STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0045443	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDOLORATA VILLA	555 MCHENRY ROAD , WHEELING, Illinois, 60090

(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 Investigation of Facility Reported Incident Facility Reported Incident of 11/26/2025- 2683395	S0000		
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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective	S9999		

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

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S9999	Continued from page 1 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 are not met as evidenced by: Based on interview and record review, the facility failed to implement care plan interventions during ambulation and transfer which affected one resident (R1) that required hospital transfer. This failure resulted in staff's inability to prevent a fall and R1 sustaining a hip fracture. Findings include: R1 is an 81-year-old, originally admitted on 6-11-2025 with medical diagnosis that include and are not limited to: Parkinson's Disease, Dementia and Obstructive and Reflux Uropathy, according to Minimum Data Set (MDS), R1 has a Brief Interview for Mental Status (BIMS) score of 3/15, indicating severe cognitive impairment. According to R1’s electronic medical record, care plan dated: 9-9-2025 reads: R1 has an Activities of Daily living (ADL) self-care and mobility usual performance deficit related to Parkinson’s dementia with agitation, insomnia and behaviors. Interventions: R1 to ambulate with contact guard in the hallway and a gait belt on for safety with a wheeled walker. On 12-6-2025 AT 3:10 pm V3 (Registered Nurse) said I was the nurse on 11-26-2025 at about 9:30 pm. R1 was observed coming out of his bedroom walking without using the walker and going to next room, I immediately intervened and asked V5 (Certified Nurse Assistant) to stay with R1 while I will get the walker. R1 had a shuffling gait, I walked next to R1 to the main common area in front of the nurse station and I gave R1 ice cream and sat R1 in a recliner chair, R1 ambulated with the walker, R1 did not have any gait belt on, I was having a direct supervision from the nurse station. At about 10:00pm, after R1 ate the ice cream, R1 stood up and walked towards the nurse station, I got up and provided the walker but R1 refused to use it by waving his hands to signal “no”. I was positioned on R1’s	S9999		

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S9999	Continued from page 2 right side while walking with him toward his room. After we had taken approximately 5–6 steps away from the nurse's station, R1 leaned to his left, lost his balance, and fell. The fall occurred very quickly, and I was unable to prevent it. R1 was not wearing a gait belt at the time, having a gait belt in place would have assisted me in supporting R1. I assessed R1 and with V5, we transferred R1 to a wheelchair and I kept him by the nurse station, I gave a pain medication, R1 was calm and sleepy, no complaints of pain or discomfort. I called the family, and the medical director received orders to transfer R1 to a local hospital for evaluation. According to local hospital report dated 11-27-2025, R1 will be admitted with left hip fracture. On 12-6-2025 at 2:50 pm V5 (Certified Nurse Assistant) said, R1 is very confused, hard to re-direct, on 11-26-2025 when he had a fall, R1 did not have any gait belt on. On 12-6-2025 at 4:45 pm V2(Director of Nursing) said, I expect for V3 to use the gait belt on R1 since is one of the interventions in the care plan. On 12-6-2025 V1(Administrator) presented policy titled: Gait Belt, dated: 6-1-2023 reads in part: It is the standard of the community to use a gait belt for all residents in accordance with assessed needs, the care plan and standards of practice in order to provide optimal safety. Gait belts are to be used for all transfers that require staff assistance and when assisting residents to ambulate. (A)	S9999		