STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510362	A. BUILDING: _____ B. WING _____	C 09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRA VISTA OF OAKBROOK TERRACE, LLC	1635 S ARDMORE AVENUE OAKBROOK TER, IL 60181

(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 Complaint Investigation 2572539/IL188729 295.2050a) Facility Reported Incidents 7/1/25/IL196033-substantiated, no deficiencies. 7/11/25/IL196683-unsubstantiated.	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: General Violation Violation 295.2050a) Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. Based on interview and record review, the establishment failed to report a resident fall with injury to the Department for 1 of 5 residents (R3) reviewed for falls in the sample of 6. The findings include: R3's Service Plan dated 1/6/24 shows R3 fell on 3/8/25 and sustained a right femur fracture. R3's	A2050		

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A2050	Continued From page 1	A2050		

clinical notes dated 3/8/25 at 10:15 AM show R3 was found on the floor in the TV room lying on her back in front of her wheelchair. On 3/8/25 at 7:00 PM, R3 was noted to have pain when lifting her right leg. R3 was unable to bear weight on her right foot and her right leg was cool to the touch. No further injuries were documented in R3's clinical notes between her fall on 3/8/25 (as described above) and when a right hip Xray was ordered on 3/10/25 at 4:00 AM. On 3/10/25 at 2:39 PM, R3's clinical notes show the nurse received positive Xray results of a displaced intertrochanteric, multi-fragment fracture of R'3's right femur.

On 9/6/25 at 10:12 AM, E5, Registered Nurse (RN) said R3 fell towards the end of her life and broke her hip.

On 9/6/25 at 1:18 PM, E1, Executive Director (ED), said when R3 fell on 3/8/25, she was not having much pain initially; when staff realized she was having a lot of pain, they got an Xray ordered and found she had a femur fracture. E1 said there was not reportable sent to IDPH. E1 said any fall with a resulting fracture needs to be reported to IDPH.

The entity was unable to provide documentation of an Incident and Accident Report being reported to IDPH regarding R3's fall from 3/8/25 with subsequent fracture.

The entity's Incident and Accident Reporting Policy and Procedure (revised 2/15/23) shows the purpose of the policy is to provide the nurses steps in reporting an incident to IDPH. An incident shall be reported if it has caused a significant negative effect on a resident's health, safety, or welfare. Significant injuries that do not result in

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A2050	Continued From page 2 hospitalization shall be reported to IDPH. The entity's Fall Policy and Procedure (revised 2/27/23) shows the Director of Nursing or ED shall complete an IDPH reportable incident form and follow protocol.	A2050		