

Illinois Department of Public Health

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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0054981</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                            |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>03/31/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RADFORD GREEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>960 AUDUBON WAY , LINCOLNSHIRE, Illinois, 60069</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                 | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S0000                                                    | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |  | S0000                                                                                               |                                                                                                                          |                                                     | 04/10/2026                 |
|                                                          | Investigation of Facility Reported Incident of March 4, 2026/2798524                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |  |                                                                                                     |                                                                                                                          |                                                     |                            |
| S9999                                                    | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |  | S9999                                                                                               |                                                                                                                          |                                                     | 04/08/2026                 |
|                                                          | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |  |                                                                                                     |                                                                                                                          |                                                     |                            |
|                                                          | 300.1210b)4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |  |                                                                                                     |                                                                                                                          |                                                     |                            |
|                                                          | 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.                                                                                                                                                                            |                                                                          |  |                                                                                                     |                                                                                                                          |                                                     |                            |
|                                                          | 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. |                                                                          |  |                                                                                                     |                                                                                                                          |                                                     |                            |
|                                                          | 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.                                                                                                                                                                                                                                                                                                                |                                                                          |  |                                                                                                     |                                                                                                                          |                                                     |                            |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois Department of Public Health

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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0054981</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 |  | (X3) DATE SURVEY COMPLETED<br><br><b>03/31/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RADFORD GREEN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>960 AUDUBON WAY , LINCOLNSHIRE, Illinois, 60069</b>                      |  |                                                     |  |
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| S9999                                                    | <p>Continued from page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident's safety while providing cares which applies to 1 of 4 residents (R1) reviewed for safety in a sample of 4. This failure resulted in R1 falling out of bed and receiving a fracture.</p> <p>The findings include:</p> <p>R1's Admission Record printed on 3/30/26 showed R1 was readmitted to the facility on 2/20/26 with diagnoses which include hemiplegia and hemiparesis affecting the right dominant side, multiple neoplasm sites, lack of coordination, and abnormalities of gait and mobility.</p> <p>R1's Minimum Data Set dated 2/26/26 showed R1 has a cognitive deficit and needs partial to substantial assistance with activities of daily living (ADLs) of self-care. These areas of self-care include turning in bed, showering/bathing, toileting, dressing, and personal hygiene.</p> <p>The facility's Final Incident Report dated 3/8/26 Showed on 3/4/26 R1 was receiving incontinent care, turned to R1's right side away from the caregiver, and fell out of the bed. This report showed R1 was admitted to a local hospital with a diagnosis of a femur (large leg bone) fracture.</p> <p>On 3/30/26 at 9:40 AM, V11 (Certified Nursing Assistant/CNA) stated when providing peri-care to a resident you should make sure they are in the middle of the bed prior to having the resident turn or assist turning the resident to their side so they do not go too far and fall out of the bed.</p> <p>On 3/30/26 at 11:15 AM, V14 (CNA) stated she was performing peri-care to R1. V14 stated she had completed cleaning up R1's front and asked R1 to turn on her side. R1 turned on her right side, her legs went over the side of the bed, and R1 fell out of the bed.</p> <p>On 3/30/26 at 11:05, V8 (Registered Nurse) stated</p> |                                                                          | S9999               |                                                                                                                          |  | 04/08/2026                                          |  |

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| S9999                                                        | <p>Continued from page 2</p> <p>V14 told them R1 fell out of bed when cleaning R1 up and needed V8 to look at R1. After assessing and getting R1 back to bed R1 nodded when asked if R1 had pain. V8 stated R1 was sent out per V18 (R1's Power of Attorney) to their hospital of choice.</p> <p>On 3/30/26 at 12:30 PM, V17 (Nurse Practitioner) stated V17 saw R1 up in R1's wheelchair about 8:15 AM on 3/4/26. R1 was not showing signs of pain until V17 palpated R1's right hip and thigh. V17 stated V18 requested R1 to be sent to the hospital. V17 stated it was unusual to have a resident fall out of bed during peri-cares.</p> <p>R1's Hospital Record faxed on 3/31/26 showed R1 was admitted to the hospital on 3/4/26 with an intertrochanteric right femur fracture (a fracture to top end of the femur bone). This record showed R1 was transferred to a second hospital to receive surgery to fix the fracture.</p> <p>On 3/31/26 at 9:10 AM V3 (Medical Director) stated the type of fracture R1 received (intertrochanteric fracture) is associated with a traumatic event.</p> <p>"A"</p> |                                                                             | S9999               |                                                                                                                          |  | 04/08/2026                                          |  |