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AUTUMN LEAVES OF ST CHARLES	10 N PECK ST SAINT CHARLES, IL 60174

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment Annual Licensure Survey	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 3 Violation REPEAT VIOLATION Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment, which includes: 1) The establishment's philosophy and goals. 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights. 3) Confidentiality of resident records and resident information. 4) Hygiene and infection control. 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete	A3020		

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A3020	Continued From page 1 orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents. 2) The significance and location of resident service plans. 3) Internal establishment requirements and the establishment's policies and procedures. 4) The employee's job responsibilities and limitations. 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to conduct orientation for their employees within the required time frame of 10 and 30 days from their hire date. This applies to 6 (E1, E3, E5, E6, E7, E8) employees reviewed for employee orientation in the sample of 9. Findings include: On December 3 and 4, 2024, employee records were reviewed. E1 (Executive Director) was hired on December	A3020		

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A3020	Continued From page 2 18, 2023. E1's Initial Orientation form showed her orientation was not conducted until February 6, 2024 (50 days from hire date). E3 (Caregiver) was hired on April 2, 2024. E3's Initial Orientation form showed her orientation was not started until April 19, 2024 (17 days from hire date), continued to May 19, 2024 but the form was not completed as the topics were not completely dated to show they were finished at the completion date. E5 (Life Engagement Manager) was hired on March 21, 2024. E5's Initial Orientation form showed his orientation was not conducted until April 9, 2024 (19 days from hire date). E6 (Caregiver) was hired on May 29, 2024. E6's record did not contain any Initial Orientation form in her file. E7 (Caregiver) was hired on January 1, 2024. E7's record contained an Initial Orientation form that was not filled out. It was just a blank form. There was not even a name on the form. E8 (Caregiver) was hired on October 10, 2024. E8's Initial Orientation form dated October 11, 2024 did not show E8's signature and orientation date to verify she received the information and/or training mentioned in the form. It only contained the signature of the Executive Director. E1 (ED) said she will make sure orientation for new employees will be conducted/started within the required time frame of 10 days and 30 days covering the required topics. This is a repeat violation. This same deficiency	A3020		

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A3020	Continued From page 3 category was cited during the last Annual survey on December 11, 2023	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation REPEAT VIOLATION Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be able to perform the job functions that the establishment intends to assign to the employee.	A3030		

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A3030	Continued From page 4 This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure an employee's initial health evaluation was conducted within 30 days from hire date. This applies to 1 (E7) employee reviewed for Initial Health Evaluation in the sample of 9. Findings include: On December 3 and 4, 2024, employee records were reviewed. E7 (Caregiver) was hired on January 1, 2024. E7's Medical History and Physical Examination was conducted on February 8, 2024 (over 30 days from hire date). E1 (Executive Director) said it was probably because the employee did not go to his appointment as soon as possible. E1 will make sure any new employee will comply with the time frame allotted when an employee will come in for onboarding. This is a repeat violation. This same deficiency category was cited during the last Annual survey on December 11, 2023.	A3030		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 5 This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident. 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)	A4010		

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A4010	Continued From page 6 e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living. B) dietary needs if the establishment provides therapeutic diets. C) special accommodations for the resident. 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment. These requirements are not met as evidenced by:	A4010		

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A4010	Continued From page 7 Based on interview and record review, the establishment failed to ensure residents' Service Plans are individualized according to their condition and the health-related and support services they need. They also failed to ensure the medication service plan category covered administration by the nurse and failed to list fall interventions for a resident considered a risk for fall. Findings include: R1's Individual Service Plan dated July 18, 2024 under the category Activities Assistance showed, "Resident will participate in activities to the best of their ability." However, R1's activities of interest were not mentioned. The same Service Plan under Fall Risk intervention showed, "Staff to regularly perform interventions with resident who is at high risk for fall." The interventions were not listed in the Service Plan. R1's use of psychotropics was not discussed under health-related services, hospice service was not elaborated. It just showed "Hospice Services-the resident will be cared for by hospice." It did not show what services R1 has been receiving from hospice care. R2's Individual Service Plan dated April 1, 2024 did not address transferring, oral hygiene, mobility, and activities level (the type of activities R2 engages in) as to whether R2 is independent, needs assistance or total care in these areas. The same Service Plan also showed a category of Home Health Services. It just showed, "Home health services-PT to eval and treat." It did not show when this service will start and the duration of the service.	A4010		

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A4010	Continued From page 8 R3's Individual Service Plan dated October 16, 2024 did not address activities level and the type of activities R3 engages in. R3's Service Plan category under Mobility/Fall Risk-History of Falls showed intervention of "Staff will be aware of and educated on resident's history of falls." There are no other interventions listed to help prevent fall incidents for R3. R3's Hospice Services was not explicitly discussed. It just showed, "The resident will be cared for by hospice-Transitions Hospice." It did not show what type of services she will be receiving from hospice. R1, R2, and R3's Service Plan category under Medication Assistance showed, "Staff to assist the resident in taking their medications..." This was written even if these residents are in a memory care unit with dementia as one of the diagnoses. Medications should be administered by the nurse in this setting. Evacuation was not also discussed in these residents' Service Plan. E1 (Executive Director) and E2 (Director of Healthcare) explained all medicines are administered by the nurse but has not been documented as such in the Service Plans as that's how the template was set up. They also agreed they need to individualize the Service Plans of the residents as suited to their needs and condition. They both agreed it should not be a cookie-cutter version of any Service Plan. E1 added they have a separate assessment of the needs of the residents, but it does not translate into the service plans of each resident. They could not make changes to the template used in these service plans to make it more individualized suited for each resident. However, they will try to find a way to incorporate it in all of the residents' service plans.	A4010		

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A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation REPEAT VIOLATION Section 295.4060 Alzheimer's and Dementia Programs a) Except as provided in this Section, Alzheimer and dementia programs shall comply with provisions of the Act. (Section 150(a) of the Act) i) Training requirements for individuals working in a special program. 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders. ii) techniques for creating an environment that minimizes challenging behavior.	A4060		

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A4060	Continued From page 10 iii) identifying and alleviating safety risks to residents with Alzheimer's disease. iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living. ii) emergency and evacuation procedures specific to the dementia population. iii) techniques for creating an environment that minimizes challenging behaviors. iv) resident rights and choice for person with dementia, working with families, caregiver stress; and v) techniques for successful communication. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure the four hours of dementia-specific training prior to assumption of	A4060		

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A4060	Continued From page 11	A4060		

their job responsibilities are given to newly hired employees. They also failed to ensure 16 hours of on-the-job supervision and training are given to newly hired employees within the first 16 hours of employment following orientation.

This applies to 7 (E1, E3, E4, E5, E6, E7, E8) employees reviewed for Alzheimer's and dementia program in the sample of 9.

This also created a substantial probability of harm to the current residents in the community and will create a substantial probability of harm to future residents with staff members not properly trained before assumption of their job responsibilities of taking care of the residents in this dementia population.

Findings include:

E1 (Executive Director) was hired on December 18, 2023. E1's 16-hours of on-the-job supervision and training was dated 2/6/2024 for a day only instead of two days. It was also conducted 50 days from her hire date.

E3 (Caregiver) was hired on April 2, 2024. E3's 16-hours of on-the-job supervision and training was not conducted. The 2nd day orientation form was left blank. The 4-hour dementia specific training prior to assuming E3's job responsibilities was not dated to indicate it was completed.

E4 (Caregiver) was hired on May 30, 2024. E4's 16-hours of on-the-job supervision and training was dated June 3, 2024 for a day only instead of two days.

E5 (Life Engagement Manager) was hired on

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A4060	Continued From page 12 March 21, 2024. E5's 16-hours of on-the-job supervision and training was dated April 9, 2024 (19 days from hire date) for a day only instead of two days. E6 (Caregiver) was hired on May 29, 2024. E6's record did not contain any 16-hours of on-the-job supervision and training in her training file. E7 (Caregiver) was hired on January 1, 2024. E7's record contained an Orientation form that was not filled out. It was just blank. There was not even a name on the form. There was no record of a four-hour dementia specific training given prior to assumption of his job responsibilities and no 16-hours of on-the-job supervision and training in his training file. E8 (Caregiver) was hired on October 10, 2024. E8's 16-hours of on-the-job supervision and training was dated October 11, 2024 for one day only instead of two days. The form did not show E8's signature and orientation date to indicate verification she received the information and/or training mentioned in the form. It only contained the signature of the Executive Director. The establishment's orientation form showing 16-hours of on-the-job training and supervision was completed only in a day for all the employees. This system is not possible. The training meant for two days or more could not be completed in a thorough way in just a day. E1 (Executive Director) said they could complete the 16-hours of on-the-job training in one day since their caregivers do not complete the 4-hour dementia specific training (prior to assumption of their job responsibilities) during their orientation in the facility. They are instructed to do that at	A4060		

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A4060	Continued From page 13 home. E1 agreed this system is not a guarantee that staff members precisely did their 4-hour dementia specific training prior to the staff members assumption of their job responsibilities, but that is how corporate run their orientation and training. E1 said she was able to complete her 4-hour dementia training prior to assumption of her job responsibility because she was informed about the completion of her training a month prior to assumption of her job. E1 added it is different with the caregivers and other staff members. They would not be able to know that ahead of time. This is a repeat violation. This same deficiency category was cited during the last Annual survey on December 11, 2023.	A4060		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation REPEAT VIOLATION Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements.	A8000		

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A8000	Continued From page 14 Section 750.540 Management Sanitation Training and Certification a) All food service establishments as defined in Section 750.10, except Category III facilities, shall be under the operational supervision of a certified food service sanitation manager. Category III facilities do not require the operational supervision of a certified food service sanitation manager. 1) Category I facilities. Category I facilities as defined in Section 750.10 shall have a certified food service sanitation manager on the premises at all times that potentially hazardous food is being handled, except as specified in subsections (a)(1)(A) and (B) of this Section. A certified food service sanitation manager is not required on the premises during hours of operation when all food products sold have been prepared and packaged commercially or prepared under the supervision of a certified food service sanitation manager. 2) Category II facilities as defined in Section 750.10 shall employ a minimum of one full-time certified food service sanitation manager at each establishment. b) Special Circumstances. 1) New food service establishments, except Category III facilities, shall have a certified food service sanitation manager from the initial day of operation or shall provide documentation of enrollment in an approved course to be completed within three months. 2) Food service establishments that are not in compliance with this Section because of employee turnover or other loss of certified personnel shall have three months from date of loss of certified personnel to comply. 3) Incidental	A8000		

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A8000	Continued From page 15	A8000		

absences of the certified food service sanitation manager due to temporary illness, short errands off the premises, etc., shall not constitute a violation of this Section, provided that there is documentation that a certified food service sanitation manager was scheduled to work at that time.
c) Certification shall be achieved by 1) Successfully completing a Department-approved course and a monitored examination offered by a testing organization in compliance with the criteria in Subpart J of this Part; and 2) Payment to the Department of a $35 certificate fee. d) original certificates of certified managers shall be maintained at the place of business and shall be made available for inspection.
(Source: Amended at 32 Ill. Reg. 11980, effective July 10, 2008)

These requirements are not met as evidenced by:

Based on interview and record review, the establishment failed to ensure they have a food service sanitation manager in the building while handling potentially hazardous food served to residents.

This affects all residents in the community and creates a substantial probability of harm to the residents.

Findings include:

On December 3 and 4, 2024, establishment records were reviewed.

The establishment's Food Service Supervisor (E10) did not have a Food Service Sanitation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510043	A. BUILDING: _____ B. WING _____	12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LEAVES OF ST CHARLES	10 N PECK ST SAINT CHARLES, IL 60174

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A8000	Continued From page 16	A8000		

Certificate as a food service manager in his record. No other person in the building has the Food Service Manager Certificate. He has only the Food Handler Certificate on hand.

The establishment's Food Inspection Report conducted by the local health department dated November 12, 2024 showed the establishment's risk category as between 1-2A. The same report also showed an out of compliance status of not having a Certified Food Protection Manager. The violation stated, "CFPM certificate was not present. Kitchen Manager has not signed up for CFPM course. He said he will do it next week. Inspector informed him the establishment will be fined $133.00 for every next follow-up necessary. Next follow-up will be November 25."

E1 (Executive Director) said the local health department inspector has not been back yet since the inspection on November 12, 2024.

A copy of an email from the corporate's Operations Analyst dated November 25, 2024 showed the current food service supervisor (E10) was just enrolled in the SERV Safe online course.

E1 (ED) said the current food service supervisor (E10) will have to go through the course and then take the exam. E1 added the current food service supervisor will have a number of months to complete the course and examination. In the meantime, they do not have anybody in the building or in corporate who has the manager certificate to comply with the regulation. E1 explained the last time they had a Certified Food Service Manager in the building was with the previous manager who left employment.

E1 showed an old certificate from the previous

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A8000	Continued From page 17 manager that expired on January 23, 2024 (11 months ago). E1 confirmed all these months, the establishment has been without a food service manager overseeing their handling of potentially hazardous food served to the residents. This is a repeat violation. This same deficiency category was cited during the last Annual survey on December 11, 2023.	A8000		