

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Avantara Lincoln Park		STREET ADDRESS, CITY, STATE, ZIP CODE 1366 West Fullerton Avenue Chicago, IL 60614	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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: 145510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Avantara Lincoln Park		STREET ADDRESS, CITY, STATE, ZIP CODE 1366 West Fullerton Avenue Chicago, IL 60614	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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: and failed to provide adequate supervision for one resident (R2) 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 and R2 sustaining a fall which required R2 to go to the local hospital due to sustaining a 3mm (millimeter) subdural hemorrhage. 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 [DATE] has R1's Cognitive Skills for Daily Decision Making scored at 3 Severely Impaired. R1's initial Reportable Incident to the state agency dated [DATE] documents in part, Resident was last seen by CNA (Certified Nursing Assistant) asleep approximately 2:30am. On [DATE] 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 [DATE], [DATE], [DATE] and [DATE]. R1's progress note dated [DATE] 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 [DATE] at 21:39pm documents in part, admitted to hospital for subdural hematoma per RN (Registered Nurse). On [DATE] 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 [DATE] 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 [DATE] 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 [DATE] at 9:18am V33 (Registered Nurse/RN) stated that R1 had been refusing to go to bed during his 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 [DATE] 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 [DATE] 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 [DATE] 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 [DATE] documents in part, Final Investigation/Conclusion: Based on staff interview. On [DATE] approximately 10:30am CNA noted resident wanting to get up verbalized that she does not want to miss her appointment</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Avantara Lincoln Park		STREET ADDRESS, CITY, STATE, ZIP CODE 1366 West Fullerton Avenue Chicago, IL 60614	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview, and record review, the facility failed to administer covid 19 vaccine to one resident (R5) that consented for the covid 19 vaccine. The facility also failed to document the administration or declination of covid 19 vaccine for the same resident. This failure affected one resident (R5) in a sample of four residents reviewed for covid 19 vaccine administration. R5 admitted to facility on 11/17/2025 with diagnosis that documents in part; Cerebral infarction, hyperlipidemia, essential hypertension, chronic atrial fibrillation, insomnia, protein calorie malnutrition, covid 19 (12/1/25).On 12/29/25 at 3:15pm, V2 (Director of Nursing) stated that she expects the infection control nurse to obtain consents for resident vaccinations and schedule a vaccine clinic to ensure that vaccinations are administered and recorded in the immunization tab in chart. On 12/30/25 at 1:05 pm, V19 (family member of R5) stated that he did give consent for R5 to receive the covid 19 vaccine on 11/18/2025 and that he wanted R5 to have the covid vaccine administered.On 12/30/25 at 09:45 am, V30 (Infection Control Nurse/LPN) stated the covid outbreak started 11/23/25 which was a Sunday and we started testing based on contact tracing with guidance from Chicago Department of Public Health (CDPH), it was one case on 2nd floor and one case on the 5th floor. By 11/26/25 we had so many cases around 18 that CDPH stated to begin unit base testing. One of our staff aides tested positive who worked directly with R5 on 11/28/25, this was discovered thru contact tracing. V30 stated the purpose of consents and declination forms is to ensure that residents and staff are educated on benefits and risk of vaccines. I feel it is important for residents and staff to sign the consent and declination forms and also receive their vaccine if they consent to be vaccinated. Currently we have two residents that are on isolation for covid 19 in the facility.Review of facility contact tracing log for residents displays that R5 tested positive for Covid 19 on 12/1/25 and is no longer a resident in the facility.Review of facility policy titled Infection prevention control with revision date of 6/30/25 documents in part: Policy statement; the facility has established a policy to Identify, Record, Investigate, Control, Test, and Prevent infections in the facility. The facility will also maintain a record of incidents and corrective actions implemented for the identified infection. ;29.) The facility shall comply with infection control recommendations provided by the IDPH or certified local health department, including, but not limited to, testing plans, infection control assessments, training or other measures designed to reduce infection rates and disease outbreaks.</p>		