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	ASL510497	A. BUILDING: _____ B. WING _____	04/09/2025

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A 000	Initial Comment Annual Survey 295.2040 cited 295.4010 cited 295.4060 cited	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Level 3 Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. This requirement is not met as evidenced by: Based on record review and interview the facility failed to conduct tornado drills each shift during February of each year for employees. Findings include: Review of the facility's disaster drills showed tornado drills were conducted on March 24, 2025 at 10:30 AM, 3:30 PM and 5:00 AM, instead of during February 2025 as required by the Illinois Department of Public Health's (IDPH) regulatory requirement. On 4/7/25 when interviewed E10 (maintenace supervisor) stated the corporate office instructed him to conduct the tornado drills during March and provided a copy of the scheduled monthly	A2040		

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A2040	Continued From page 1 Maintenance to be done. The copy showed Tornado Drills were to be done in March and July 2025.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan - Level 2 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. d) The service plan, which shall be reviewed	A4010		

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A4010	Continued From page 2 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: 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; h) The service plan shall include all support services provided or arranged for by the establishment. This requirement wsa not met as evidenced by: Based on record review and interview, the establishment failed to revise the service plan with interventions to address:	A4010		

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A4010	Continued From page 3 -isolation precautions for one resident (R1) who tested positive for norovirus -the amount and frequency of in house services for 1 resident (R2) who receives speech therapy and physical therapy. Theses failures have the probablity to affect residents who reside in Assisted Living. Findings include: 1. R1 is a 80 year old resident who moved into assisted living 4/30/24. R1 has diagnoses including anxiety disorder and mild cognitive impairment. The progress note dated 11/19/24 shows R1 on isolation today. R1 became nauseated during morning medication administration and vomited 2x on this shift and 1 loose stool. There is no documentation to show that a stool sample was collected and sent to the lab for testing nor the reason R1 was placed in isolatoin. On 4/9/25 at 11am during the exit conference, E12 (wellness director) said R1's stool tested positive for norovirus and R1 was placed into isolation. Surveyor requested a copy of the lab results and the date the norovirus was resolved. The service plan dated 2/5/25 does not address interventions for R1 being placed in isolation as well as the reason for isolation precautions. By the end of business on 4/9/25, the establishment did not present the requested documentation.	A4010		

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A4010	Continued From page 4 2. R2 is a 89 year old who moved int the establishment 9/14/24. R2 has diagnoses including dementia, toxic encephalopathy, chronic kidney disease stage 3, essential hypertension, pericardial effusion, pulmonary hypertension, and bradycardia. The Outside AgencyForm dated 3/31 (no year documented) shows R2 is to received speech therapy. This form did not indicate the duration or frequency. Documentation from October 2024 through February 2025 shows R2 is receivng physical therapy. The service plan dated 9/26/24 does not address the duration or frequency of speech therapy or physical therapy. On 4/9/25 at 11am during the exit conference, E12 (wellness director) confirmed that R2 is still receiving ST and PT. Both services are provided within the establishment.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs - Level 3 a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act)	A4060		

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A4060	Continued From page 5 i) Training requirements for individuals working in a special program: 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. 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 persons with dementia, working with families, caregiver stress; and v) techniques for successful communication.	A4060		

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A4060	Continued From page 6 This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to ensure 4 out of 8 newly hired direct care staff received the required 16 hours of on-the-job supervision and dementia specific training within the first 16 hours of employment following orientation and within 30 days of hire. This failure has the probablity to affect future new direct care hires who may work in Assisted Living or Memory Care unit. Findings include: On 4/8/25 at 11:35am, the personnel files of 8 newly staff were reviewed with E14 (property administrator). Four of the eight personnel files showed the following: -E2 (licensed practical nurse) hired 11/12/24. The online training shows E2 only received 8.75 out of the required 16 hours of dementia training -E3 (caregiver) hired 10/10/24, online training shows E3 only received 2.25 hours out of the required 16 hours of dementia training -E7 (caregiver) hired 8/14/24, online training shows E7 only received 3.75 hours out of the required 16 hours of dementia training -E8 (licensed practical nurse) online training shows E8 only received 5.75 hours out of the required 16 hours of dementia training	A4060		

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A4060	Continued From page 7 After the review of these personnel files, the establishment couldn't give a reason why E2, E3, E7 and did not complete the required 16 hours of dementia training.	A4060		