

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145734	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Avantara Evergreen Park		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 South Kedzie Evergreen Park, IL 60805	
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow up in a timely manner for Grievance/concerns and provide Dental services. This failure affects one (R7) of three residents reviewed for resident rights. Findings include: R7 is an [AGE] year-old admitted to the facility on [DATE] with the following diagnosis in part but not limited to: lipoprotein deficiency, other disorders of plasma-protein metabolism, not elsewhere classified, unspecified glaucoma, legal blindness as defined in USA, unspecified hearing loss, right ear, essential hypertension, body mass index 19.9 or less, adult, pain in right foot. On 2/19/26 at 12:39 PM, R7 stated that when she returned from hospital to facility on 11/24/25 she did not find dentures in her room, afterwards R7 said she requested multiple times to speak with V1 (Administrator) but the staff kept telling her V1 was on vacation. R7 said she was redirected to V10 (Assistant Administrator) but that V10 never followed up. R7 stated that she then spoke with V16 (Social Services) about missing dentures and never heard any follow-up. R7 said she did not see any dental services at the facility and the staff did not mention any follow up on dentures. R7 said she discharged facility on 1/8/26 and still waited for facility to reach out for any updates on dentures and did not hear back. On 2/18/26 at 1:30PM, V10 (Assistant Administrator) stated she knew about R7 concern for missing dentures. V10 stated no grievance form was completed. On 2/19/26 at 9:50AM, V1 (Administrator) stated that R7 daughter had submitted a letter to facility's corporation on 2/2/26 and a copy of the invoice for R7 dentures and were in the process of providing reimbursement for dentures, email confirmation dated 2/18/26 indicated check for reimbursement still in progress. On 2/19/26 at 9:55AM, V16 (Social Services) stated that upon re-admission to facility on 11/24/25 R7 dentures were reported missing by R7 and V16 reported concern to facility administration about missing dentures. V16 stated that facility policy is to complete a grievance form for missing dentures but V16 did not complete one. On 2/19/26 at 11:21AM, V1 said that the facility policy for grievances/concerns are to be filed and followed up within 72 hours. If there is a reimbursement to be made, first the receipt is submitted by resident/family and then the facility can process the reimbursement. V1 said that grievance forms should be completed by person receiving them, not sure why a grievance form for R7 was not completed. On 2/19/26 at 12:10PM, V10 stated that Dental Physician comes to facility on a monthly basis and sees residents that require follow-up, V10 said if residents were on the list to be seen by Dental Physician, then Dental services can be provided depending on residents insurance. On 2/19/26 at 12:36PM, V18 (Activity Director) said that residents that need dental services are put on a sign-up list each month to be seen by Dental Physician and depending on resident insurance they are seen, V18 said that R7 was on list for December 2025 but was not seen by dental services. On 2/19/26 at 1:00PM, V2 (Director of Nursing) stated when residents report missing dentures, they are referred to Dental services or outside dental services. V2 said she is unsure why R7 was not seen by Dental services prior to discharge date of 1/8/26. R7-Minimum Data Set (MDS)- Section C dated 11/18/25- Brief Interview for</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: 145734	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Avantara Evergreen Park		STREET ADDRESS, CITY, STATE, ZIP CODE 10124 South Kedzie Evergreen Park, IL 60805	
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Mental Score- score of 14.R7 Inventory List dated 11/15/25-indicates Upper and Lower dentures.R7 Inventory List dated 11/24/25 -indicates no dentures. Facility Policy on Residents Rights- Revised 11/18Your Personal Property Rights-Your facility must try to keep your property from being lost or stolen. If your property is missing the facility must try to find it. Facility Policy on Grievance- revised 6/30/25Policy StatementIt is the facility's policy to comply with the federal regulations regarding grievance process and resolution.Procedures1.The facility will establish a Grievance Policy that will be made available to the resident upon request.6.During investigation the facility will put in place immediate action to prevent potential violation of resident rights.9. All written grievance decisions will include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns, a statement as to whether the grievance was confirmed or not confirmed, any corrective action or to be taken by the facility as a result of the grievance, and the date written decision was issued. Facility on Dental Services- revised 6/30/25PurposeThe facility will assist all residents in obtaining dental services according to the residents needs, subject to the federal and or state regulations.Procedure:3. If the resident's dentures are lost or damaged, the facility will promptly within 3 days refer the resident. If the referral does not occur within 3 days, the facility must provide documents showing what the facility did to ensure that the resident could still eat and drink while waiting for dental service and indicate the extenuating circumstances that led to the delay.</p>		