STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510368	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THREE OAKS ASSISTED LIVING	1055 SILVER LAKE RD CARY, IL 60013

(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 conducted on 9/30/2025 REPEAT Violation: 295.4010- Service Plan a) b) 1) 2) 3) c) d) e) g) 1) 2) h)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 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	A4010		

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A4010	Continued From page 1 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) 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: C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; h) The service plan shall include all support services provided or arranged for by the establishment. Type 3 REPEAT VIOLATION These requirements were not met, as evidenced by:	A4010		

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A4010	Continued From page 2 Based on interview, record review, and observation, the establishment failed to ensure that service plans (1) were signed by a registered nurse and the resident/resident representative (2) were revised as the resident's service needs changed and (3) addressed the amount, type, and frequency of health-related services. These failures involve 7 of 8 residents reviewed for these requirements (R1, R2, R3, R4, R5, R7, & R8). Findings include: During an interview with E2 (Director of Nursing, LPN) on 9/30/2025 at 2:05 PM they stated, "R7 started with Legacy for speech therapy on July 29th. Sees them twice a week. R3 has PT/OT with legacy, started on July 11th, 3 times per week. R5 started speech therapy with Legacy on July 30th, 2 times a week. R5 also has PT pending." During record review on 9/30/2025 at 9:30 AM it was found that the establishment's last annual survey was conducted on 10/01/2024. The 10/01/2024 survey cited the establishment for 295.4010- Service Plan. During record review on 9/30/2025 at 9:50 AM the establishment provided a list of all residents receiving home health/therapy services. This list included R3, R5, & R7. On 9/30/2025 the surveyor asked for the most recent signed service plans for R1, R2, R3, R4, R5, R6, R7, and R8. During record review on 9/30/2025 at 11:57 AM R2's 6/17/2025 service plan was noted to be missing resident/resident representative and	A4010		

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A4010	Continued From page 3	A4010		

registered nurse signatures. R2's service plan was signed by E3 (Director of Resident Care, LPN). Where the resident would sign was left blank. Where the resident representative signature would be it was written "Family Refused".

During record review on 9/30/2025 at 12:11 PM R3's 5/28/2025 service plan was noted to be missing any mention of home health or PT/OT therapy services.

During record review on 9/30/2025 at 12:17 PM R4's 7/7/2025 service plan was noted to be signed by E3 and R4's POA. However, it was not signed by a registered nurse.

During record review on 9/30/2025 at 12:25 PM R7's 7/1/2025 service plan was noted to be missing a resident/resident representative signature and a registered nurse signature. The service plan also did not address R7's home health/speech therapy.

During record review on 9/30/2025 at 12:33 PM R8's 3/21/2025 service plan was noted to have been signed on 9/30/2025 by R8 and E2. However, it was not signed by a registered nurse.

During record review on 9/30/2025 at 12:38 PM R1's 9/4/2025 service plan was noted to have been signed by R1 and E3. However, it was not signed by a registered nurse.

During observation on 9/30/2025 at 12:07 PM E2 and E3 (Director of Resident Care, LPN) handed me their nursing licenses. Both licensees were for licenses practical nurse and not registered nurse.