STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057851	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA LIBERTYVILLE	1500 SOUTH MILWAUKEE AVENUE , LIBERTYVILLE, Illinois, 60048

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 2517669/2590514	S0000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to provide bed mobility in a safe manner for 1of 7 residents (R1) reviewed for safety/falls in the sample of 7. This failure resulted	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057851	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA LIBERTYVILLE	1500 SOUTH MILWAUKEE AVENUE , LIBERTYVILLE, Illinois, 60048

(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) COMPLETION DATE
S9999	Continued from page 1 in R1 falling from R1's bed and sustaining left and right femur fractures requiring hospitalization. Findings include: R1's Care Plan initiated 04/10/2024 shows, R1 is diagnosed with morbid obesity and generalized osteoarthritis… R1 has an activity of daily living self-care performance deficit related to general weakness, immobility, and decreased activity endurance. R1 Minimum Data Set dated 07/19/2025 shows, R1 is dependent on staff to roll left and right. R1's Progress Notes dated 8/12/2025 at 10:36PM, shows, Radiology Note, Results: FRACTURE OF THE PROXIMAL LEFT FEMUR. R1's Progress Notes dated 8/12/2025 at 11:50PM, resident transported to Emergency Room per non-emergency ambulance via stretcher. R1's Final Incident report of 08/12/2025 at 11:00AM, shows, R1 needs the assistance of staff for bed mobility... R1 requested assistance from staff to start her day. As V4 CNA assisted R1 to roll to her side R1's leg fell off the bed. V4 CNA attempted to lift R1's legs back on to the bed, due to R1's large size and V4's small size, R1 and V4 CNA fell approximately 4 feet from the bed to the floor. R1's legs crossed during the fall. Due to R1's morbid obesity, osteoarthritis, and the impact pressure of the fall, R1 sustained a left and a right femur fracture. R1's Progress Notes dated 8/13/2025 at 6:30AM, shows, called Emergency Room for an update on resident status... Resident is admitted with a diagnosis of Closed fracture of proximal end of left femur; closed fracture of distal end of right femur; left urethral stone. On 08/20/2025 at 10:27AM, R7 said, my roommate (R1) is in the hospital. R1 fell when the CNA-Certified Nursing Assist was providing incontinent care. It was a hard fall. R1 weighs over 300 pounds and the CNA is small. The CNA was not able to catch her. On 08/20/2025 at 12:15PM, V3 LPN-Licensed Practical Nurse said, R1's X-ray showed she broke her left and right femur bones. The CNA that was taking care of R1 rolled her leg too close to the side of the bed. The CNA tried to lift R1's leg back into the bed, but R1 had to be lowered to the ground. V3 stated when V3 went in the room R1 was sitting by the bed on the floor. R1	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057851	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA LIBERTYVILLE	1500 SOUTH MILWAUKEE AVENUE , LIBERTYVILLE, Illinois, 60048

(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) COMPLETION DATE
S9999	Continued from page 2 said, there was a “POP” to the right knee and later complained of left thigh pain. On 08/20/25 at 12:30PM, V4 CNA said, I was preparing R1 to get out of bed into the wheelchair. I rolled R1 from one side to the other during morning care. R1’s leg fell off the side of the bed, I was not able to do anything, I tried to put her back into bed. I grabbed her waist and lowered her to floor. R1’s legs crossed as we went to the floor. R1 ended up sitting on the floor with her legs crossed in a sitting position. I uncrossed them and called the nurse. We placed a sling under her and used a mechanical lift to put her back into the bed. On 08/20/2025 at 1:43PM, V2 DON-Director of Nursing said, R1’s legs swung over the side of the bed. The CNA is very small. With R1’s weight, combined with R1’s legs being crossed as R1 went to the ground, the left and right hip fractures happened. On 08/21/2025 at 2:05PM, V5 NP-Nurse Practitioner said, R1 started slipping off the bed. R1 is morbidly obese; the CNA is small. I was notified of an audible “POP” to the right knee during the fall. Later R1 started complaining of left hip pain. I ordered X-rays. (A)	S9999		