STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057984	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVANTARA LINCOLN PARK	**1366 WEST FULLERTON AVENUE , CHICAGO, Illinois, 60614**

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S0000	Initial Comments Investigation of Facility Reported Incident of 11-13-2025/2682429 Investigation of Facility Reported Incident of 11-17-2025/2682504	S0000		01/22/2026
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and	S9999		01/22/2026

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

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S9999	Continued from page 1 mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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 Regulations are not met as evidenced by: Based on interview and record review, the facility failed to ensure that fall interventions were in place for one resident (R1) who was a high risk for falls. These failures resulted in R1 sustaining a fall which required R1 to go the local hospital due to sustaining an intracranial subdural hematoma. Findings include: R1's medical diagnoses include but are not limited to history of falling, type 2 diabetes mellitus, essential hypertension, obstructive sleep apnea, seizures, chronic kidney disease. R1's Minimum Data Set (MDS) dated 11/11/25 has R1's Cognitive Skills for Daily Decision Making scored at 3 Severely Impaired. R1's initial Reportable Incident to the state agency dated 11/17/2025 documents in part, "Resident was last seen by CNA (Certified Nursing Assistant) asleep	S9999		

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S9999	Continued from page 2 approximately 2:30am. On 11/17/25 approximately 3:00am while nurse is at the nurse's station heard and responded to a thud sound: observed resident in a supine position on the hallway floor… Obtained update from hospital CT (Computed Tomography) of head resulted acute chronic subdural hematoma, scalp hematoma. There is also acute hemorrhage throughout the cerebral cisterns." Review of R1's records shows that R1 had four falls at the facility dated 10/06/25, 10/19/25, 10/21/25 and 11/17/25. R1's progress note dated 10/21/25 at 10:30am documents in part, "Situation: s/p (status post) fall…Patient s/p fall. Noted to have a lump on right dorsal head of the patient. Patient c/o (complain of) headache, denies n/v (nausea/vomiting) denies blurry vision… NP (Nurse Practitioner) informed that 911 was called and patient already left the facility." R1's progress note dated 10/21/25 at 21:39pm documents in part, "Admitted to hospital for subdural hematoma per RN (Registered Nurse)." On 12/30/25 at 2:19pm V2 (Director of Nursing/DON) stated that R1 had fallen multiple times at the facility. V2 stated that R1 was very forgetful and confused. V2 stated that R1's 3rd fall was unwitnessed and R1 was sent to the hospital for evaluation. V2 stated that she spoke to R1's son before R1 returned to the facility after the 3rd fall and promised to place R1 close to the nurse's station and place a bed alarm on R1. V2 stated that she interviewed the 3pm to 11pm CNA (Certified Nursing Assistant) and was told that R1 was anxious throughout the shift and that she had been going in and out of R1's room all day. On 12/30/25 at 3:33pm V32 (Certified Nursing Assistant/CNA) stated that R1 is normally sleep when V32 starts her shift at 11pm. V32 stated that on 11/16/25 at 11pm, R1 was still awake. V32 stated that she had received report from the outgoing CNA that R1 was anxious and combative. V32 stated that R1 was refusing to lay down, so she placed R1 at the nurse's station to be monitored. V32 stated that when R1 appeared to be sleepy, she placed R1 in the bed. V32 stated that approximately 30 minutes after placing R1 to bed, she (V32) heard a loud boom. V32 stated that she rushed to the boom and found R1 laying in the hallway on the floor. On 12/31/25 at 9:18am V33 (Registered Nurse/RN) stated that R1 had been refusing to go to bed during his	S9999		

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S9999	Continued from page 3 shift. V33 stated that around 2am R1 appeared to be sleepy so the CNA placed R1 in bed. V33 stated that around 3am he heard a loud thud and got up to see where the noise came from. V33 stated that he found R1 laying on the floor in the hallway. V33 stated he tried to stimulate R1 but R1's speech had become unclear. V33 stated that R1's speech before the fall was clear. V33 stated that R1 was a huge fall risk because she kept trying to get out of bed and self-ambulate. V33 stated that he did not inform R1's doctor that R1 was restless and did not want to go to bed. On 12/31/25 at 9:50am V32 (CNA) stated that R1's bed alarm was on, but the bed alarm had a faint sound. V32 stated that R1's bed alarm needed a new battery and only maintenance could change the battery. V32 stated that the CNA before her had reported that she already informed everyone that R1's bed alarm was low and needed a battery. V32 stated that R1's bed alarm was on at the time of R1's fall, but it was too low for anyone to hear it. R1's care plan revision date 11/04/25 documents in part, "R1 is a high risk for falls related to pain weakness and MUTL (multiple) MED (medical) condition. R1 will be free of minor or major injury RT (related to) an undetected incident of fall…Update upon return: Room closer to nurses' station, bed alarm, bed position in lowest position." R1's care plan revision date 10/24/2025 documents in part, "R1 is at risk for altered thought process related to chronic left SDH (subdural hematoma) … R1 will be free from any injury r/t (related to) accidents through the next review date. R1's needs will be anticipated… Call MD (medical doctor) for any changes in cognitive functioning and/or any changes in behavior." R1's Final Reportable Incident to state agency dated 11/20/25 documents in part, "Final Investigation/Conclusion: Based on staff interview. On 11/16/25 approximately 10:30pm CNA noted resident wanting to get up verbalized that she does not want to miss her appointment and want to go home. CNA suggested to go to the washroom, resident responded no, diaper dry. CNA gotten resident up in wheelchair and situated by the nurses' station with bedside table in front of resident…Approximately 2:30am observed resident sleepy, instructed the CNA to take resident to her room and assist to bed. Resident was taken to her room, checked and diaper changed. 3:01am CNA observed resident sound asleep, bed in lowest position call light within reach: CNA stepped out of room to do her routine rounds.	S9999		

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S9999	Continued from page 4 Approximately 3:10am both nurses at the nurse's station heard and responded to a thud sound: observed resident in a supine position on hallway floor in front of 212 just slightly across her room. Resident unable to relay what happened… 11/20/25 resident remains in the hospital at this time." R1's hospital records dated 11/17/25 documents in part, "Chief complaint: Fall… Visit Diagnoses: Acute on chronic intracranial subdural hematoma, Intracranial hemorrhage, Brain herniation, Unresponsive, Fall." R1's hospital records dated 11/17/25 documents in part, "Physical Exam: Constitutional: Patient is unresponsive with a Glasgow Coma Scale of 3. Respiratory" Patient is intubated. General: She is in acute distress." R1's CT scan dated 11/17/25 documents in part, "Findings and Impression: Large acute on chronic subdural hematoma along the right lateral convexity measures 1.8cm (centimeter) in thisness. Significant mass effect on the right cerebral hemisphere resulting in 9 mm (millimeter) of leftward midline shift and mild right uncal herniation. There is also considerable amount of acute hemorrhage throughout the cerebral cisterns." R1's hospital records dated 11/30/25 documents in part, " Hospital Course: The patient is an 87 year old female with a history of hypertension with hypertensive heart disease with chronic HFpEF (Heart Failure with preserved ejection fraction), type II diet diabetes with nephropathy/CKD (chronic kidney disease) stage IV, history of TIA, asthma, dementia, and multiple recent presentations with falls with resultant subdural hematoma who again present after presumably mechanical fall when found unresponsive, and was note to have a large right acute on chronic subdural hematoma with cerebral edema and midline shift with uncal herniation. 1. Unwitnessed fall with acute on chronic right subdural hematoma with associated cerebral edema, midline shift, and right uncal herniation. The patient was initially admitted to the SICU (Surgical Intensive Care Unit) when CT head showed the above. Neurosurgery was consulted who advised nonoperative management due to overall poor prognosis of the injury. She was initially intubated for airway protection, and did require intermittent pressor support. Unfortunately, she did not improve, and palliative care was consulted. Family ultimately elected to proceed with palliative extubations and transition to comfort measures only. She is treated with a morphine drip for air hunger and/or pain. An order was placed to consult inpatient hospice, who reached out to the family, but inpatient	S9999		

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S9999	Continued from page 5 hospice was not established prior to the patient expiring. The patient expired on 11/29/2025 at 11:34pm." Facility's job description titled "RN Floor Nurse" dated 12/1/2019 documents in part, "Summary/Objective: In keeping with our organization's goal of improving the lives of the Guests we serve, the Registered Nurse plays a critical role in providing superior customer service and nursing care to all Guests and guests. The RN provides supervision of staff and will safeguard the health, safety and welfare of all Guests under their care by following applicable laws, regulation, and established nursing policies and procedures… Essential Functions: 9. Responsible for all nursing care of assigned Guest while on duty. Must notify appropriate persons if there is any significant change in a Guest's condition or any transfer to hospital. 10. Ensure that Guest care plans are being followed and assess each Guest's status in accord with their care plan." Facility's undated job description titled "Certified Nursing Assistant" documents in part, " Job Summary: The primary purpose of your job position is to provide residents of this facility in you nursing unit with nursing and personal care under the supervision of a Charge Nurse, and to safeguard the health, safety , and welfare of all resident of the facility, in accordance with the facility's established policies and procedures and applicable laws and regulation, and the directions your supervisors, who include the Administrator, Director of Nursing, Assistant Director of Nursing, House Supervisor, Charge Nurse, Rehabilitation Director, and other members of the facility's management to whom such persons report, in order to assure that the highest degree of quality care is maintained at all times… Main Duties: P. Detect and report situations that have a high probability of causing accidents or injuries to residents and/or staff… U. Report all equipment malfunctions and breakdowns to the charge nurse as soon as possible and keep his/her informed of supply needs and equipment needing replacement." Facility's policy titled "Fall Prevention Program Guidelines" revised date 12/05/22 documents in part, "Policy Statement: Fall prevention program guidelines shall be implemented to promote safety of all residents in the facility. This program shall include measures to determine the individual needs of each resident by assessing the risks for fall and the implementation of evidence-based prevention interventions. Procedure… 2. Safety interventions shall be initiated and implemented for each resident identified at risk for fall. 3. All	S9999		

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S9999	Continued from page 6 assigned nursing personnel and facility staff shall be responsible for ensuring ongoing precautions are put into place and consistently maintained… 7. An individualized evidence-based plan of care shall be created to reflect fall prevention interventions which could be but not limited to h. Residents shall be observed to ensure the resident is safely positioned in bed or chair. Provide care as assigned in accordance with the plan of care… k. May utilize personal alarms when appropriate such as bed alarms, chair alarms and motion sensor alarm and floor mat alarms…p. Ensure equipment is properly functioning and maintained. If malfunctioning, equipment must be removed immediately and reported to maintenance department for repair or replacement." (A)	S9999		