

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2025
NAME OF PROVIDER OR SUPPLIER Carlton at the Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 725 West Montrose Avenue Chicago, IL 60613	
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)		
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interviews and record reviews, the facility failed to follow their Abuse and Neglect policy by failing to verify background checks of contracted staff, failing to obtain a copy of their professional licenses, and failing to train contracted staff on issues related to abuse and neglect. These failures have the potential to affect all 174 residents residing in the facility. Findings include: On 11/14/2025 at approximately 10:16 AM, V2 (Assistant Administrator) stated contracted security staff started working at the facility a couple of weeks ago. On 11/14/2025 at approximately 11:10 AM, V9 (Contracted Security) stated started work for facility on Wednesday (11/12/2025). V9 stated received training through contracted employer. Did not receive facility specific training on abuse and neglect. On 11/14/2025 at approximately 2:30 PM, requested contracted security staff's background checks, copies of the licenses or certificates, and training from V2, V3 (Director of Nursing), and V11 (Nurse Consultant). On 11/18/2025 at approximately 9:23 AM, V2 stated contracted security company did not provide background checks and copies of licenses or certificates yet. V2 stated [V2] was having a difficult time getting the information from the contracted security company. V2 stated they should be in the IDFPR (Illinois Department of Financial and Professional Regulation) portal. On 11/18/2025 at approximately 9:47 AM, V12 (Human Resources Director) stated did not run the background checks on V9 or V13 (evening Contracted Security) because they are from a third-party vendor (contracted). V12 stated did not verify the contracted security staff's background checks or licenses. V12 stated will verify and pull their licenses through IDFPR now. At approximately 10:08 AM, V12 returned with copies of V9 and V13's IDFPR 'Lookup Detail View.' Time stamps were 11/18/2025 10:00 AM on V9's sheet and 11/18/2025 10:06 AM on V13's sheet. Facility's contract with the security company documents in part that it started on 11/03/2025. It also documents in part that the facility can request background checks from the contracted company at any time. Facility did not provide copy of V9 and V13's Permanent Employee Registration Cards until 11/19/2025 at 1:54 PM. Facility provided a copy of V9's 'Security Orientation Checklist' on 11/19/2025 at 5:02 PM. V9 signed it on 11/17/2025 (after start of survey). Facility did not provide a 'Security Orientation Checklist' for V13. Facility's Abuse and Neglect policy (last revised 6/26/2025) documents in part: The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (7) federal components of prevention and investigation. Screen potential employees for a history of abuse, neglect, exploitation, misappropriation of property, or mistreating residents. Similarly, prior to placement in the facility, the facility will require background check of prospective consultants, contractors, volunteers, caregivers working in behalf of the facility, and students in its nurse aide training program and students from affiliated academic institutions, including therapy, social, and activity programs to care for residents to be done either the facility itself, the third-party agency, or academic institution. For licensed staff, obtain a copy of professional licenses. Train employees, through orientation and on-going sessions on issues related to abuse prohibition, neglect, exploitation, misappropriation of property such as: Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents. Abuse identification and recognizing signs of abuse. How staff should report their knowledge related to allegation without fear of reprisal. How to recognize signs of burnout, frustration and stress that may (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145679	If continuation sheet Page 1 of 3

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	lead to abuse; and to what constitutes abuse, neglect, exploitation, and misappropriation of resident property. Understanding of behavior that increase risk of abuse.		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interviews and record reviews, the facility failed to follow their 'Abuse and Neglect' policy and report an allegation of abuse to the Illinois Department of Public Health (IDPH) for one (R1) out of three residents reviewed for abuse. Findings include: R1's admission Record documents in part diagnosis of anxiety disorder. During interviews with R1 on 11/14/2025 at approximately 9:39 AM and 11:00 AM, R1 stated facility hired security to antagonize and intimidate R1. R1 stated V9 (Security) curls [V9's] lips and mean mugs R1. R1 stated V9 puts hand on the gun in front of R1 to intimidate R1. R1 stated [R1] had to call police a few days ago (11/11/2025) because V9 threatened R1 and held gun. R1 stated a receptionist (later identified as V7) and V12 (Human Resources) were present for the incident. On 11/14/2025 at 10:16 AM, V2 (Assistant Administrator / Abuse Coordinator) stated being aware that R1 called police because R1 alleged that V9 was threatening R1. V2 stated did not report the incident to Illinois Department of Public Health and there is no open reportable related to it. On 11/14/2025 at 11:10 AM, V9 (Security) stated R1 was recording staff without consent. V9 stated when staff reminded R1 of facility policy, R1 got mad and called the police. V9 stated R1 told the 911 dispatchers that V9 pointed the gun to R1. V9 denied pointing a gun to R1 or intimidating R1. V9 stated reporting the incident to V2. On 11/14/2025 at 1:36 PM, V7 (Receptionist) stated R1 called the police and informed the 911 dispatcher that security was threatening R1 with a gun. On 11/18/2025 at 9:47 AM, V12 (Human Resources) stated R1 was recording staff without consent. Staff reminded R1 that R1 cannot record, but R1 got more upset. V12 stated R1 kept pointing to the no gun sign at the front desk and saying facility wasn't allowed to have security. V12 stated R1 then called police. Facility's Abuse and Neglect policy (last revised 6/26/2025) documents in part: All allegations of abuse will be reported to IDPH immediately not exceeding 2 hours after the initial allegation is received.		