(X6) DATE

Illinois Department of Public Health

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUF					
7.1.12 . 2.1.1	o. oo.u.20.10.1		A. BUILDING:			
		IL6009120	B. WING		02/1	; 0/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ST PAUL	'S SENIOR COMMUN	ITY	T E STREET			
0/4) ID	CHMMA DV CTA		LE, IL 6222		ON .	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2540905/IL185608	ation:				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.1210b)3)	sure Violations:				
	Section 300.610 R	esident 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 (Nursing and Person	General Requirements for nal Care				
	care and services to practicable physical well-being of the releash resident's complan. Adequate and care and personal or resident to meet the care needs of the release to	shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative ude, at a minimum, the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

03/07/25 **Electronically Signed**

TITLE

IIIInois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		16009120			02/1	0/2025
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ST PAUL	'S SENIOR COMMUN	IITY	LLE, IL 6222			
	OLIMAN DV OTA					
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
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09999	Continued From pa	ige i	39999			
	following procedure	es:				
	3) All nursing p	personnel shall assist and				
	encourage resident	s so that a resident who is				
	incontinent of bowe	l and/or bladder receives the				
	appropriate treatme	ent and services to prevent				
	urinary tract infection	ons and to restore as much				
		ction as possible. All nursing				
	personnel shall ass	ist residents so that a resident				
	who enters the facil	lity without an indwelling				
	catheter is not cath	eterized unless the resident's				
	clinical condition de	emonstrates that				
	catheterization was	necessary.				
	These Regulations	are not met as evidenced by:				
		, observation, and record				
		ailed to maintain residents'				
		r 3 of 5 residents (R1, R3, R5)				
		nt dignity in the sample of 5.				
		d in expressed feelings of				
	embarrassment and	d frustration.				
	The Findings Include	de:				
		Record, dated 2/5/25,				
		admitted to the facility on				
		oses of Chronic Obstructive				
		e (COPD), Respiratory Failure,				
		m of bronchus or lung,				
	Hypertension (HTN					
	Diverticulosis, Slee					
		hedema, Pulmonary HTN,				
		Disease (CHF), and Peripheral				
	Vascular Disease (I	rvu).				
	Dalla Cara Diana dist	tod 1/21/25 documents D4				
	·	ted 1/24/25, documents R1				
		ntions: Give aerosol or				
		ordered, give oxygen therapy				
	as ordered by the p	hysician, monitor for difficulty				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		II 6009120	B. WING			, 0/2025
		IL6009120			UZ/ I	0/2025
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	1021 W			r		
ST PAUL	L'S SENIOR COMMUN	IITY	LE, IL 6222			
	Т		LE, IL VZZZ			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
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S9999	Continued From pa	ge 2	S9999			
	broothing (Dyennos	s) as exertion, remind resident				
		a) on exertion, remind resident				
		endurance, monitor for				
		acute respiratory insufficiency.				
		Oxygen (O2) Therapy related				
		ath (SOB). Interventions: The				
		nasal prongs/mask				
	continuously, humic	· ·				
		respiratory distress and report				
		s needed (PRN). It continues				
	R1 has altered resp	piratory status/Difficulty				
	Breathing related to	acute respiratory failure.				
	Interventions: Admi	inister medication/puffers as				
	ordered, elevate he	ead of bed (HOB). It continues				
		ontinence. Interventions: the				
	resident uses dispo	sable briefs, change				
		PRN, check the resident (freq)				
		incontinence, wash, rinse,				
		change clothing PRN after				
	incontinence episod					
	incontinence. Interv					
		mmode, provide peri-care				
	•	· •				
	after each incontine	int episode.				
	D41- Minimum Data	0 + (MD0) ==+=== 4/04/05				
		a Set (MDS), dated 1/31/25,				
		ognitively intact and is				
		for Activities of Daily Living				
		ently incontinent of both bowel				
	and bladder.					
		M, R1 was seen lying on her				
	side with a strong o	dor of feces in the room. R1				
	stated "I am very up	oset because I let the Certified				
	Nursing Assistant (CNA) know that I had a Bowel				
		d was saturated about				
		d was told that she would be				
		een lying in my BM since then,				
		me in to take care of me yet				
		usually out of bed by now."				
	and monning. Fam C	and the second s				

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On 2/6/25 at 8:44 AM, V13, CNA, brought in R1's

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6009120	B. WING		02/1	0/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ST PAUL	'S SENIOR COMMUN	ITY	T E STREET			
(V4) ID	SHIMMA DV STA	TEMENT OF DEFICIENCIES	.LE, IL 6222	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	breakfast tray and s stated "You're bring even cleaning me u already had this dis the room. R1 stated missed breakfast ar room.' Now my brea get to eat it. I am ver me very frustrated a away my dignity and over it."	set it on her bedside table. R1 ing me my breakfast without up first?" V13 stated "We cussion." and walked out of d "Her discussion was 'You and now have to eat in your akfast will be cold by the time I bery messy and stinky. This has and embarrassed and it takes d pride, and I have no control M, R1 was provided by V13, CNA, and V16, CNA.				
	On 2/6/25 at 9:20 A her of being soiled to she did. She put he it and told her I wou helping another resher after that." Wheher breakfast tray to V13 stated "I was g to deliver them to a	M, When asked if R1 notified this morning, V13 stated "Yes, r call light on, and I answered ald be right back. Then I was ident and was going to go to an asked why she would bring to her before cleaning her up, iven the cart of trays and told all the residents in the rooms the food to get cold. What				
	documents R3 was 11/21/24 with diagn Stage Renal Diseas Renal Dialysis, Cere HTN, Spinal Stenos R3's Care Plan, dat has bladder inconting resident uses media (freq) and PRN, che	Record, dated 1/5/25, admitted to the facility on osis of Hypoglycemia, End se (ESRD), Dependence on ebral Infarction, Aphasia, sis Cervical, and Anemia. red 12/9/24, documents R3 nence. Interventions: The um disposable briefs, change eck the resident every two red for incontinence, wash,				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	after incontinence of bowel incontinence every two hours and needed, observe particular toileting school bedpan/bedside confere each incontine toilet at same time of bowel movement. It Self-Care Performathe resident is total use, requires two staffs MDS, dated 1/moderate cognitive on staff for toileting substantial/maximum.	episodes. It continues R3 has. Interventions: Check resident d assist with toileting as attern of incontinence, and edule if indicated, provide mmode, provide peri-care ent episode, take resident to each day resident usually has a continues R3 has an ADL ince Deficit. Interventions: Illy dependent on staff for toilet aff participation to use toilet. 19/25, documents R3 has a impairment and is dependent and transfers, requires m assistance from staff for requently incontinent of both				
	"My mom (R3) calle (2/1/25) around 7:3 use the restroom arone is answering it. been on for an hour on the phone with hold mom that she will floor and that mom she could not get hour call light on and she done. When the CN don't sh** in my pardo." We waited about mom turn on the cacome back and we she never came bacome on in myself.	M, V11, R3's daughter, stated and me on Saturday morning O AM. She told me she had to and put her call light on, and no Mom said her call light has and half already. While I was her, a CNA (V9) came in and was the only one working the was a two-person assist and her to the restroom herself. The ago in her bed and to put her will clean her up when she is IA left, my mom said "(V11), I hats, what am I supposed to but two minutes later, and I had all light to see if the CNA would waited 20 more minutes, and ck. At that point, I decided to It takes me a while to get by within an hour I was there,				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6009120	B. WING		02/1	0/2025
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ST PAUL	'S SENIOR COMMUN	IITY	T E STREET			
	BELLEV			0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	and mom's call light helped her. Mom dishave a bowel move of Nursing/ADON) that everyone caller on-call, so she had me she was very so and one CNA work (staffing agency) ar (V3) told me she can Nursing/DON) five answer her phone. The staff out. There (V10, Physical The happened to be visually both of us were hell and to the dining romand to th	It was still on, and no one had id wet her pants but did not ement. (V3, Assistant Director was here by then and told med in and she was the one to come in to assist. (V3) told borry and that it was just her ing. She said she called not they didn't have anyone. Alled (V2, Director of times and that (V2) did not (V2) never showed up to help was mom's physical therapist rapist Assistant/PTA) who iting her family member and ping other residents get up oom to eat. I'm a Licensed PN) so knew what needed to I did not work as a nurse, d (V3) allowed us to help e been working with (V1, the Social Service person to re and I believe we are moving				
	called Saturday (2/of call-offs. I couldr came in. There was working the 100-Sc (R3's) daughter wa to her. The CNA wo she was by herself use the toilet and to and she will clean hwith (V9) and told have handle the nurse on duty to got here. I told (V9)	PM, V3, ADON, stated "I was 1/25) because we had a bunch of the get anyone to come in, so I is only one Nurse and one CNA outh unit. When I got here is very upset and I had to talk orking (V9) did tell (R3) that and could not get her up to o go ahead and go in the bed her up afterwards. I had a talk her that was not the way she ad it. (V9) could have gotten to help her or ask me when I is that it was not acceptable, wer tell a resident something				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6009120	B. WING			C 10/2025	
ST PAUL'S SENIOR COMMUNITY 1021 V	r address, city, s west e street eville, il 6222				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
like that. I called the DON, and she didn't answand I don't blame her, it was her day off. I tried again later, and she answered, and I explained what was going on and the DON called (R3's) daughter to talk to her. I ended up working the entire shift because no one would come in. I know that (R3's) daughter did not help with other residents because I was here helping out." On 2/5/25 at 2:35 PM, V10, PTA, stated "I was here visiting my grandmother who is staying on this floor (100-South). There was only one CNA working and she had no help to get people up. did not help anyone but my grandmother that d. I did not see (R3's) daughter assisting other residents either." On 2/5/25 at 2:55 PM, V2, DON, stated "Yes, the did happen Saturday, we only had one CNA, but (V3) did come in to assist. (V9) should not have told any resident to go in the bed and she'll cleaher up afterwards. I only received one phone cate and I was in the shower and as soon as I got of I called (V3) back to see what was going on." On 2/5/25 at 3:55 PM, R3 stated "(V9) did tell in to just go in my pants in bed and she would clean up later. She said she didn't have any help get me up. It's embarrassing enough to go in my pants by accident, but for someone to tell you to do it, it hurt my pride and my dignity. I could not believe someone who works here told me to do that, that is her job." 3. R5's Admission Record, dated 2/6/25, documents R5 was originally admitted to the facility on 7/01/2021 with diagnosis of Cholecystitis, Deep Vein Thrombosis (DVT), Hemiplegia/Hemiparesis, Cerebral Infarction,	er A I ay. nat ut e an all, ut, ne an to ny o				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
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S9999	Continued From pa	ige 7	S9999			
	(MI), Hyperlipidemi	DM), Myocardial Infarction a, HTN, CHF, Osteoarthritis, ign Prostatic Hyperplasia sclerosis.				
	has an ADL Self Ca Interventions: can t stand by assist-1 a with repositioning in Transfer using one	ted 12/26/24, documents R5 are Performance Deficit. ransfer from bed to chair with ssist, uses quarter rails to help bed, Active Range of Motion, assist, Toilet Use: The wash hands, hold grab bars, othing.				
	R5's MDS, dated 12/14/25, documents R5 is cognitively intact and requires substantial/maximal assistance from staff for toileting, and supervision/touching assistance with transfers. R5 is always continent of both bowel and bladder.					
	President of the Remeetings every momeeting, there are having enough staff needs. I feel that or see at the facility is children and don't keep the staff think we an everyone the same like a lesser persor. There are some state example, they will be and will just sit it do know why some state they don't want to come the same than the staff than the s	AM, R5 stated "I am the esident Council, and we have onth. In just about every complaints of the facility not if to take care of the resident one of the biggest problems I that we are being treated like know what is going on, or that are ignorant. They should treat the as adults. It makes me feels to because of how I am treated. They should treat the state of the properties of the proper				
		ts "Each resident residing in				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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	PROVIDER OR SUPPLIER	IITY 1021 WES	DRESS, CITY, S BT E STREET LLE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	this community has the right to a dignifical self-determination, access to persons a outside the community and any to the residents of the res	at the right and will be afforded ed existence, and communication with and and services inside and nity without interference, ation or reprisal. No staff ted provider of care will eat differently or retaliate for exercising Resident Rights. It of all who work in this not employees of the vothers who provide services the community, to advocate its of each resident. All staffed on this Resident Right of employment, prior to sidents, and at least annually estanding related to ensuring	\$9999			

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