure caused severe harm to 1 resident (R1) in a sample of 3 residents. This failure creates a substantial probability of severe harm to a resident or residents.</p> <p>Findings include:</p> <p>Facility's (3/1/26) reportable documents in part: Unwitnessed fall. Lost balance. Resident found on bathroom floor. DX rib fracture and thoracic vertebra fx.</p> <p>R1's care plan documents in part:</p> <p>Toileting Assistance and Incontinence Care Needs Date Initiated: 07/18/2025. Interventions: I need physical assist of 1 person with Toileting assistance and incontinence care Date Initiated: 02/27/2026.</p> <p>Personal Care and Hygiene Needs Date Initiated: 07/18/2025. Interventions: I need physical assist of 1 person with bathing/washing Date Initiated: 07/18/2025.</p> <p>Mobility and Transferring Needs Date Initiated: 07/18/2025. Interventions: I need physical assist of 1 person with mobility Date Initiated: 02/27/2026. I need physical assist of 1 person with transferring Date Initiated: 02/27/2026.</p> <p>R1's (3/01/2026 at 1:31 pm) progress note documents in part: Spoke with residents daughter, she stated she picked her mom up from facility and took her to her house to have lunch.</p> <p>She stated while at her house her mom started</p> | A3000                                                                                            |                                                                                                                          |                                                                    |

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| A3000                                                                 | <p>Continued From page 2</p> <p>c/o (complained off) pain to her right rib cage, she stated she took her mom to er to be evaluated. She stated she will keep us updated.</p> <p>On 4/24/26 at 10:48 am R1 was observed in the lounge room. R1 said, she did not recall having fall. R1 was well dressed, clean and said she was doing well. R1 had a pendant on, R1 was not sure what the pendant was used for.</p> <p>On 4/26/26 at 11:22 am E6 (Care Partner) said, she was on duty when R1 fell and she remembers the incident. E6 said, it was probably around 8:30 am and R1 was not at breakfast, she was told by E7 (Care Partner) to check on her and she found her on the floor. E6 said, she just started working there recently but the person she was with (E7) told E6 that she will take care of R1 as she just started, E7 was the care giver. E6 said, she found R1 around 8:30 am as breakfast starts around that time, she started her shift from 7 am to 3 pm, E7 told her to check up on R1 as she was not at breakfast and to bring her to breakfast. E6 said, she found out for the longest time R1 was labeled as "independent" for all activities and around her fall, few days before or so she was changed to not independent and her daughter is now paying extra to take care of her more, they (E6) were not informed she was not independent anymore, and now she gets her up in the morning and helps her as she is changed to assisted. E6 said, if residents need help they have a pendant and it pages her and she goes to the room. E6 said, she was new and was doing what she was told verbally and she did not know R1 needed assistance. E6 said, daughter is paying more now, and she was paying for room versus hands on assistance. E6 said, they are now supposed to get her up in the morning. E6 said, she went to her room to see</p> | A3000                                                                         |                                                                                                                          |  |                                                                    |

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| A3000                                                                 | <p>Continued From page 3</p> <p>what she is doing. E6 said, in the morning R1 would get herself up and take herself to the bathroom, now they do that for her and during the day they take her to the bathroom and check on her more often. E6 said, she tries to check up on R1 and other residents every hour or hour an half and she will peek on R1 even if her daughter is here. E6 said, she found her in the bathroom on the floor, and she was told not to get her up (if a resident has a fall) and to get help. E6 said, R1 was saying she was fine and not hurt, E6 had no way to contact anyone and she stepped out of the room and told E7 who got the nurse. E6 said, at that time she was newer, she started on 1/30/26 and did online training for few weeks prior to that day, she had no phone to contact anyone, she had to leave R1 alone and get some help. E6 said, they carried a phone at first and now they are using pagers and their phone was an app to call someone. E6 said, R1 has a pendant on but she dos not use it. E6 said, now she helps R1 to go to the bathroom but on the day of the fall she did not know she was changed from independent to needing assistance.</p> <p>On 4/24/26 at 12:23 pm E5 (Licenced Practical Nurse ) said she was assigned to R1 when she had a fall. E5 said, she was found in the bathroom, care mangers got her and she went in R1's room and assessed her and asked if she was fine . E5 said, she checked her extremities and she got R1 dressed. E5 said, that day R1's daughter took her out and later called the facility as R1 was complaining of pain. E5 said, the day of the fall the care managers knew what kind of assistance she needs, E5 did not know. E5 said, she does not know R1's care level, she guesses she was a fall risk as the way she used her wheelchair to come to day room, her gait was not steady , she shuffles. E5 said, they bring her to</p> | A3000                                                                                            |                                                                                                                          |                                                                    |

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| A3000                                                                 | <p>Continued From page 4</p> <p>the dining room in the wheelchair. E5 said, E7 came and got her on the day she fell.</p> <p>On 4/24/26 at 1:32 pm E8 (Licenced Practical Nurse) said she is assigned to R1. E8 said, she gets help with her adls (activities of daily living). E8 said, the facility was back and forth to what R1 can do with the daughter, as of right now R1 needs assistance with adl's. E8 said, she usually eats in the dining room, daughter brings her food also. E8 said, she forgets to use the pendant, she does not press the pendant and will say she forgot. E8 said she is on frequent checks, and she stays in the day room so R1 is out in the open. E8 said, she is a fall risk. E8 said, the floor R1 lives on is early to mid-stage Dementia, some are with early onset of dementia. E8 said, the elevator will not open without a key card, it's a locked unit.</p> <p>On 4/25/26 at 3:48 PM E7 said, on 3/1/26 R1 had just recently shifted from one apartment to another one, R1 was assigned to E6 but E7 said she will help out with R1. E7 said, she has not worked with R1 since she changed her room, she went to her in the morning and she dressed her, R1 was in prior room and she was independent and the only thing R1 needed in the morning was to get her up , she dressed her self and she would sit in recliner. E7 said, on the day of the fall, she got R1 up and took her to the bathroom, she undressed R1 and left her in the bathroom that's what they always did, and R1 said she will manage from there as she used to do that, her daughter wants her to be independent and they helped her as needed. E7 said, so she put her glasses and hearing aid for her and left her in the bathroom. E7 said, now they are not to leave R1 in the bathroom by herself, in recliner sitting they will leave her . E7 said, she did not know R1's</p> | A3000                                                                                            |                                                                                                                          |                                                                    |

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| A3000                                                                 | <p>Continued From page 5</p> <p>services have changed, the coordinator should tell the staff when residents services changed but E7 was not informed. E7 said, R1 very seldom presses the pendant for help and she only listens to her daughter. E7 said, R1 is unstable on her legs and it was E7's first day working with R1 in her new apartment.</p> <p>On 4/26/26 at 11:00 am E2 (Director of Nursing) said regarding R1's fall, the fall happened on 3/1/26, and this was the weekend, and she was found and located in the bathroom. E2 said, they found her (care giver) and found nurse, daughter was aware of fall and daughter took her to lunch but R1 had rib pain and she was taken to the emergency room. E2 said, when a resident has a fall the coordinator gets statements, and the root cause of this fall is she needed more assistance in the bathroom, and it happened due to R1 not calling for assistance and facility has R1 on frequent checks. E2 said R1 has moved to the current room (same floor) on 2/28/26 due to care plan meeting and they moved her there because she needed increased care, same floor but different room number, the difference in room is that it's smaller room for financial saving, the room got smaller but R1's services (assistance needed) have increased. E2 said, the new interventions were care planned and care managers were verbally told about R1's care change to assisted.</p> <p>R1's (12/6/23) contract documents in part:<br/>CARE PROGRAMS AND SERVICES ASSISTED LIVING - BASE SERVICES<br/>The Resident will receive the following services (the "Assisted Living Base Services"), which are included in the Assisted Living Base Fee, subject to the terms and conditions of this Agreement:<br/>A. Basic assistance including monitoring and</p> | A3000                                                                                            |                                                                                                                          |                                                                    |

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| A3000                                                                 | Continued From page 6<br><br>observing of the Resident, providing the Resident with reminders and supervision with activities of daily living, including, but not limited to, eating, bathing, dressing, grooming, toileting, ambulating, and orientation. This includes verbal assistance and/or direction with showering or hydro-tub bath one (1) time per week. It does not include any other hands-on assistance with any of the above-mentioned activities of daily living.                                                                                                                                                                                                                                                                                                                                                                 | A3000                                                                                            |                                                                                                                          |                                                                    |
| A4010                                                                 | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation<br><br>Section 295.4010 Service Plan<br><br>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.<br><br>This requirement was not met as evidenced by:<br><br>Based on interview and record review the facility failed to ensure staff followed the resident's interventions that were included in the resident's care plan. This failure resulted in R1 falling and sustaining a fracture of rib and thoracic vertebra. This failure caused severe harm to 1 resident | A4010                                                                                            |                                                                                                                          |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510347</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/26/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNRISE OF FOUNTAIN SQUARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2210 FOUNTAIN SQUARE</b><br><b>LOMBARD, IL 60148</b> |                                                                                                                          |                                                                    |
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| A4010                                                                 | <p>Continued From page 7</p> <p>(R1) in a sample of 3 residents. This failure creates a substantial probability of severe harm to a resident or residents.</p> <p>Findings include:</p> <p>R1 is 90 years old with diagnosis but not limited to: Iron Deficiency Anemia, Dementia, Major Depressive Disorder, Restless Legs Syndrome, Mild Cognitive Impairment.</p> <p>Facility's (3/1/26) reportable documents in part: Unwitnessed fall. Lost balance. Resident found on bathroom floor. DX rib fracture and thoracic vertebra fx.</p> <p>R1's care plan documents in part:</p> <p>Toileting Assistance and Incontinence Care Needs Date Initiated: 07/18/2025. Interventions: I need physical assist of 1 person with Toileting assistance and incontinence care Date Initiated: 02/27/2026.</p> <p>Personal Care and Hygiene Needs Date Initiated: 07/18/2025. Interventions: I need physical assist of 1 person with bathing/washing Date Initiated: 07/18/2025.</p> <p>Mobility and Transferring Needs Date Initiated: 07/18/2025. Interventions: I need physical assist of 1 person with mobility Date Initiated: 02/27/2026. I need physical assist of 1 person with transferring Date Initiated: 02/27/2026.</p> <p>I have had an actual fall Date Initiated: 07/18/2025. Intervention: per my fall on 1/30/26, Check on me at frequent intervals to see if I need any assistance and to offer me reassurance Date Initiated: 02/10/2026.</p> <p>R1's (3/01/2026 at 1:31 pm) progress note documents in part: Spoke with residents</p> | A4010                                                                                            |                                                                                                                          |                                                                    |

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| A4010                                                                 | <p>Continued From page 8</p> <p>daughter, she stated she picked her mom up from facility and took her to her house to have lunch.</p> <p>She stated while at her house her mom started c/o (complained off) pain to her right rib cage, she stated she took her mom to er to be evaluated. She stated she will keep us updated.</p> <p>On 4/24/26 at 10:48 am R1 was observed in the lounge room. R1 said, she did not recall having fall. R1 was well dressed, clean and said she was doing well. R1 had a pendant on, R1 was not sure what the pendant was used for.</p> <p>On 4/26/26 at 10:52 am E3 (Care Partner) said she is familiar with R1. E3 said, she rarely presses her pendant, like almost never. E3 said, as of lately they keep her out for activities, after lunch her daughter takes her, she is out with her daughter for most of the day. E3 said, she is a fall risk, if she is in her room they have been going there every 30 minutes and encourage to take her to the bathroom and she will take herself, best option is to keep her in activities and keep her entertained to prevent falls. E3 said, she needs assistance to the bathroom, and she does not have balance. E3 said, they check on her more often, she is a fall risk. E3 said, typically there are 2 care takers but today there is 3 as there is an activity. E3 said, the nurse rotates to this floor and also the 3rd floor.</p> <p>On 4/26/26 at 10:57 am E4 (Care Partner) said she is assigned to R1, she got her up this morning. E4 said, R1 never calls, she never saw her paging (using her pendant), if she is in her room they will go in every hour or so, but they keep her up in activity room to prevent falls. E4 said, they keep an eye on her as she is a fall risk and they keep the fall risk in the activity room but</p> | A4010                                                                         |                                                                                                                          |                          |                                                                    |

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| A4010                                                                 | <p>Continued From page 9</p> <p>if she wants to go to her room she will check on her more often. E4 said, R1 is bathroom assistance and is 1 person but she does not call for help. E4 said, if she finds a resident who has a fall, she will call the nurse right away to get help.</p> <p>On 4/26/26 at 11:22 am E6 (Care Partner) said, she was on duty when R1 fell and she remembers the incident. E6 said, it was probably around 8:30 am and R1 was not at breakfast, she was told by E7 (Care Partner) to check on her and she found her on the floor. E6 said, she just started working there recently but the person she was with (E7) told E6 that she will take care of R1 as she just started, E7 was the care giver. E6 said, she found R1 around 8:30 am as breakfast starts around that time, she started her shift from 7 am to 3 pm, E7 told her to check up on R1 as she was not at breakfast and to bring her to breakfast. E6 said, she found out for the longest time R1 was labeled as "independent" for all activities and around her fall, few days before or so she was changed to not independent and her daughter is now paying extra to take care of her more, they (E6) were not informed she was not independent anymore, and now she gets her up in the morning and helps her as she is changed to assisted. E6 said, if residents need help they have a pendant and it pages her and she goes to the room. E6 said, she was new and was doing what she was told verbally and she did not know R1 needed assistance. E6 said, daughter is paying more now, and she was paying for room versus hands on assistance. E6 said, they are now supposed to get her up in the morning. E6 said, she went to her room to see what she is doing. E6 said, in the morning R1 would get herself up and take herself to the bathroom, now they do that for her and during the</p> | A4010                                                                                            |                                                                                                                          |                                                                    |

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| A4010                                                                 | <p>Continued From page 10</p> <p>day they take her to the bathroom and check on her more often. E6 said, she tries to check up on R1 and other residents every hour or hour an half and she will peak on R1 even if her daughter is here. E6 said, she found her in the bathroom on the floor, and she was told not to get her up (if a resident has a fall) and to get help. E6 said, R1 was saying she was fine and not hurt, E6 had no way to contact anyone and she stepped out of the room and told E7 who got the nurse. E6 said, at that time she was newer, she started on 1/30/26 and did online training for few weeks, she had no phone to contact anyone, she had to leave R1 alone and get some help. E6 said, they carried a phone at first and now they are using pagers and their phone was an app to call someone. E6 said, R1 has a pendant on but she dos not use it. E6 said, now she helps R1 to go to the bathroom but on the day of the fall she did not know she was changed from independent to needing assistance.</p> <p>On 4/24/26 at 12:23 pm E5 (Licenced Practical Nurse ) said she was assigned to R1 when she had a fall. E5 said, she was found in the bathroom, care mangers got her and she went in R1's room and assessed her and asked if she was fine . E5 said, she checked her extremities and she got R1 dressed. E5 said, that day R1's daughter took her out and later called the facility as R1 was complaining of pain. E5 said, the day of the fall the care managers knew what kind of assistance she needs, E5 did not know. E5 said, she does not know R1's care level, she guesses she was a fall risk as the way she used her wheelchair to come to day room, her gait was not steady , she shuffles. E5 said, they bring her to the dining room in the wheelchair. E5 said, E7 came and got her on the day she fell.</p> | A4010                                                                                            |                                                                                                                          |                                                                    |

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| A4010                                                                 | <p>Continued From page 11</p> <p>On 4/24/26 at 1:32 pm E8 (Licenced Practical Nurse ) said she is assigned to R1. E8 said, she gets help with her adls. E8 said, the facility was back and fourth to what she can do with the daughter, as of right now she needs assistance with adl's. E8 said, she usually eats in the dining room, daughter brings her food also. E8 said, she forgets to use the pendant, she does not press the pendant and will say she forgot. E8 said she is on frequent checks, and she stays in the day room so R1 is out in the open. E8 said, she is a fall risk. E8 said, the floor R1 lives on is early to mid-stage Dementia, some are with early onset of dementia. E8 said, the elevator will not open without a key card, it's a locked unit.</p> <p>On 4/25/26 at 3:48 PM E7 (Care Partner) said, on 3/1/26 R1 had just recently shifted from one apartment to another one, R1 was assigned to E6 but E7 said she will help out with R1. E7 said, she has not worked with R1 since she changed her room, she went to her in the morning and she dressed her, R1 was in prior room and she was independent and the only thing R1 needed in the morning was to get her up , she dressed her self and she would sit in recliner. E7 said, on the day of the fall, she got R1 up and took her to the bathroom, she undressed R1 and left her in the bathroom that's what they always did, and R1 said she will manage from there as she used to do that, her daughter wants her to be independent and they helped her as needed. E7 said, so she put her glasses and hearing aid for her and left her in the bathroom. E7 said, now they are not to leave R1 in the bathroom by herself, in recliner sitting they will leave her . E7 said, she did not know R1's services have changed, the coordinator should tell the staff when residents services changed but E7 was not informed. E7 said, R1 very seldom presses the</p> | A4010                                                                                            |                                                                                                                          |                                                                    |

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| A4010                                                                 | <p>Continued From page 12</p> <p>pendant for help and she only listens to her daughter , her daughter told her not to press the pendant in the past. E7 said, R1 is unstable on her legs and it was E7's first day working with R1 in her new apartment.</p> <p>On 4/26/26 at 11:00 am E2 (Director of Nursing) said regarding R1's fall, the fall happened on 3/1/26, and this was the weekend, and she was found and located in the bathroom. E2 said, they found her (care giver) and found nurse, daughter was aware of fall and daughter took her to lunch but R1 had rib pain and she was taken to the emergency room. E2 said, when a resident has a fall the coordinator gets statements, and the root cause of this fall is she needed more assistance in the bathroom, and it happened due to R1 not calling for assistance and facility has R1 on frequent checks. E2 said R1 has moved to the current room (same floor) on 2/28/26 due to care plan meeting and they moved her there because she needed increased care, same floor but different room number , the difference in room is that it's smaller room for financial saving , the room got smaller but R1's services (assistance needed) have increased. E2 said, the new interventions were care planned and care managers were verbally told about R1's care change to assisted.</p> <p>R1's (12/6/23) contract documents in part:<br/>E.Resident Service Plan. A Service Plan will be developed based on the Physician's Report, the Psychiatric Examination (if applicable) and the Assessment. The Residents service plan will be developed with the Resident and/or any individual the Resident designates, including any Responsible Party. The service plan will outline the services the Resident is to receive and shall be updated annually or more frequently as</p> | A4010                                                                                            |                                                                                                                          |                                                                    |

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| A4010                                                                 | Continued From page 13<br><br>necessary to reflect service needs.                                                            | A4010                                                                         |                                                                                                                          |                          |                                                                    |