STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053934	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE , CHICAGO, Illinois, 60613

(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 INVESTIGATIONS: 2588617/2613572 2588660/2613768	S0000		09/25/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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.	S9999		10/25/2025

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

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S9999	Continued from page 1 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 interview and record review, the facility failed to ensure that the bed side rails were padded which affected one resident (R1) in the sample of five residents reviewed for resident injury. This failure resulted in R1, who repeatedly leans R1's head in bed towards and on the unpadded right bed side rail and with a history of seizures and convulsions, experiencing an evolving subgaleal hematoma, multifocal scalp hematomas and a scalp bruise. R1's Admission Record documents, in part, diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, personal history of transient ischemic attack, seizures, convulsions, paroxysmal atrial fibrillation, tracheostomy status, gastrostomy status, morbid (severe) obesity, acute kidney failure, dependence on respiratory ventilator, dysphagia, neuromuscular dysfunction of bladder, idiopathic peripheral autonomic neuropathy, elevated white blood cell count, depression, lymphedema, acute on chronic diastolic (congestive) heart failure, diastolic (congestive) heart failure, type 2 diabetes mellitus, constipation, anxiety disorder, hyperlipidemia, hypertension, anemia, acute and chronic respiratory failure, dermatitis, anterior subluxation of left humerus, and hypercalcemia.R1's hospital computerized tomography (CT) head without contrast results, dated 9/9/2025 at 6:49 PM, document, in part, a "collection along the right lateral scalp likely presenting evolving subgaleal hematoma" with "additional areas of hypoattenuation in the middle scalp likely represents multifocal scalp hematomas." R1's Minimum Data Set (MDS), dated 8/26/2025 and 9/9/2025, documents, in part, a Brief Interview for Mental Status (BIMS) score of 2 which indicates that R1 has severe cognitive impairment. R1's Functional Abilities for bed mobility to roll left and right is	S9999		

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S9999	Continued from page 2 coded as dependent where helper does all of the effort or the assistance of 2 or more helpers is required for the resident to complete the activity. On 9/22/2025 at 1:13 PM, V3 (Registered Nurse, RN, Wound Care Nurse) stated that V3 is a wound care nurse for the facility, but R1 has been working on the same floor with the same resident team assignment (which includes R1) for over a month. V3 stated that V3 was R1's assigned nurse for the day shifts on 9/8/2025 and 9/9/2025. V3 stated that R1 is alert, oriented times one to two but is confused. V3 stated that R1 paralyzed on the left side and is able to move R1's right side, and R1 has a tracheostomy tube which is connected to the ventilator with supplemental oxygen. V3 stated that R1 weighs 300 pounds and is bed bound in the bariatric bed with a low air loss mattress. V3 stated that repositioning R1 in the bed would require 2 to 3 staff members. V3 stated that R1 would slide "down in the bed" or slide "sideways" by R1's self which R1's body would then be "crooked," but "(R1) was not able to position (R1's self) in bed" after R1 would slide out of the bed position that staff placed R1 in. When asked how can R1 move R1's body in bed since R1 can't reposition R1's self, V3 stated that R1 would move R1's head and upper body towards the right side of the bed where then R1 would move down in the bed being on top of the air loss mattress, and R1's head was always "cocked" to the right side of the bed. V3 stated that R1 even developed a skin alteration on R1's right chin due to R1 consistently leaning R1's head towards the right side which put pressure on R1's chin from the tracheostomy and ventilator equipment. V3 stated that with R1's bariatric bed, R1's bilateral upper side rails were exposed (metal) without secured padding to them. V3 stated that R1 had been anxious and restless in bed the few days prior to 9/9/2025, with R1 moving and turning R1's head with the restlessness in bed. V3 stated that on 9/9/2025, V3 was called to R1's room by V23 (R1's Family Member) who showed V3 R1's scalp area. V3 stated that V3 touched R1's scalp just into R1's hairline on the mid to right side of head and said, "Oh my God, there's a bump here." V3 stated that V3 could not visually see the scalp bump in R1's hair, but V3 did see it when V3 moved back R1's hair. V3 stated that V3 also observed bruising to the same area on the scalp that was "black and blue." V3 stated that V3 immediately notified V2 (Director of Nursing, DON) and V22 (Nurse Practitioner, NP) who ordered for R1 to be transferred to the hospital for further evaluation. In R1's Hospital Transfer Form, dated 9/9/2025, V3 (RN) documents, in part, that R1 is being transferred to the hospital for a "bump on head" with risk alerts of	S9999		

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S9999	Continued from page 3 “anticoagulation” and “seizures.” In R1’s Daily Evaluation, dated 9/8/2025, V3 (RN) documents, in part, that R1 was “anxious” and “agitation/restlessness.” On 9/22/2025 at 3:01 PM, V4 (Certified Nursing Assistant, CNA) stated that V4 is R1’s assigned CNA for the evening shift, and V4 was R1’s CNA on 9/8/2025 for the evening shift. V4 stated that when V4 needs to reposition or render activities of daily living (ADL) care to R1 in bed, V4 utilizes 2 other CNAs to help V4 with turning, repositioning and R1’s ADL care. V4 stated that R1 will move R1’s body in bed, where R1 will lean R1’s upper body towards the right side of the bed and right-side rail with R1’s bilateral legs then moving to the left side of the bed. V4 stated that when R1 wiggles R1’s body out of the propped position in bed with pillows, R1 will remove a pillow away from R1’s body, with sometimes V4 will see the bed pillow on the floor. V4 stated that there is no padding secured to R1’s bed side rails, and V4 places pillows in between R1’s body and the non-padded bed side rail to maintain R1’s position in bed. On 9/22/2025 at 3:15 PM, V5 (RN) stated that V5 worked as R1’s assigned nurse on 9/8/2025 for the evening and night shifts and is familiar with R1. V5 stated that R1 is alert and oriented times one and can mouth words to communicate simple requests. V5 stated that R1 “always tends to lean (R1’s) head towards the right,” and V5 observes R1 “always rest the head against the (side) rail.” V5 stated that R1’s head was in physical contact with the “iron thing (side rail) each time.” V5 stated that V5 and CNAs would then reposition R1 to the center of the bed and would use pillows in between R1’s body and the side rails. When asked about a wedge support to maintain R1’s body position in bed, V5 stated that R1 would “find a way to struggle to get out of the place” in the bed with the wedge, so the staff would use pillows instead. V5 stated that when R1 moves R1’s body in bed, R1 somehow moves the pillows away from R1’s body. V5 stated that there was no pad secured to R1’s bed side rails. On 9/24/2025 at 9:00 AM, V13 (CNA) stated that V13 worked the night shift on 9/8/202/5 and was assigned as R1’s CNA. V13 stated that V13 and another CNA turned and repositioned R1 in bed. V13 stated that R1 would lean to one side and slide down in the bed and needed repositioning to the center of the bed. On 9/23/2025 at 9:52 AM, V6 (CNA) stated that V6 normally works on R1’s floor; worked on 9/9/2025 during	S9999		

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S9999	Continued from page 4 the day shift; and is familiar with R1. V6 stated that V6 assists with repositioning and turning R1 with 2 other CNAs in R1's bariatric bed. V6 stated that R1 would often lean R1's upper body towards the right side of the bed and the right upper bed side rail. V6 stated that at times, V6 would find R1's body would be "diagonal on the bed" where R1's upper body was near the edge of right side of bed and R1's lower body was near the edge of the left side of the bed. V6 stated that R1's head was sometimes close to the right-side rail where R1 was "a few inches from it." V6 stated that staff would often reposition R1 in bed with pillows placed in between R1's body and the right sided bed "steel" side rail. On 9/23/2025 at 10:43 AM, V8 (CNA) stated that V8 worked as R1's assigned CNA on the day shift on 9/9/2025. V8 stated that R1's body would be "angled" sideways in the bed and would lean R1's upper body towards the right side with lower body to the left side. V8 stated that V8 would see R1's head resting on the right-side rail with no secured padding to the metal side rail. V8 stated that V8 would place pillows and wedges to keep R1 laying in the center of the bed. On 9/23/2025 at 1:02 PM, V18 (CNA) stated that V18 worked on R1's floor on 9/9/2025 during the day shift. V18 stated that V18 assisted V6 and V8 with repositioning R1 in R1's bariatric bed with a low air loss mattress. V18 stated that staff placed a pillow in between R1's body and the side rail during care. V18 stated that R1 would often lean R1's upper body to the right side of the bed after staff positioned R1 in the center of the bed. V18 stated that V18 observed R1's shoulder and R1's right head in contact with bed side rail. On 9/23/2025 at 10:59 AM, V9 (CNA, Agency) stated that V9 was working on R1's floor during the day shift on 9/8/2025. V9 stated that after V9 and CNAs would reposition R1 in the center of the bed with pillows after rendering care, R1 would move out of the center position with R1 moving R1's upper body towards the right side of the bed. V9 stated that V9 would place pillows in between R1's body and the unpadded bed side rails. On 9/23/2025 at 12:56 PM, V17 (Restorative Aide) stated that V17 performed R1's bed mobility restorative exercises daily for R1. V17 stated that R1 tended to lean R1's upper body to the edge of the right side of the bed. V17 stated that there was no padding secured on R1's bed side rails.	S9999		

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S9999	Continued from page 5 On 9/23/2025 at 1:25 PM, V20 (Licensed Practical Nurse, LPN, Restorative Nurse) stated that V20 performed R1's bed side rails assessments quarterly, annually and on readmissions for the hospital. V20 stated that R1 had bilateral, upper half-length side rails on R1's bariatric bed and were utilized for bed parameters. V20 stated that there was no secured padding on R1's bed side rails. On 9/23/2025 at 2:01 PM, V2 (Director of Nursing, DON) stated that the purpose of side rails are to enable residents to help with transfers and bed mobility and to define bed parameters. V2 stated that R1's bed side rails were in place for R1's bed parameters (to indicate the edge of the bed) with consent of V24 (R1's Power of Attorney for Healthcare). V2 stated that a potential risk for a resident, like R1, who moves frequently in bed, is there can be contact with the metal side rail which may cause a bruise. V2 stated that for these residents who are restless or agitated in bed, the nursing staff will pad the side rail which will be secured to the side rail so it's stationary with the side rails at all times. V2 stated that the nursing staff will then remove the secured pad when they have to move the side rail down or if it's hindering from the staff reaching the resident to render their ADL care. V2 stated that the benefit of securing the padding to the side rail is for the "safety" of the resident so they will not be exposed to the metal side rail (inner side) towards the resident in bed. V2 stated that V2 was notified on 9/9/2025 around 3-4 PM by V3 (RN) about R1's new scalp bruise and bump, and V2 immediately went to assess R1. V2 stated that V2 observed R1 "hunched over toward the side rail" on the right, with R1's right side of R1's head being inches away from the unpadded metal side rail. V2 stated that no nursing staff had reported to V2 about R1 leaning and moving in bed towards the right-side rail or coming in physical contact with the right side rail prior to 9/9/2025. V2 stated that R1 has a history of seizures and convulsions as well. V2 stated that V2 performed the investigation to determine R1's cause of injury to R1's scalp (bruise and bump) by interviewing staff who cared for R1 in the facility from 9/3/2025 to 9/9/2025. V2 stated that V2 concluded that there's a high possibility that with R1 leaning R1's head towards and on R1's right metal bed side rail and having a diagnosis of seizures that R1 possibly had an unwitnessed seizure where R1's head struck the metal side rail which caused R1's right head injury. On 9/23/2025 at 2:39 PM, V1 (Administrator) stated that V1 was informed by nursing administration on 9/9/2025 about R1's injury of unknown source on R1's scalp. V1	S9999		

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S9999	Continued from page 6 stated that V2 performed the investigation for R1's scalp bruise and hematoma and spoke with V2 about the findings of this investigation. V1 stated that it's a reasonable explanation of R1 placing pressure from leaning R1's right side of R1's head on the bed side which could prompt R1 to bump R1's head against the side rail. On 9/24/2025 at 10:24 AM, V22 (Nurse Practitioner, NP) stated that V22 routinely visits and assesses R1 in the facility. V22 stated that R1 is at risk for bleeding due to taking blood thinning medications, and R1 was on seizure precautions for diagnosis of seizures. V22 stated that on 9/8/2025, V22 assessed R1 for facial and arm swelling, and V22 did not observe a bruise or bump on the head. V22 stated that V22 was notified by V3 on 9/9/2025 who ordered for R1 to be transferred to higher level of care for imaging of R1's head. V22 stated that V22 was not part of the facility's investigation of R1's scalp injury (injury of unknown source). V22 stated that V22 did review R1's hospital CT head results from 9/9/20205. V22 stated that V22 has observed R1 leaning towards R1's right side in the bed and observed R1's head close to the bed side-rail. V22 stated that V22 recalls only seeing pillows placed in between R1's body and the bed side rails. When asked what would cause R1's scalp bruise and hematoma, V22 stated that with R1 weighing 300 pounds and was leaning towards the right-side bed rail, a "pressure of a little bit of time can definitely cause a hematoma, in my opinion." R1's Care Plan, dated 10/25/2024, documents, in part, a focus that R1 has a seizure disorder with an intervention to use padded side rails to reduce risk of injury. R1's Care Plan, dated 10/08/2022, documents, in part, a focus that R1 utilizes bilateral half side rails for in bed mobility with interventions of using bilateral half side rails as an enable during bed mobility and for increased safety monitoring from all staff to prevent entrapment. R1's Order Summary Report documents, in part, physician orders of bilateral half side rail as an enabler during bed mobility and transfer to promote independence (9/3/2025); low air loss mattress (9/3/20205); and turn and reposition every 2 hours and as needed (9/3/20205). In R1's Restorative UDA (Evaluation), effective date of 8/20/25, V20 (LPN, Restorative Nurse) documents, in part, that R1's side rails are 2 half-length side rails with the following evaluation made: R1 is not	S9999		

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S9999	Continued from page 7 ambulatory; R1 is not able to transfer independently; R1's side rail does not meet the definition of a restraint; R1 is dependent for re-positioning and turning; wedges and pillows were alternative tried to assist with repositioning R1 prior to side rails being used as an enabler; V24 (R1's Power of Attorney for Healthcare) prefers side rail as a bed parameter with consent; R1 is on a bariatric bed; R1's orientation is to self (times one); and R1 utilizes the side rail to define bed parameters. In R1's Injury of Unknown Source final reportable submitted to the State agency, dated 9/15/2025, V2 (DON) documents, in part, that from staff interviews and review of R1's medical records, that there is a high possibility that R1 sustained "the bump from bumping (R1's) head on the side rails of (R1's) bed" which lead to the head skin bruising and bump (hematoma) as R1 is "susceptible to bruising easily due to long term use of anticoagulants" and also considering that R1 has "an active diagnosis of seizure," R1 could have "bumped (R1's) head on the side rails while having seizures that is not witnessed by staff." V2 documents that the harm R1 sustained was a physical injury of a "bump and skin discoloration of the scalp." Facility Daily Assignments Sheet, dated 9/8/25, documents, in part, that V3 (RN) was R1's assigned nurse for first (day) shift; V9 (CNA) was R1's assigned CNA for first shift; V5 (RN) was R1's assigned nurse for the second (evening) and third (night) shifts; V4 (CNA) was R1's assigned CNA for the second shift; and V13 (CNA) was R1's assigned CNA for the third shift. Facility Daily Assignments Sheet, dated 9/9/2025, documents, in part, that V3 was R1's assigned nurse for the first shift; V9 (CNA) was R1's assigned CNA for the first shift; and V6 (CNA) and V8 (CNA) were also working the day shift on R1's floor. Facility policy titled "Side Rail" and dated 7/3/2025 documents, in part, "Policy Statement: It is the facility's policy to comply with the federal requirements on the use of side rails. Procedures: 1. Prior to the uses of side rails, alternative devices like pillows, wedges, foams, and other repositioning devices will be utilized first for residents in need of repositioning … 3. If the alternative devices failed to assist the resident in repositioning, the resident will be assessed for the use of side rails, to determine risk for entrapment and other potential danger to the resident. 4. If side rails are appropriate for the resident, a verbal or written consent will be obtained	S9999		

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S9999	Continued from page 8 by the facility prior to the use of the side rails. 5. The use of side rails will be evaluated at least on a quarterly basis." Facility policy titled "Restorative Nursing Program" and titled 7/3/2025 documents, in part, "Policy Statement: It is the policy of this facility to assess for comprehensive nursing and restorative needs upon admission. Procedures: Comprehensive Nursing and Restorative and Functional Assessment shall be completed on admission. 2. Appropriate nursing and restorative services consistent to the resident's functional needs must be provided ... 3. Nursing and Restorative Services may include the following: … b. Transfer … k. Other nursing care needs. 4. Nursing and restorative services shall be reflected in the resident's individualized care plan consistent to the completion of the resident comprehensive assessment." Facility policy titled "Residents' Rights for People in Long-Term Care Facilities" and dated November 2018 documents, in part, "… Your rights to safety: … Your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must be safe." Facility job description titled "RN Floor Nurse" and dated 12/1/2019 documents, in part, "Reports to Director of Nursing and Assistant Director of Nursing. Summary/Objective: In keeping with our organization's goal of improving the lives of the Guests we serve, the Registered Nurse (R.N.) plays a critical role in providing superior customer service and nursing care to all Guests and guests. The R.N. provides supervision of staff and will safeguard the health, safety and welfare of all Guests under their care by following applicable laws, regulations, and established nursing policies and procedures. Essential Functions: … 1. Provides quality nursing care to Guests in an environment that promotes their rights, dignity and freedom of choice. 2. Provides supervision to C.N.A's and all subordinate staff which includes checking their work to ascertain that assignments have been completed … 9. Responsible for all nursing care of assigned Guests while on duty … 10. Ensure that Guest care plans are being followed and asses each Guest's status in accord with their care plan … 14. Must be knowledgeable of individual care plans and support the care planning process by reporting specific information and observations of the Guest's needs, preferences and report any behavioral changes … 18. Follow established safety precautions when preforming tasks and using equipment and supplies … 21. Ensure each Guest receives person centered care."	S9999		

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S9999	Continued from page 9 Facility job description titled “LPN Floor Nurse” and dated 12/1/2019 documents, in part, “Reports to Director of Nursing and Assistant Director of Nursing. Summary/Objective: In keeping with our organization’s goal of improving the lives of the Guests we serve, the Licensed Practical Nurse (L.P.N.) plays a critical role in providing superior customer service and nursing care to all Guests and guests. The L.P.N. provides supervision of staff and will safeguard the health, safety and welfare of all Guests under their care by following applicable laws, regulations, and established nursing policies and procedures. Essential Functions: … 1. Provides quality nursing care to Guests in an environment that promotes their rights, dignity and freedom of choice. 2. Provides supervision to C.N.A’s and all subordinate staff which includes checking their work to ascertain that assignments have been completed … 9. Responsible for all nursing care of assigned Guests while on duty … 10. Ensure that Guest care plans are being followed and asses each Guest’s status in accord with their care plan … 14. Must be knowledgeable of individual care plans and support the care planning process by reporting specific information and observations of the Guest’s needs, preferences and report any behavioral changes … 18. Follow established safety precautions when preforming tasks and using equipment and supplies … 21. Ensure each Guest receives person centered care.” Facility job description titled “LPN Floor Nurse” and dated 5/20/2022 documents, in part, “Reports to: Floor Nurse, Unit Manager and Staffing Coordinator. Summary/Objective: In keeping with our organization’s goal of improving the lives of the Guests we serve, the Certified Nursing Assistant (C.N.A.) plays a critical role in providing superior customer service and nursing care to all Guests. The C.N.A. safeguards the health, safety and welfare of all Guests under their care by following applicable laws, regulations, and established nursing policies and procedures. Essential Functions: … 1. Provides quality nursing care to Guests in an environment that promotes their rights, dignity and freedom of choice. 2. Provides individualized attention, which encourages each Guest’s ability to maintain or attain the highest practical physical, mental and psychosocial well-being. 3. Carry out assignments required for the Guest’s activities of daily living (ADL’s) which include but not limited to bathing, dressing, grooming, toileting, and feeding. 4. Attends to individual needs of all Guests in regards to incontinent care, transferring, ambulation, range of motion, communication and other needs … 7. Must be knowledgeable of individual care plans and support the care planning process by providing supervisors with	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053934	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE , CHICAGO, Illinois, 60613

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S9999	Continued from page 10 specific information and observations of the Guest's needs, preferences and report any behavioral changes … 7. Must be knowledgeable of individual care plans and support the care planning process by providing supervisors with specific information and observations of the Guest's needs, preferences and report any behavioral changes … 15. Ensure each Guest receives person centered care." (A)	S9999		