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	ASL510346	A. BUILDING: _____ B. WING _____	09/02/2025

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SUNRISE OF FLOSSMOOR	19715 GOVERNOR'S HWY FLOSSMOOR, IL 60422

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A 000	Initial Comment Annual Licensure Survey 295.4010a)b)d)2)3)-Repeat 295.4060a)i-v)B)2)A)i-v)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General Violation Section 295.4010 -Repeat 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. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 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)	A4010		

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A4010	Continued From page 1 g) Service plans shall address: 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan These requirements were not met as evidenced by: Based on record review and interview the establishment failed to revise the service plan with interventions to address: -care and who is responsible for maintenance of an indwelling urinary catheter for 1 out of 1 resident (R2) reviewed for urinary catheters; -application and removal of a sling to the left shoulder for 1 resident (R3) who sustained a closed nondisplaced fracture of acromial end of the left clavicle after a fall; -revision of the service plan for one resident (R3) out of 5 resident reviewed for fall incidents. These failures have the probability to affect all residents who resident in the assisted living and reminiscence unit that are on fall precautions. Findings include: 1. R2 is a 90 year old resident who moved into the establishment on 8/22/25. R2 has diagnoses including BPH (benign prostatic hyperplasia) and Urinary retention. R2 has a indwelling urinary catheter in place.	A4010		

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A4010	Continued From page 2 Review of the order summary did not show orders for who is responsible for the care and maintenance of the urinary catheter. The service plan dated 8/22/25 does not address who is responsible for the care and maintenance such as when the urinary catheter and urine bag will be changed and assess for signs and symptoms of irritation and infection. On 9/4/25 at 3:30pm during the exit conference this concern was shared with E11 (executive director) . E11 said R2's urologist maintains the urinary catheter. R2 is a respite resident. This information was not included in the service plan. 2. R3 is a 91 year old resident who moved into the establishment on 6/30/25. R3 has diagnoses including Alzheimer's disease, Depression and open end Glaucoma. Order summary sheet shows an order dated 7/9/25 for compression socks, apply daily on arising and remove at bedtime daily. The progress notes for July 2025 through August 2025 shows the following: -7/3/258:15pm: Fall was unwitnessed in R3's room. R3 stated she was trying to reach her ringing cell phone when she lost her balance and fell -8/16/25 4:10pm: Fall was unwitnessed in R3's room. R3 stated, "I slipped on the carpet." No injury noted at time of fall.	A4010		

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A4010	Continued From page 3 -8/17/25 (4:00pm) that R3 had a fall that was witnessed in the elevator. R3 said she lost her balance then fell. This fall resulted in a skin tear left open to air. An X-ray was ordered. -8/18/25, X-ray results received and faxed to Z1 (Dr. Joshi). Results reads "left shoulder: old fracture, deformities of distal clavicle, no recent fracture or dislocation" -8/24/25: the nurse was made aware by staff that R3 was sitting on the floor in her suite. Was R3 noted sitting on the floor on her buttocks, partially blocking the door to her suite. R3 noted with blood on her person, wall and the carpet. R3 states she entered her suite after playing bingo, upon turning to close the door, she loss her balance, fell to floor, landing on her left side, knee and shoulder. R3 states the left side of her head near her ear hit the wall. Upon assessment, R3 noted with left elbow (1.2x0.7cm) and left knee (2.5X1.8Ccm) skin tears. R3 was transferred 911 to the hospital. R3 returned to the community via medi-car by one escort of the ambulance service. The hospital diagnosis is a closed nondisplaced fracture of acromial end of left clavicle. New orders given to follow up with Ortho for further evaluation of LUE (left upper extremity) and to keep LUE in sling until follow up. The service plan dated 6/19/25 not revised with interventions to address the fractured left clavicle, the application and removal of the sling to the left shoulder and when it was to be discontinued. The service plan does not address the application and removal of compression stockings as ordered.	A4010		

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A4060	Continued From page 4	A4060		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: General Violation Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or ii) at least two years of management experience with persons with dementia. B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care.	A4060		

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A4060	Continued From page 5 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily	A4060		

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A4060	Continued From page 6 living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. These requirements were not met as evidenced by: Based on record review and interview, the establishment failed to present documentation to show that newly hired direct care staff completed the required 16 hours of on-the-job supervision and training following the establishments general orientation. This was found in 4 of 9 (E1,E5,E6,E9) personnel files reviewed. These failures have the probability to affect resident care services. Findings include: 1. On 9/3/25 at 1:25pm, surveyor reviewed 9 personnel files of newly hired employees with E10 (business office coordinator). This review showed the following:	A4060		

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A4060	Continued From page 7 -E1 (LPN/licensed practical nurse), DOH (date of hire) 11/4/24 -E5 (LPN), DOH 9/20/24 -E6 (care manager), DOH 9/6/24 Three direct care employees did not complete the required 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. On 9/4/25 at 3:37pm during the exit conference these concerns were shared with E11(executive director). E11 said those 3 new staff did not receive the 16 hours of dementia training because they don't work in the Reminiscence Care (memory care) unit. When asked if E1, E5 and E6 have ever been pulled to the Reminiscence unit, E11 said no they will not be pulled to that unit if a staff person is needed in that unit because they haven't had the dementia training. There are residents who reside in AL (assisted living) that have a diagnosis of Alheimer's disease and or dementia. 2. On 9/3/25 at 1:25pm, surveyor reviewed E9's (Reminiscence Care Coordinator) personnel file with E10. Surveyot asked E10 if E9 had a college degree with documented course work in dementia care and how many years of experience working with persons with dementia. E10 was able to show a Certified Dementia Practitioners certificate. However there was no documentaiton in E9's personnel file to show a degree or at least two years of management experience with persons with dementia.	A4060		

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A4060	Continued From page 8 E10 wan't sure if E9 had a degree in dementia care or how many years of experience in dementia care.	A4060		