

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145816	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2025
NAME OF PROVIDER OR SUPPLIER Avantara Lake Zurich		STREET ADDRESS, CITY, STATE, ZIP CODE 900 South Rand Road Lake Zurich, IL 60047	
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident was treated in a dignified manner for 1 of 5 residents (R1) reviewed for dignity in the sample of 5. The findings include: On 8/26/25 at 9:54 AM, R1 was in bed in her room. R1 moved slowly as she sat up in bed. R1 said the first night she was here, she had to go to the bathroom and couldn't find her call light. R1 said she uses the bedpan since she has a broken pelvis and is working with therapy on getting up to the bathroom. R1 said no one was coming to check on her and she ended up going in her brief. R1 said she was sitting in urine and yelling for someone to come help her. R1 said she was so frustrated and humiliated, and she called 911 to get help. R1 said while she was on the phone with 911, the nurse came in and asked if she called 911 and what she needed. R1 said she needed to be changed and then staff came to help her. R1 said at first, she was frustrated and humiliated but then it became scary that no one was there to help her. R1 said she felt helpless and that is why she called 911. On 8/26/25 at 11:49 AM, V5 Licensed Practical Nurse said he received a call from the police that the resident in room [ROOM NUMBER] needed help and couldn't find her call light. V5 said he went to R1's room and asked her if she called 911 and what she needed. V5 said R1 told him she couldn't find her call light and she had needed to use the bedpan and be changed. V5 said he told R1 he would send the Certified Nursing Assistant (CNA) to help her and then left the room to go back to the police who were holding on the phone. On 8/26/25 at 12:14 PM, V7 CNA said he was told by V5 that R1 had called the police and needed to be changed. V7 said when he went into R1's room, her call light was tied to the bed rail, but R1 said she didn't see it there. V7 said R1 was very frustrated about not being able to use the bedpan and being wet. V7 said R1's brief was wet with urine. V7 said R1 is alert and oriented. On 8/26/25 at 11:07 AM, V4 Registered Nurse said she took care of R1 on day after her admission. V4 said she got in report from the nurse that R1 had called the police because she couldn't find the call light, but the call light was beside her. V4 said R1 reported to her that she was waiting for over an hour for someone to come around, no one was coming and she needed help, couldn't find the call light so she called 911. V4 said R1 is a former nurse, is alert and oriented, and knows when she needs to use the bed pan. V4 said R1 was very frustrated and should not have to feel like that. R1's Progress Note dated 8/20/25 shows admitted a [AGE] year old female from hospital via stretcher accompanied by paramedics. Primary diagnosis is closed fracture of left inferior pubic ramus non-surgical. Resident is alert and oriented times three. The facility's Privacy and Dignity Policy dated 7/3/25 shows It is the facility's policy to ensure that resident's privacy and dignity is respected by the staff at all times.</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
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