

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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: 25912816/2703070 25912308/ 2694472 Investigation of Facility Reported Incident of 11/11/2025 / 2686143		S0000			02/16/2026	
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.1010b) 300.1210b) 300.1210d)5) Section 300.1010 Medical Care Policies b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee. 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			02/16/2026	

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to prevent facility acquired pressure ulcer injury to residents at risk for pressure ulcers. The facility also failed to initiate wound treatment for facility acquired pressure ulcer. These failures affect two residents (R2, R5) of three residents reviewed for pressure ulcer/skin alteration. These failures resulted in R2 developing a facility acquired pressure ulcer injury and R5 developing three facility acquired pressure ulcer injuries. Findings include: 1. R2 is a 64-year-old female resident. Admitted in the facility on 11/27/25 and discharged on 12/12/25. Admitted with multiple wounds including surgical site and pressure ulcer injuries. Record reviewed and R2 was assessed to be moderate risk for pressure ulcer. Braden Scale for Predicting Pressure Ulcer Risk Evaluation dated 11/27/25, score of 13 (Moderate Risk). On 12/05/25, it is documented that R2 had developed a facility acquired pressure ulcer injury. Location: Rear Left Thigh, with measurements of 4.96cm x 7.46cm x 0 (L x W x D). Wound is not staged and no other description documented with this assessment. On 1/21/26 at 11:20AM. V7 (Wound Nurse) stated that R2 is high risk for pressure ulcer injury and needs to be repositioned. R2 is High Risk due R2's mobility and R2 is dependent and total care. R2 developed a facility acquired pressure ulcer on rear left thigh assessed and documented on 12/5/25. "I don't see a (stage) and other descriptions of the wound. I do not see wound treatment		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 order also". On 1/22/26 at 9:30AM, V7 (Wound Nurse) stated that V7 does not know why the nurse who assessed the newly facility acquired pressure ulcer did not put the stage and other description of the wound. V7 stated that when assessing a wound, V7 will assess and document location site, measurement, staging and the wound bed (eschar, slough, granulation, epithelial, drainage and what type and amount). V7 stated looking at the picture taken by the nurse, V7 would stage the wound as unstageable. On 1/21/26 at 11:30AM, Treatment Administration Record and Physician Order Sheet reviewed with V7 and V7 confirmed that there is no treatment order for this site: rear left thigh pressure ulcer. No treatment order and non-rendered from initial date for this acquired pressure ulcer wound on 12/5/25 until discharged date of 12/12/25. On 1/22/26 at 11:45AM, V19 (Wound Physician) stated that V19 can recall seeing R2 twice during R2 stay in the facility. V19 stated V19 is having problem pulling wound documents for the R2. V19 stated IT department already contacted to help V19 track down V19's wound notes for R2. V19 also stated that R2 has multiple wounds present upon admission. V19 does not recall the specific wound location site. V19 stated it is important to have a treatment for a wound as soon as it is identified. Needs treatment to take proper care of the wound. "Although there is no order under physician order, it doesn't mean the resident was not getting treatment". 2. R5 is a 76-year-old female admitted in the facility on 11/7/2024, she was sent out to the hospital on 12/19/2025. R5 receives dialysis at the facility every Monday, Wednesday, and Friday and requires assistance with activities of daily living. R5 is transferred to a reclining chair when she is transported for dialysis. On 1/21/2026 at 11:40 AM, V7 (Wound care coordinator), was interviewed and stated that R5 was admitted to the facility with intact skin. R5's Braden Scale for predicting pressure sore risk showed a score of 17 on 6/11/2025 and a score of 17 on 9/1/2025, both of which were interpreted as at risk for pressure injury. V7 stated that R5 developed three (3) facility-acquired pressure injuries during R5's stays in the facility. R5's Skin and Wound evaluation was reviewed with V7. Wound #1 - Right heel Pressure injuryInitially identified on 11/12/2025 as a new ulcer/wound		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 3 documented as a Diabetic ulcer; re-assessed on 11/19/2025 and classified as a Stage 4 pressure injury Wound measurements: 3.81 cm × 2.9 cm (surface area: 9.09 cm²) Wound bed composition: Granulation tissue: 10%, Slough: 10%, Eschar: 80% Wound #2 - Coccyx/Sacrum Pressure injury Initially identified 12/9/2025 as a new Unstageable pressure ulcer in the Coccyx Wound measurements: 4.96x 6.97 cm (surface area: Area 31.23 cm²) Classified as Unstageable pressure injury to coccyx and the site/wound location was changed to Sacrum on 12/9/2025 Unstageable ulcer due to Slough and/or eschar Wound #3 - Rear Left thigh Pressure injury (Ischium) Initially identified on 12/17/2025 as a new Unstageable ulcer Wound measurements: 3.97 cm × 2.68 cm (surface area: 7.91 cm²) Classified and Described as an unstageable pressure injury presenting as a deep tissue injury V7 was asked how she became aware of the wound on R5's right heel wound. V7 stated that a floor nurse reported to her that R5 had a wound on the right heel; however, she could not recall the name of the nurse who reported it. V7 further stated that she assessed the wound herself and identified it as a diabetic ulcer then classified as a Stage 4 pressure injury after re-assessment. V7 stated that certified nursing assistants (CNAs) check residents' skin while providing care, such as during showers. If they observe any wounds or changes in skin condition, they report their findings to the nurse for assessment and, if necessary, referral to the wound care team. However, V7 confirmed that there was no documentation showing R5's skin alteration prior to the identification of multiple facility-acquired pressure injuries. R5 was referred to V19 (Wound physician) for wound evaluation. V19 confirmed via phone call on 1/22/2026 at 11:52 AM that he saw and evaluated R5's pressure wounds. 11/25/2025 seen for Right heel wound; wound report stated that the wound is Stage 4 pressure injury measuring 5.5x4.4 cm and depth is unmeasurable due to presence of nonviable tissue and necrosis 12/9/2025 seen for Sacrum wound; wound report stated that the wound is Unstageable Necrosis measuring 5.0x7.0 cm and depth is unmeasurable due to presence of nonviable tissue and necrosis 12/16/2025 seen for Left ischium: wound report stated that the wound is Unstageable Deep Tissue Injury (DTI) with intact skin measuring 4.0x2.7 On 1/21/2026 at 1:46 PM, V15 (Registered Nurse/RN) stated that nurses complete weekly skin assessments, including head-to-toe assessments. V15 stated that assessments are often performed while CNAs are changing or bathing residents to allow for better visualization of the skin. V15 reported that nurses inspect the skin by removing		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 4 garments to check for redness or open areas that are not being treated. V15 stated that findings are documented on a form that is completed and submitted to the wound care team, with the affected areas circled and signed by the nurse. V15 further stated that CNAs also report skin concerns to nursing staff. V15 said that even mild changes in skin condition are reported to the wound care team, which then provides treatment orders. V15 stated that any redness or skin changes should be reported promptly to prevent progression to more severe conditions, including Stage 4 pressure injuries, and that wounds should be treated immediately. On 1/22/2026 at 8:52 AM, V17 (RN) stated that certified nursing assistants check residents' skin during showers and while providing care. If any skin alterations are observed, they are reported to the nurse for assessment, and the nurse then relays the information to the wound care team. V17 further stated that regular skin assessments are important to identify wounds early, noting that pressure injuries typically begin with redness and can be addressed before progressing to a more severe stage like into a stage 4 pressure ulcer. On 1/22/2026 at 12:30 PM. V2 (Director of Nursing/DON) was interviewed regarding R5. V2 was asked why there were no shower sheets documenting that R5 had skin conditions prior to the discovery of Stage 4 pressure injury to the right heel and unstageable wounds to Sacrum and Left ischium. V2 responded that CNAs may have assumed that nurses were already aware of R5's wounds and failed to notify the wound care team about it. V2 stated that reporting the wound earlier would have allowed proper treatment and believed the wound could not have worsened if reported sooner. V2 acknowledged that there was a lapse in reporting skin conditions and V2 emphasized that if a wound is pressure-related, it should be treated immediately or appropriately dressed to prevent progression and infection. V2 also agreed that a stage 4 pressure ulcer could not develop overnight, and therefore there should have been observable signs of skin alteration prior to the ulcer's development that was reported to the wound care team. V21's NP (Nurse Practitioner) note dated 12/15/2025 that the NP saw R5 due to ESBL (Extended-Spectrum Beta-Lactamase) infection of the right heel. Wound was swabbed (tested) on 12/9/2025 and final culture and sensitivity report came out positive for ESBL on 12/13/2025, R5 was referred to infectious disease doctor. The record further showed that R5 was started on intravenous (IV) antibiotics on 12/15/2025, for an		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 5 infection of the right heel pressure injury, specifically Invanz (ertapenem) IV 1 gram daily for 10 days. The record also showed that R5 received intravenous antibiotic therapy with Unasyn 1.5 grams every 12 hours on November 14, 2025, for a right heel wound infection. According to nurse interviews, nurses reported performing complete weekly skin assessments, including head-to-toe assessments, which are often conducted while CNAs are changing or bathing residents to allow for better visualization of the skin. However, review of documentation revealed no shower sheets or assessment records indicating that R5's skin was assessed during showers or while care was being provided prior to discovering the wounds. The failure to identify early detection of skin conditions and alterations led to one (1) stage 4 and two (2) unstageable pressure injuries. Proper treatment and interventions were not put in place to possibly prevent wound worsening and infection. The lapse in reporting led to failure in providing treatment. POLICIES: Pressure Ulcer Treatment and Management Policy with a revised date of 5/2022, reads in part: Residents will receive treatment for pressure injuries. Residents with pressure ulcers will have a physician's order for treatment. A description of the wound will be maintained on a weekly basis. The licensed nurse will the document treatment as given on Treatment Administration Record. Pressure Ulcer Prevention Protocol with a revision date of 5/2018, reads in part: Resident will be assessed to determine their risk factor(s) for pressure ulcer development, upon admission and at least quarterly thereafter. Newly admitted or readmitted residents will have a Pressure Ulcer Risk Assessment completed upon admission, weekly thereafter for the next 3 weeks after admission. Interventions necessary to maintain skin integrity or to promote healing will be incorporated into the plan of care based on each residence individual needs and risk, which may include: Daily skin checks conducted by		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 6 either the CNA or licensed Nurse to ensure early identification of potential problem areas. Plan of care to address mobility status and ability to reposition self. Use of Pressure Reducing Devices, such as pressure reducing mattresses, mattress overlays, w/c cushioning devices if needed. Determination of need for supplemental skin care such as barrier care or moisturizing lotion. Any other factor identified on the risk assessment including but not limited to nutritional support, positioning support devices or medication review. The resident care plan will indicate the resident's risk factor(s) and include individualized interventions as needed for a comprehensive pressure ulcer prevention program. Residents will have their skin checked and documented utilizing the Treatment Administration Record. This skin check will be performed at a minimum of weekly. Documentation: Pressure Sore Risk Assessment (Braden Scale) Skin Check Documentation Care Plan Pressure Ulcer Treatment and Management with a revised date of 5/2017, reads in part: Residents with pressure ulcers will have a physician's order for treatment. A description of the wound will be maintained on a weekly basis. The licensed nurse will document the treatment as given on the Treatment Administration Record. A Skin Risk Assessment will be completed quarterly on all residents. The clinical record will indicate whether the resident was admitted with a pressure ulcer, or the ulcer was acquired in the facility. The plan of care will include the presence of the pressure ulcer and include the individual description of the treatment plan including pressure relief, turning and repositioning, additional nutritional measures, need for assistance with mobility and range of motion. The physician will be notified when the assessment indicates a lack of progress in healing. Residents with pressure ulcers will be determined to be high risk for pressure ulcer prevention and all components of the At-Risk protocol will include Pressure relieving devices, nutritional support,		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 7 assistance with mobility including repositioning and ROM as outlined in the At Risk Protocol. The licensed nurse will perform the treatment utilizing standard precautions for infection control. Any wound drainage cultured wound necessitates the need to follow the CDC guidelines for isolation precaution as necessary. Documentation:Physician Order SheetSkin Risk AssessmentTreatment Administration RecordCare PlanWound Dressing Policy with a revised date of 5/2017, reads in part: Objectives: To provide an appropriate type of protective wound covering that facilitate the healing process. Procedure: Change dressing using clean technique according to physician orders. Frequency of wound dressing changes and the type of wound dressing will be specified in the physician's order. "B" Statement of Licensure Violations 2 of 2 300.1010b) 300.1210b) 300.1210d)6) Section 300.1010 Medical Care Policies b) The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided; arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee. 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			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 8 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. 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 a resident was properly secured while being transported using the facility's private transport vehicle. This failure affects one of three residents (R3) reviewed for falls. R3 fell forward inside the facility's private transport vehicle and sustained a right intertrochanteric femur fracture requiring surgical repair of Intramedullary nailing of the right proximal femur. Findings include: R3 admitted to the facility on 9/15/24 with diagnoses including Multiple Sclerosis and muscle wasting and atrophy. The Facility Reported Incident dated 11/11/25 reads in part: R3 experienced a fall from wheelchair during transport while in route back to the facility after an appointment. Upon returning to facility, R3 was assessed and complained of severe pain in right leg. Nurse practitioner present in the facility and ordered to send R3 out to emergency department via 911 (emergency transfer). R3 was transferred to local hospital. Hospital records indicate R3 sustained a right intertrochanter femur fracture. Summary of Investigation: R3 alert and oriented x 3 with periods of forgetfulness. R3 scored 13 on Brief Interview for Mental Status (BIMS) assessment and is able to make her needs known. V10 (CNA) stated R3's wheelchair was locked in place with seatbelt secured around R3. V10 verbalized while V10 was transporting the resident back to facility, V10 approached a red light and applied breaks. V10 stated in the rearview		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 9 mirror, V10 observed R3 slide out of R3's wheelchair and onto the floor of the vehicle, landing on R3's buttocks. V10 immediately stopped and tended to R3. V10 verbalized R3 denied pain and assisted back R3 into the wheelchair. Upon arrival back in the facility, R3 reported leg pain. V10 said V10 promptly assisted R3 to bed and notified the nurse of the incident and complaints of pain. Nurse immediately assessed R3. Nurse (V8) stated V10 notified V8 that R3 slid out of R3's wheelchair during transport and onto the floor of the vehicle. V8 verbalized V10 stated R3 was back in bed and verbalized right leg pain. V8 assessed R3 and observed external rotation and shortening of resident right lower extremity. Per R3, once R3 arrived back to the facility, R3 started to feel severe pain in her right lower extremity and was assisted back to bed by V10. Conclusion: The facility determined R3 fall likely occurred from force applied to the vehicle breaks. On 1/20/26 at 2:45PM, R3 stated that V10 (CNA) was the driver of the vehicle. On their drive back in the facility, V10 abruptly pressed the break and R3 fell forward and landed on the vehicle floor. R3 stated R3's wheelchair was not strapped or properly secured. R3 also denied the seatbelt was applied on R3. R3 stated that R3 was sure that the wheelchair was not strapped and properly secured because as R3 fell forward, the wheelchair also moved and tipped over, landed and hit R3 on the head. V10 stopped the vehicle and asked R3 if R3 is okay and if there is any pain. R3 denied pain at the time, and V10 assisted R3 back onto the wheelchair. Upon arrival in the facility, R3 reported to V10 that R3 had right leg pain. V10 continued to take R3 in her room and transfer R3 back to bed. R3 then reported the nurse came in to assess her pain. R3 then reported to the nurse about the incident that happened during transport. Nurse Practitioner notes dated 11/10/25 at 1530, reads in part: R3 said R3 went to appointment with R3's physician and that R3 slipped out of her wheelchair and hit R3's head. R3 denies any headache but does have right hip pain. Upon assessment right hip looks shortened and externally rotated. R3 admits to pain when right hip assessed with abduction and adduction. On 1/20/26 at 12:30PM, V8 (RN) stated that R3 went for appointment and transported by V10 using the private facility vehicle. Denied getting a phone call from V10 regarding the accident during transport. V8 stated she		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051359		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/23/2026	
NAME OF PROVIDER OR SUPPLIER Generations at Applewood				STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE , MATTESON, Illinois, 60443			
(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 10 was not even made aware that R3 had returned to the facility. It was just reported to V8 that R3 is complaining of pain, but V8 does not recall who the staff member was that reported the pain to V8. V8 stated she does not recall upon entering R3's room if R3 was already in bed. But recalls assessing R3's right leg. V8 stated V8 observed swelling on right hip and all the way to right thigh. Also observed right leg shortening and external rotation. V8 reported it to the nurse practitioner who was in the facility at the time and went to see R3 also in her room and ordered to call 911. On 1/21/26 at 2:05PM, V2 (Director of Nursing) stated that V2 investigated the incident and reported it to State Survey Agency. V2's expectation is for V10 to pull over on the side of the road, and call the facility, or as soon as they arrived in the facility to report it to V2 and nurse. For the V10 (CNA) to report to the nurse and have the nurse assess the resident before moving and transferring the R3 back to bed, after the fall incident, especially if the resident was complaining of pain. V2 also stated that facility policy for fall incidents would say to report the fall and not to move the resident without assessment. Clinical Guideline Falls Management with a revised date of 3/2022, reads in part: Post Fall Response: Resident who fall require observation and ongoing monitoring. Immediate Post Fall Care: Prior to moving the resident, assess for injury (e.g., abrasion, laceration, fracture, head injury, bleeding). If resident fell forward and hit chin, consider neck injury and handle resident to assure this until physician notification. Activate appropriate emergency response (Code Blue, 911) as required for serious injury. Perform verbal assessment to the cause of the fall and potential for injury. Perform physical assessment including: Cognition, range of motion/mobility, skin evaluation, pain assessment. Vital signs: Temperature, Pulse, Respiratory Rate, Pulse Ox, Blood Pressure, pain. Neurological assessments should be performed for unwitnessed falls or fall with potential head injury. "A"			S9999			