STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510512	A. BUILDING: _____ B. WING _____	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF LAKEVIEW	3535 NORTH ASHLAND AVENUE CHICAGO, IL 60657

(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 295.2040 a) e) h) 295.7010 Complaint Investigation Survey IL00195714/2586073-Unsubstantiated 24 hour Investigation Survey IL00196621/2586929-Substantiated 295.4010 a) d) e) 295.6000 13) 295.6010 a) 1) 2) b) 1) Removed 295.4060 i) 1) B) 2) B) per SOD	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General 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. e) Drills shall include residents, establishment personnel, and other persons in the establishment. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any	A2040		

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A2040	Continued From page 1 residents who received assistance for evacuation. This regulation is not met as evidenced by: Based on interview and record review the establishment failed to ensure residents were included in Fire and tornado Drills and failed to identify residents who require assistance for evacuation. These failures have the probability to affect all resident in the establishment. Findings include: On 7/30/2025 surveyor review the Disaster Manual Binder and Fire and Tornado Drills binder. Fire and Tornado drills were conducted as follows: FIRE DRILLS 6/9/2025 5:10AM 3rd shift 5/30/2025 3:20PM- 2nd shift 4/30/2025 1:30pm 1st shift 3/27/2025 5:45am 3rd shift 3/26/2025 3:30 2nd shift 1/32/2025 9:30AM 1st shift 12/18/2024 4:30AM 3rd shift 11/26/2024 4:00pm 2nd shift 11/4/2024 5:00AM 3rd shift 10/16/2024 1:00PM 1st shift 8/29/2024 4:24PM 2nd shift TORNADO DRILLS 2/28/2025 3:10PM 2/28/2025 10:05AM 2/28/2025 5:55AM All drills did not include a list of residents who need assistance for evacuation. On 8/5/2025 at 1:17PM, E28 (Director of Environmental Services) said that he was not aware that residents needed to sign when	A2040		

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A2040	Continued From page 2 participating in fire and tornado drills, he also said that didn't know that he needs to identify and listed all residents who need assistance with evacuation during an emergency.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 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 change in the resident's physical, cognitive, or functional condition (see Section 295.4000). These requirements were not met as evidenced by:	A4010		

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A4010	Continued From page 3 Based on interview and record review, establishment failed to update interventions in the service plan after falls for two resident s (R1, R5) out of 4 reviewed for falls. Findings Include: R1's medical record showed R1 moved into the establishment on 12/31/2024, resided in the memory care unit, and had multiple diagnoses, including but not limited to Dementia, Suspect Atypical Parkinson Syndrome, although concerns also raised for FTD, Hyperlipidemia, Hypertriglyceridemia, Hypothyroidism, Axonal Neuropathy. R1's Service Plan, dated 6/12/2025, showed R1 needed assistance for transfers and mobility and used a wheelchair. R1's service plan addressed R1 as a fall risk and had the following interventions: Resident is a high risk for falls due to unsteady gait related to Parkinson's Disease, poor safety awareness and his impulsivity. Ensure a gait belt is use for all transfers and resident is wearing proper footwear. Encourage him to call for assistance with transfers, toileting, etc. However, there were no updated interventions to prevent further falls/falls with injuries. There were no interventions indicating who was responsible to take care of the sutures. R1's had the following fall incidents: 7/8/2025- found resident lying supine on the floor. Stated had pain and discomfort at his lower back area. 7/5/2025- found lying supine on the bathroom floor. No cuts, scrapes or injuries found on resident. 7/2/2025- observed resident sitting on the floor	A4010		

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A4010	Continued From page 4	A4010		

next to wheelchair. No injury noted.
6/27/2025- observed resident sitting on the floor with his back against edge of bed. noting redness the middle back area.
6/21/2025- observed resident on the floor trying to stand up. no cuts, bruises or lacerations noted.
6/17/2025- resident was on the floor in bathroom. No bumps, bruises, slight redness to middle back.
5/11/2025-observed resident sitting on the floor of his personal bathroom in front of his toilet. no new bruising, redness or other injuries noted.
5/11/2025- observed on the floor, no bruise, cuts or laceration observed, resident denies pain and discomfort.
5/8/2025- Resident fell off his w/c landing on his left knee while
propelling self through the dining room after lunch. Redness was
noted to left knee.
4/15/2025- observed resident on the floor with head injury bleeding noted no LOC and was responsive.
3/25/2025- Resident observed on the floor of his bedroom, in a sitting position with his back against the wall. no apparent injuries noted.
3/24/2025- resident was on floor in bathroom stated he had fell after trying to get
back to bed. no injuries observed.
3/5/2025- found resident on floor in room on his buttocks. Resident stated he was transitioning from recliner to toilet. No bumps, bruises, cuts or scrapes.
4/15/2025- Resident observed on the floor at the entrance of the bathroom. Observed laceration to top right portion of the head with moderated sanguineous drainage. Resident sent out to local hospital. Laceration irrigated, approximated and sutured.
2/9/2025- resident said that he fell to ground on

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A4010	Continued From page 5	A4010		

his shins. Old scab left leg opened 1/2 by 1/2 inch. No bumps, bruises, cuts or scrapes.
1/18/2025- Resident stated that he fell on his knees by his bathroom door entry. reddish, discoloration on left wrist noted. Old scabs observed on lower legs.
12/20/24- Resident reported that he fell overnight complained of pain on right wrist. No new bruising,
redness, skin tears, or abrasions noted
12/24/2024- resident observed sitting on the floor, stating that he slid out of bed. No injuries noted.
12/27/2024- unwitnessed fall found on floor. No open or bruised areas.
12/28/2024- Found on floor in bedroom, no injuries.
10/26/2024- resident observed sitting on the floor of his bathroom. observed moderate amount of sanguineous drainage. Resident sent out to local hospital. wound irrigated and sutured.
10/25/2024 unwitnessed fall-found resident on the floor upright. no injuries noted.
10/18/2024- Resident observed crawling out of his bedroom. No injuries noted

7/31/2025 at 3:20PM, E2 (Director of Health and Wellness) said that R1 was declining and they had a meeting with his wife who requested hospice services, E2 said that resident needed to be evaluated by the doctor first and the doctor was coming the following day of the meeting, however, resident's condition changed and he was transferred to the hospital, to his knowledge resident was placed under hospice care while in the hospital.

R6's medical records showed R6 moved into the establishment on 1/31/2025, resided in the memory care unit, and had multiple diagnoses, including but not limited to Alzheimer's Disease,

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A4010	Continued From page 6 Progressive Aphasia, Arthritis, Psychosis, MDD, Adjustment Disorder with anxious Mood, Major Neurocognitive Disorder. R6's service plan dated 2/9/2025, showed R6 was independent with ambulation. R6's service plan addressed R1 as moderate fall risk. No interventions in placed noted to prevent falls. R6 had the following fall incidents: 2/14/2025- Resident noted hitting right side of head on wall, falling out on floor and becoming aggressive with staff. Unable to obtain vitals. 911 was call resident was called and resident was escorted out. 5/31/2025 Observed resident laying in bathroom floor. redness noted to left hip side. All skin intact and no injuries noted. 6/1/2025- Resident noted on floor sleeping. Resident assessed no new injuries or skin issues noted. 6/7/2025- Resident observed on floor in dining area in front of sofa in lateral side lying position on left side. Laceration observed to left eye about a fingertip length and scat amount of bleeding observed to scalp and abrasion to face on left side. Resident transferred to local hospital. On 7/31/2025 at 3:20PM, E2 (Director of Health and Wellness) said that service plans are updated with every change in condition, falls, hospice, PT/OT (Physical Therapy/Occupational Therapy), they are updated also every three, six months, semiannual and yearly.	A4010		
A6000	Section 295.6000 Resident Rights	A6000		

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A6000	Continued From page 7 This Regulation is not met as evidenced by: General Violation Section 295.6000 Resident Rights 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor This requirement was not met as evidenced by: Based on interview and record review, the establishment failed to ensure residents are free of abuse for four (R3, R4, R5, R7) out of 10 reviewed for abuse. This failure has the potential to affect all residents in this establishment. Findings Include: R3's medical record showed R3 moved into the establishment on 10/4/2019, resides in the assisted living unit, and had multiple diagnoses, including but not limited to Dementia, Osteoarthritis, Gait Mobility, CKD Stage 4, CVA, Chronic Pain Syndrome, Urinary Incontinence, Hypertension, CHF, Osteoporosis. R3's Service Plan, dated 7/7/2025, showed R3 needs reminders for bathing/showers. R4's medical records showed R4 moved into the establishment on 10/24/2021, resides in the assisted living unit, and had multiple diagnoses, including but not limited to Dementia, Vitamin D Deficiency, CHF, Post COVID Syndrome R4's Service Plan, dated 7/3/2025, showed R3 needs reminders for bathing/showers on Sunday and Thursdays from 3pm-11pm shift.	A6000		

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A6000	Continued From page 8 R5's medical records showed R5 moved into the establishment on 4/30/2023, resides in the assisted living unit, and had multiple diagnoses, including but not limited to Need for Assistance, Disorder of Bone Density, Diverticulosis, Urinary Retention, Osteoarthritis, Mild Cognitive Impairment. R5's Service Plan, dated 5/12/2025, showed R5 needs total assistance for bathing/showering. R5 prefers a sponge bath ...R5 routine shower days are Wednesday and Sunday on 7-3 and as needed. R7's medical record showed R7 moved into the establishment on 8/30/2024, resided in the memory care unit, and had multiple diagnoses, including but not limited to Alzheimer's Disease, CKD Stage 4, Hyperlipidemia, Atherosclerosis, Hemorrhoids. R7's Service Plan I dated, showed R7 needs standby/physical assistance for bathing/showering. Some assistance/ resident can participate. Her shower days are Tuesday and Saturday on 7-3 and as needed. Incident Report dated 6/5/2025 "Nurse (E25) witnessed Care Partner (E24) rising her voice at resident (R7) Gold Coast area TV room, demanding she go to bed. Care partners turn off TV and was going back and forward. Nurse intervened asked Care Partner to leave, due to verbal abuse." On 7/30/2025 at 1:19PM, E13 (Care Partner) said that showers are scheduled, there are morning showers and evening showers, the majority of the residents have showers twice a week, some residents have them more often if there requested.	A6000		

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E13 said that if the resident does not want to take a shower the scheduled day, they can take the shower the next morning. Sometimes if they are not in the mood to take a shower in the scheduled day, they might agree to take it another day, E13 said that residents have the right to refuse.
E13 said "I haven't been forced by anyone to give a shower to the resident if they don't want. I will be reported to the nurse if someone ask me or tries to force me to give a shower when a resident refuses." E13 further said "I had training about abuse, neglect, financial exploitation upon hire and every month. I will report it to the nurse if I witness or suspect abuse."

On 7/30/205 at 1:36PM, E11 (Care Partner) said that Residents have two shower days per week but if needed they can have them more often.
E11 said that "If a resident has a bathroom accident and it is too much to use wipes only, then I put them in the shower. I let them know that i will provide a shower, but if they refused then we find another solution.
E 11 said "Nobody such as nurse or another care partner has forced me to give a shower to any resident. If someone tries to force me to give a shower to a resident I will talk to my nurse, because is my understanding that we can't force the resident to do anything."

On 7/30/2025 at 1:55PM, E10 (Licensed Practical Nurse/LPN) said They have shower scheduled twice a week, residents in AL (Assisted Living) do their own shower, some of them requires some assistance standby or hands on. Memory Care they have a shower scheduled but also, they have showers as needed if they are soiled, have a BM (Bowel Movement). E10 said "I would explain the resident along with the Care Partner that they will a shower because they got soiled, we never

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A6000	Continued From page 10	A6000		

forced anyone to have a shower. I have not told or have not witnessed anybody telling Care Partner to give showers to resident forcefully if they don't have refused."

Interview on 8/4/2025 with E18, E19, E20, E21 all Care Partners stated that they have not witnessed any employee forcing residents to get showers.
On 8/5/2025 at 10:42AM, E26 (LPN) said that she had not witnessed anybody forcing the residents to take showers but that a Care Partner reported to her that she witnessed a nurse and a Care Partner forcing R3 to take a shower. R3 has camera in her room and everything was videotaped.
On 8/5/2025 at 11:02AM, E16 (Care Partner) called surveyor and stated that she wanted to add more to the interview saying that she thought it was the right thing to do. E16 said that about two or three weeks ago, E 10 (LPN) and E13 (Care Partner) were giving showers forcefully to R3 and R5, E16 said that these residents were assigned to her and that when she was doing her last round, she went to check on these residents and that R3 said that she had given a shower, E16 asked her who did it because she was the Care Partner assigned to her and she knew that both residents don't take shower, both of them have sponge baths. E16 said that she was told that E10 and E13 had a list, and they were giving showers to residents down the list, even if residents had refused.
On 8/5/2025 at 11:07AM, E23 (LPN) said that R7 told her that the cut she has on the arm was done by staff when they were giving a shower, resident said that she doesn't know why she was given a shower if she always has a sponge bath. E23 said that R7 said that staff grabbed her by the wrists. E23 further indicated that there was

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another incident with R7, a nurse reported to DON (Director of Nursing) that a Care partner forced R7 to go to bed, yelling at her, and that R7 told her that she doesn't want to go to bed yet. E23 said that Lilly said that E10 and e13 have a list of residents who didn't want to take a shower, and they force them to take one. E23 said that both E10 and E13 even said during staff meeting that "they don't play" "They make it happened". 7/31/2025 at 12:40PM, E1 (Executive Director) said that E24 and E25 are no longer employed at this establishment and that she was not made aware of any
abuse incident. She stated that it was not signed by her, then she was not notified.

On 8/5/2025 at 11:34AM, E27 (Former Assistant Director of Nursing) said that E25 (Former Licensed Practical Nurse) reported to her that E24 (Care Partner) was yelling at R7. The incident was reported to E1 (Executive Director), who told E27 that she was not going to do anything about it because E25 was no longer working here. E27 said "I told E1 that was not appropriate that it needed to be investigated and reported."
On 8/5/2025 at 1:39PM, E1 (Executive Director) said that she is not aware that residents are force to take showers. "We always encourage them to take showers, but we never force them to do so."
Establishment's Policy titled "Abuse Reporting and Investigation" Indicates: Policy: Artis will thoroughly investigate all reports of suspected abuse (mental, physical, sexual or verbal) neglect, or exploitation, to ensure residents and their responsible parties will be free from fear of abuse, neglect or exploitation.

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A6010	Continued From page 12	A6010		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr	A6010		

This Regulation is not met as evidenced by:
General Violation

Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting

a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall:

1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report.

2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report.

b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following:

1) Dates, times, and description of the alleged abuse, neglect or financial exploitation.

These requirements were not met as evidenced

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARTIS SENIOR LIVING OF LAKEVIEW	3535 NORTH ASHLAND AVENUE CHICAGO, IL 60657

(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
A6010	Continued From page 13 by: Based on interview and record review, the establishment failed to report and investigate allegation of verbal within 24 hours of occurrence for initial report for one (R7) 12 of residents reviewed. Findings include: R7's medical record showed R7 moved into the establishment on 8/30/2024, resided in the memory care unit, and had multiple diagnoses, including but not limited to Alzheimer's Disease, CKD Stage 4, Hyperlipidemia, Atherosclerosis, Hemorrhoids. Incident Report dated 6/5/2025 "Nurse (E25) witnessed Care Partner (E24) rising her voice at resident (R7) Gold Coast area TV room, demanding she go to bed. Care partners turn off TV and was going back and forward. Nurse intervened asked Care Partner to leave, due to verbal abuse." 7/31/2025 at 12:40PM, E1 (Executive Director) said that E24 and E25 are no longer employed at this establishment and that she was not made aware of any abuse incident. She stated that it was not signed by her, then she was not notified.	A6010		
A7010	Section 295.7010 Establishement Records This Regulation is not met as evidenced by: General Violation Section 295.7010 Establishment Records	A7010		

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A7010	Continued From page 14 a) The establishment shall maintain the following records: 1) Reports of known resident injury requiring a physician's intervention; 2) Reports of abuse, neglect, or financial exploitation that are submitted to the Department pursuant to Section 295.6010; 3) Incident and accident reports that are required to be submitted to the Department; 4) Documentation of compliance with Section 295.3040 (Health Care Worker Background Check); and 5) Quality improvement program. b) An establishment holding a floating license shall maintain all records required by Section 295.7000 and this Section and any other documentation required by this Part. The records shall be maintained for no fewer than three years following the removal of a unit's designation as a licensed living unit. The records shall also include copies of the written list of the units designated under the floating license for each day of the three years. (Section 32 of the Act) These requirements were not met as evidenced by Based on interview and record review the establishment failed to maintain establishment's files as require for six employees (E2, E5, E6, E7, E8, E9) out of nine reviewed for Staff Requirements and two employees (E24 and E25) review for resident abuse. Findings include:	A7010		

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A7010	Continued From page 15 On 7/30/2025 the surveyor provided to E14 (Director of Business Services) with a list of employee files she needs to pull for the Staff requirement log sheet and to employees review for resident abuse. On 7/30/2025 the surveyor and E14 (Director of Business Services) reviewed 9 staff files together the following occurred: 2. E2 (Director of Health and Wellness) hired date 6/26/2025 1) Continuing education training, 2) Alzheimer's training 3) Dementia Specific training. 2. E5 (Care Partner) hired date 6/18/2025 1) Continuing education training, 2) Alzheimer's training 3) Dementia Specific training. 3. E6 (Care Partner) hired date 4/1/2025 1) Continuing education training, 2) Alzheimer's training 3) Dementia Specific training. 4. E7 (Care Partner) hired date 12/20/2024 1) Continuing education training, 2) Alzheimer's training 3) Dementia Specific training. 5. E8 (Care Partner) hired date 6/17/2025 1) Continuing education training, 2) Alzheimer's training 3) Dementia Specific training. 6. E9 (Care Partner) hired 5/6/2025 1) Continuing education training, 2) Alzheimer's training	A7010		

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A7010	Continued From page 16 3) Dementia Specific training. Employee files for E24 (Care Partner) and E25 (Licensed practical Nurse) were requested to investigate resident abuse. On 8/5/2025 E1 (Executive Director) said that unfortunately E14 and herself looked everywhere for the files for (E24 and E25) and they are nowhere to be found.	A7010		