

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Thrive of Lake County		STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US Highway 45 Mundelein, IL 60060	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review the facility failed to thoroughly investigate an injury of unknown origin to 1 of 3 residents reviewed for unknown origin in the sample of 4.</p> <p>The findings include:</p> <p>R1's electronic face sheet accessed last 7/9/25 documents, R1 96 y/o readmitted to the facility last 4/2/25 with diagnoses that include acute respiratory failure, kidney failure hypertension and diabetes.</p> <p>R1's progress notes dated 4/6/25 by V3 (RN) show [R1] refused to eat and drink, no urine output, family requested to send resident to the hospital. R1 was sent out to the ER.</p> <p>R1's Hospital Records dated 4/6/25 documents, 96 y/o presenting with decreased output, ordered hip X-ray.</p> <p>R1's radiology report dated 4/7/25 with final result -left femoral neck fracture.</p> <p>R1's hospital records dated 4/8/25, R1 underwent surgery -left hip hemiarthroplasty (left hip replacement)</p> <p>On 7/9/25 at 11:30 AM, V7 (R1's daughter) said she was told in the hospital that R1 had a new hip fracture to her left hip. V7 said that was the reason why R1 needed surgical repair because of this new left hip fracture. V7 said she called the Nursing Home and asked them to investigate how R1's left fracture came about. V7 said from 4/2/25 when she came back to the Nursing Home, until 4/6/25 when R1 was sent back to the ER, no one told her that R1 had a fall at the facility, but even if R1 did not fall, did it happen during care? or when she was being turned?, I do not know, I just need them to tell me what they've found in their investigation.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145460	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Thrive of Lake County		STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US Highway 45 Mundelein, IL 60060	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/9/25 at 1:47 PM, V2 (Director of Nursing-DON) said when R1 was found to have a left hip fracture but had no falls at the facility, it was assumed that it was the same hip fracture that R1 sustained in the past. V2 (DON) then showed this surveyor a document dated 5/5/21 (approximately 4 years ago) that show closed fracture of left pubis. When asked if V2 spoke to any hospital staff to ask more information about R1's hip fracture, V2 said she did not call the hospital to clarify if the fracture was old or new, since it was the same side as the old one. V2 also said she spoke to some staff but not all staff that took care of R1, since we thought it was the same fracture R1 sustained way back in 2021. V2 said R1 was also on therapy but she did not interview any of the therapists that took care of R1. V2 said she did not know R1 had hip surgery last 4/8/25 until she started reading R1's hospital records.</p> <p>The Facility Reported incident as Final dated 4/6/25 documents, 96 y/o readmitted back on 4/2/25 .On 4/6/25 guest (R1) was observed eating less and refusing drink fluids. MD was notified with order to sent R1 to the hospital for evaluation. R1 was admitted with diagnosis of urinary retention and closed fracture of left hip .CT pelvis showed old fracture of left hip (hospital records does not support this statement of old fracture.)</p> <p>Dexabone density was done 12/7/2008 (approximately 17 years ago) indicating osteoporosis and risk for bone fractures.</p> <p>The Facility Policy on Abuse (undated) under Investigation documents, . Every staff member working on the specific unit that the resident resides, who was working or present during the period of time of the allegation will be interviewed.</p>		