

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WHEATON		STREET ADDRESS, CITY, STATE, ZIP CODE 831 E BUTTERFIELD RD WHEATON, IL 60189		
(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 of 7/30/25/IL#196772 Section 295.4010 Service Plan cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 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) g) Service plans shall address: 1) The level of service the resident is receiving, including:	A4010		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WHEATON			STREET ADDRESS, CITY, STATE, ZIP CODE 831 E BUTTERFIELD RD WHEATON, IL 60189		
(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
A4010	Continued From page 1 C) special accommodations for the resident. This REQUIREMENT was not met as evidenced by: Based interview and record review the facility failed to implement and revise the service plan for a resident with hoarding behaviors for 1 of 3 residents (R1) reviewed for service plans in the sample of 3. This failure creates a substantial probability of harm to a resident or residents. The findings include: The facility's Initial Incident Report dated 8/4/25 showed R1 displayed behaviors consistent with cognitive impairment, including poor insight and judgement, resistance to care, refusal of showers, and difficulty maintaining personal and environmental hygiene. R1 demonstrated hoarding behaviors, frequently bringing food from the main dining room and storing it throughout her apartment. Staff made multiple attempts to enter and clean the apartment, which the resident often resisted. The apartment was frequently noted to contain accumulated dog urine, soiled pee pads, and feces. R1's Facesheet dated 10/28/25 showed she moved in on 2/3/24 and had diagnoses to include Alzheimer's disease and bipolar disorder. R1's Progress notes showed on 1/27/25 the facility had a care conference with R1's family member to discuss concerns about R1's apartment clutter, old food, and refusals of care, laundry, and showers. The safety and health risks were discussed. R1 and her family member agreed to clean the apartment. The care team will	A4010			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WHEATON		STREET ADDRESS, CITY, STATE, ZIP CODE 831 E BUTTERFIELD RD WHEATON, IL 60189		
(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
A4010	Continued From page 2 assist with daily food removal. On 2/10/25 the facility held a telephone care conference with R1's family member to discuss issues with persistant puppy pads, food being brought to apartment and not eaten, and occasional refusal of care requiring multiple attempts. R1's Psychiatry Follow-up dated 6/24/25 showed R1 had a history of hoarding beahvior. This note showed R1's room was cluttered with food particles on table tops, stacked papers, art supplies, and clothes piled on the bed. R1's Service Plan did not address R1's hoarding behavior, nor did it contain updated interventions as the problem continued. On 10/28/25 at 9:32 AM, E1 (Executive Director) said R1 came to the facility with a history of hoarding. E1 said R1's family did not disclose that information prior to admission, but when the facility noticed the hoarding behaviors pretty quickly. E1 said when they contacted R1's family about R1's hoarding, the reply was that she has always been like that. E1 said R1's hoarding behavior had been an ongoing issue throughout her stay at the facility. E1 said the facility had made frequent attempts to clean R1's apartment, but she would refuse at times. E1 said the Service Plan should include R1's hoarding behavior. The surveyor asked E1 to show where R1's hoarding was addressed in R1's service plan. E1 said she was unable to find R1's hoarding addressed as a specific behavior. On 10/28/25 at 9:54 AM, E2 (previous Resident Care Director/Director of Nursing-DON) said she was in the role until 8/3/25. E2 said R1 had hoarding tendancies and psychiatric concerns. E2 said R1 would go to meals and bring food back to	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WHEATON			STREET ADDRESS, CITY, STATE, ZIP CODE 831 E BUTTERFIELD RD WHEATON, IL 60189		
(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
A4010	Continued From page 3 her apartment regularly and the staff had to check the room frequently. E2 said R1's service plan should include her hoarding. E2 said the service plan should be updated every time something changes for the resident. On 10/28/25 at 10:14 AM, E4 (Assisted Living Coordinator) said R1 had a lot of clutter in her room and would frequently hide food around her apartment. E4 said R1 refused care and cleaning and the care managers would call her to assist. E4 said R1 was independent with activities of daily living, but needed a lot of encouragement to perform personal and environmental hygiene. E4 said the staff would have to go in R1's room when she left, so they could clean. E4 said she'd been in assisted living for 14 years and she'd never quite seen a room like R1's. On 10/28/25 at 10:51 AM, E5 (Lead Care manager) said she was very familiar with R1. E5 said R1 was a very pleasant woman, but she wasn't very clean. E5 said if you saw R1 in the common areas, you wouldn't believe that she had her room in such a state. E5 said R1 would try to clean incontinence briefs to reuse them; collect old food and trash; and wouldn't allow the staff to dispose of puppy pee pads unless they had been used a few times. E5 said she had to call maintenance to spray for flies in R1's room three times. E5 said R1 would refuse to let staff clean her room and sometimes she'd let us start to clean, but not finish completely. E5 said she started going to R1's room while she was out. E5 said R1 required a lot of cleaning and encouragement. On 10/28/25 at 11:42 AM, E6 (Care Manager) said R1's hoarding behaviors were a constant issue. E6 said we would clean out the old food	A4010			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF WHEATON		STREET ADDRESS, CITY, STATE, ZIP CODE 831 E BUTTERFIELD RD WHEATON, IL 60189		
(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
A4010	Continued From page 4 and the next meal she would go get more. E6 said R1 would often refuse to let the staff throw away trash and clean the room. E6 said they would report it to their manager and they would try to speak with R1 and sometimes they would have to call the family. E6 said we'd go in and clean the room the best we could and it would start all over again. E6 said R1 hid food all over the apartment and sometimes it would get rotten before the staff found it and cause flies to be in the room. On 10/28/25 at 1:02 PM, E3 (Resident Care Director/DON) said the service plan provides information specific to the resident's care and communicates the concerns and interventions with the care team. The surveyor asked if it would be important to include R1's hoarding behaviors and interventions to provide a safe, sanitary living environment. E3 replied, "I'm not 100% sure. Her (R1's) behavior of having that much stuff in her room would be an important aspect of care." The facility's Individualized Service Plan Policy revised 5/15/25 showed, "It is the policy of the community to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment or evaluation... The service plan must address the individual needs, activities of daily living, preferences, and strengths of the resident. The service plan must be designed to help the resident maintain the highest possible level of physical, cognitive, and social functioning."	A4010		