STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

(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 Annaul Licensure 295.2000 a) c) 3) 295.2040 a) b) 5) d) e) g) h) 295.3000 b) e) A) B) 295.3040 295.4000 a) 295.4010 a) b) 1) 2) 3) c) d) e) g) 1) A) B) C) 2) 295.4050 295.4060 2) B) i) ii) iii) iv) v) Complaint Investigations IL00199306 - substantiated/no deficiency cited IL00199393 - substantiated/no deficiency cited IL00199838 - 295.2050 a) b) IL00199859 - 295.2050 a) b)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 2 Violation REPEAT Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide	A2000		

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A2000	Continued From page 1 such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 3) The person requires total assistance with 2 or more activities of daily living; This requirement was not met as evidenced by: Based on observation, record review and interview the establishment failed to ensure residency requirements were met for one (R1) of ten residents reviewed. This failure creates a substantia probability of harm to a resident or residents. Findings include: R1 is a 77-year-old resident admitted to establishment on 1/31/2023 with diagnoses including but not limited to hyperlipidemia and hypothyroidism. R1 is not currently on hospice services. On 1/30/2026, at 10:12 am, E30 care partner came to take R1 to put in bed with assistance from E13 Licensed Practical Nurse/LPN for skin check. Fall mats noted in room. It took both staff members to transfer R1 to bed from chair. Earl stated she R1's legs are contracted and she is always resisting. R1 noted to have contracted legs, and it was difficult for both staff members to get pants up. Both staff members transferred R1 back to chair. R1 noted not to assist in any way with transfer, brief change or dressing.	A2000		

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A2040	Continued From page 2	A2040		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violattion Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability	A2040		

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A2040	Continued From page 3	A2040		

classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.

h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.

This requirement is not met as evidenced by:

Based on record review and interview the establishment failed to:

1) Provide documentation for resident orientation to emergency and evacuation plans within 10 days of admission to establishment.
2) Conduct a tornado drill on all shifts in the month of February.
3) Ensure fire drills include identification of any residents who received assistance for evacuation.

This deficient practice creates a substantial probability of severe harm or death to a resident or residents.

Findings include:

On 1/27/2026, at 1:14 pm, Tornado Drill documentation reviewed. Documentation as follows:

Tornado Drill Inservice Training Roster dated 2/19/2025 does not state what shift it was done

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A2040	Continued From page 4 on or what time it was done. Only one Tornado Drill documented. On 1/27/2026, at 1:16 pm, Fire Drill documentation reviewed, and documentation is as follows: 1/8/2025, 1st Shift. Time started 11:00 am. Time completed 11:15 am. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill. 1/17/2025,2nd Shift. Time started 3:30 pm. Time completed 3:42 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill. 1/31/2025, 2nd Shift. Time started 1:00 pm. Time completed 1:15 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill. 1/31/2025, 2nd Shift. Time started 10:30 pm. Time completed 10:40 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill. 2/3/2025, 1st Shift. Time started 9:45 am. Time completed 9:55 am. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill. 2/13/2025, 2nd Shift. Time started 2:30 pm. Time completed 2:42 pm. No list of residents that attended drill attached to fire drill. No list of	A2040		

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A2040	Continued From page 5	A2040		

residents assisted with evacuation out of building attached to fire drill.

2/28/2025, 3rd Shift. Time started 10:45 pm. Time completed 10:56 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

3/7/2025, 1st Shift. Time started 10 am. Time completed 10:15 am. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

3/19/2025, 2nd Shift. Time started 3:30 pm. Time completed 3:42 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

3/31/2025, 3rd Shift. Time started 10:30 pm. Time completed 10:41 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

4/4/2025, 1st Shift. Time started 9 am. Time completed 9:15 am. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

4/17/2025, 2nd Shift. Time started 2:45 pm. Time completed 3:13 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

4/30/2025, 2nd Shift. Time started 3:00 pm. Time

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HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A2040	Continued From page 6	A2040		

completed 3:13 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

5/30/2025, 3rd Shift. Time started 10:00 pm. Time completed 10:30 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

7/10/2025, 1st Shift. Time started 10:45 am. Time completed 10:56 am. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

7/31/2025, 2nd Shift. Time started 3:30 pm. Time completed 3:41 pm. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

8/29/2025, 3rd Shift. Time started 11. Time completed 11:30. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

10/30/2025, 1st Shift. Time started 10:00 am. Time completed 10:13. Response time 11 seconds. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

10/31/2025, 2nd Shift. Time started 3:00 pm. Time completed 3:11 pm. Response time 11 seconds. No list of residents that attended drill attached to fire drill. No list of residents assisted

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A2040	Continued From page 7	A2040		

with evacuation out of building attached to fire drill.

11/28/2025, 3rd Shift. Time started 10:00 pm. Time completed 10:12 pm. Response time 11 seconds. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

12/31/2025, 1st Shift. Time started 11 am. Time completed 11:12 am. Response time 11 seconds. No list of residents that attended drill attached to fire drill. No list of residents assisted with evacuation out of building attached to fire drill.

On 1/28/2026, at 10:30 am, E1 Executive Director/ED stated we do not have a form that is signed by residents or resident representatives for fire safety orientation when they move in. We have a checklist, but it is not signed by residents or representatives.

On 1/30/2026, at 11:42 am, E1 Executive Director/ED and E9 Director of Maintenance interviewed by surveyor. E9 stated I am in charge of fire drills and tornado drills. I am also in charge of orienting staff and residents for evacuation. When asked how many tornado drills are done, E9 stated we do only one tornado drill in February. The drill I did involved 1st and 3rd shift but I did not document the time or what shifts were involved. Going forward I will do a tornado drill on all 3 shifts and document them separately making sure time and dates are on the drill documentation. We do fire drills 3 times a month one on each shift. A fire drill should take from 11-13 minutes to evacuate. We do not do full evacuation drills on each drill. They have to come out of their room and congregate in designated

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A2040	Continued From page 8 areas. We do full evacuation drills once a year. I do not currently attach a list of residents who need assistance with evacuation to drills. Surveyor read part of regulation to E1 and E9. William stated, going forward I will make sure we are doing full evacuations every 2 months and attaching a list of residents who need assistance. Resident orientation should be in the orientation packet. We go over that with them when they come in. The orientation form was not dated or signed in the past. Going forward we will make sure residents are oriented within 10 days of move-in for fire and evacuation and we will have them sign and date this form. I will also sign and date that form.	A2040		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: GENERAL VIOLATION Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at	A2050		

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A2050	Continued From page 9 DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. (Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023) This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to report a serious incident that caused physical injury to one (R1) of ten residents reviewed. This failure has the probability to affect all residents. Findings include: R1 is a 77-year-old resident admitted to establishment on 1/31/2023 with diagnoses including but not limited to hyperlipidemia and hypothyroidism. Two complaints received regarding a bruise noted on R1 thigh. R1 progress note dated 1/24/2026 documents care partner reported an old yellowish big bruised to right inner upper thigh. No complaints of pain and discomfort noted. Skin intact. Director of Resident Care and Nurse Practitioner notified. R1 progress note dated 1/25/2026 documents nurse on duty notified by care partner that bruising from right leg inner thigh was spreading to groin area, upon assessment by nurse on duty by trying the abduction and adduction maneuver of the right leg resident was complaining pain. Nurse Practitioner notified and order to send resident to emergency room for further	A2050		

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A2050	Continued From page 10 evaluation. Power of Attorney/POA notified. R1 progress note dated 1/25/2026 documents in part: resident return to facility at 9:30 pm with new order to monitor the hematoma of right thigh and bruise, apply cool compresses as resident tolerated. Computed Tomography/CT on abdomen and pelvis done. According to the hospital report the resident noted with asymmetric enlargement of the right adductor muscle which may be secondary to hematoma, no other order. POA, Medical Doctor notified. Per E1 Executive Director Reportable faxed to IDPH on 1/30/2026 and again 2/3/2026.	A2050		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. e) A file shall be maintained for each employee containing the following: 2) Documentation of:	A3000		

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A3000	Continued From page 11 A) Freedom from pulmonary tuberculosis; B) Employee orientation; and This requirement is not met as evidenced by: Based on record review and interview the establishment failed to: 1) Ensure to have on duty at all times at least one direct care staff person who has correct CPR certification, 2) Ensure employee files were maintained to include documentation of freedom from pulmonary tuberculosis/TB for one (E2) of eight employees reviewed 3) Ensure employee files were maintained to include employee orientation for eight (E1, E2, E3, E4, E5, E6, E7, and E8) of eight employees reviewed. This deficient practice creates a substantial probability of severe harm or death to a resident or residents. Findings include: On 1/27/2026, at 2:59 pm, Surveyor reviewed Nursing licenses and CPR with employee roster. E10 Licensed Practical Nurse/LPN noted to have online only CPR certification. E11 Care Partner noted to have expired CPR with 10/2025 exp date. E12 Care Partner has expired CPR as of 8/3/25. E2 Director of Memory Care noted to have online only CPR. E16 noted to have online only CPR. Nursing staff E17 LPN, E18 LPN, E19 LPN, E20 RN, E21 RN, E22 RN, E23 RN, E24 LPN, E25 LPN, E26 LPN, E27 LPN, and E28 LPN noted to not have CPR certifications. E13 LPN, E14 LPN, and E15 LPN noted to have valid,	A3000		

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A3000	Continued From page 12 unexpired CPR certifications. Nursing schedule documents on 12/1/2025 there was no CPR certified staff present from 2:30 pm -6:30 am. On 12/2/2025 there were no CPR certified staff present for all shifts. On 12/3/2025 there were no CPR certified staff present from 2:30 pm -6:30 am. On 12/4/2025 there were no CPR certified staff present from 2:30 pm -6:30 am. On 12/5/2025 and 12/6/2025 there were no CPR certified staff for all shifts. On 12/7/2025 there were no CPR certified staff present from 2:30 pm -6:30 am. No orientation documentation was provided to surveyor for E1-E8. No TB testing documentation was in file for E2 Memory Care Director. On 1/27/2026, at 2:00 PM, E29 Business Office Manager/BOM came in to review employee files with surveyor. E29 stated we really don't have documentation for new hire orientation. We have an introduction of managerial staff that they tell their roles and responsibilities. I give the new employees handouts for emergency procedures. We do not really have an orientation for new employees. E2 Memory Care Director started as a lead care partner. I cannot find a physical or TB on her. I do not have most of the CPR cards because the DON was gathering those. On 1/27/2026, at 3:15 pm, E29 Business Office Manager/BOM stated we do accept online CPR. Surveyor notified E29 that online only CPR was not accepted. E29 stated she did not know that. On 1/30/2026, at 12:09 pm, E2 Director of Memory Care and E1 Executive Director in	A3000		

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A3000	Continued From page 13 meeting with surveyor for interview. E2 stated we did accept online CPR before you spoke to E29 BOM. Going forward E29 will make sure all staff are correctly CPR certified and I am in the process of setting up a class as soon as possible. On 1/30/2026, at 12:26 pm, E29 BOM joined meeting. E29 stated we will also make sure CPR are in employee files and kept up to date with CPR certifications, TB testing and employee orientation.	A3000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.220 Health Care Employer Files a) The health care employer shall retain on file for a period of 5 years records of criminal records requests for all employees. The health care employer shall retain a copy of the disclosure and authorization forms, a copy of the livescan request form, all notifications resulting from the fingerprint-based criminal history records	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A3040	Continued From page 14 check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of $500 shall be imposed for failure to maintain these records. (Section 50 of the Act) b) If the Health Care Worker Registry indicates that the employee had no disqualifying criminal offenses or administrative findings at the time of hire, or had received a waiver as described in Section 40 of the Act and Section 955.260 or Section 955.275, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file. c) The health care employer shall retain a screen print of the background check initiation page, which documents that the employer did conduct an internet search of the web sites from the links provided through the Health Care Worker Registry and found no results from those web sites that would prevent the employee from being hired. No additional screen prints from those web sites shall be required in the employee's file. d) The health care employer shall maintain a copy of the documents required in this Section in the employee's personnel file or other secure location accessible to the Department. This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to ensure health care worker background check was done prior to hire and document retained in employee file for two (E2	A3040		

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	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

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A3040	Continued From page 15 and E3) of eight employees reviewed. This deficient practice creates a substantial probability of harm to a resident or residents. Findings include: No health care worker background check was provided to surveyor for E2 Director of Memory Care that had hire date of 4/11/2024 or E3 Director of Hospitality with hire date of 7/10/2023. On 1/27/2026, at 2:00 PM, E29 Business Office Manager/BOM came in to review employee files with surveyor. E2 Memory Care Director started as a lead care partner. I do not have the Health Care Worker Background Check for E2. I have a registry check with no date for E2. On 1/30/2026, at 12:26 pm, E29 BOM joined meeting with surveyor, E1 Executive Director and E2 Memory Care Director. E29 stated for E2 and E3 I did not have the Health Care Worker Background Check and registry because they were hired before me, and I cannot find them in their files. Going forward all files will be complete.	A3040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and	A4000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4000	Continued From page 16 psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. This requirement is not met as evidenced by: Based on record review and interview, the establishment failed to ensure that physician assessment was completed by medical doctor and completed within 120 prior to admission for 1 (R1) of 1 resident reviewed. Findings include: R1 is a 77-year-old resident admitted to establishment on 1/31/2023 with diagnoses including but not limited to hyperlipidemia and hypothyroidism. Physician Assessment dated 9/21/2022 is signed by a Family Nurse Practitioner - Certified/FNPC not a medical doctor and is more than 120 days prior to admission. On 1/30/2026, at 12:36 pm, E1 Executive Director/ED and E2 Memory Care Director met with surveyor. E2 stated regarding physician assessment I know they are supposed to be by MD only and completed no more than 120 days prior to move-in. Nurse practitioner's cannot complete.	A4000		
A4010	Section 295.4010 Service Plan	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A4010	Continued From page 17 This Regulation is not met as evidenced by: Type 1 Repeat 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) e) The service plan shall be reviewed and revised if necessary immediately after a	A4010		

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	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4010	Continued From page 18 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; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; This requirement is not met as evidenced by: Based on record review and interview the establishment failed to: 1) Ensure service plans for ten (R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10) of ten reviewed were signed by resident or resident representative, registered nurse and manager, and 2)Ensure service plans addressed the services the resident is receiving for seven (R1, R2, R3, R5, R8, R9, and R10) of ten residents reviewed. This failure creates a substantial probability to cause severe harm to a resident or residents. Findings include: R1 is a 77-year-old resident admitted to establishment on 1/31/2023 with diagnoses including but not limited to hyperlipidemia and	A4010		

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	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4010	Continued From page 19	A4010		

hypothyroidism.

R2 is a 92-year-old resident admitted to establishment on 3/31/2017 with diagnoses including but not limited to depression with anxiety and osteoarthritis.

R3 is a 96-year-old resident admitted to establishment on 9/27/2023 with diagnoses including but not limited to dementia and chronic kidney disease.

R4 is a 79-year-old resident admitted to establishment on 9/15/25 with diagnoses including but not limited dementia and essential hypertension.

R5 is an 83-year-old resident admitted to establishment on 11/27/2024 with diagnoses including but not limited to psychosis and vascular dementia.

R6 is a 67-year-old resident admitted to establishment on 1/22/2022 with diagnoses including but not limited to diabetes mellitus and hypertension.

R7 is an 82-year-old resident admitted to establishment on 7/18/2024 with diagnoses including but not limited to breast cancer and depression with anxiety.

R8 is a 78-year-old resident admitted to establishment on 12/12/2025 with diagnoses including but not limited to Diabetes Mellitus type 2 and osteomyelitis.

R9 is an 86-year-old resident admitted to establishment on 4/29/2025 with diagnoses including but not limited to dementia and

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HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4010	Continued From page 20 osteoarthritis. R10 is an 89-year-old resident admitted to establishment on 1/16/2024 with diagnoses including but not limited to hypertension and gout. R1's service plan dated 4/22/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. Fall for 4/19/2025 does not list fall prevention interventions on service plan. Fall for 7/20/2025 is not listed and no fall interventions are listed for this fall. Fall 1/1/2026 does not have interventions listed on service plan. R2's service plan dated 10/24/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. This service plan documents under diet both nectar thick liquids and thin liquids. R3's service plan dated 12/3/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. Service plan does not document what type of diet resident is on. R4's service plan dated 10/5/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. R5's service plan dated 2/18/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. Service plan does not document whether resident is self-administration for medication, reminders/supervision or medication administration per staff. Service plan documents resident on physical therapy/PT and occupational therapy/OT resident was not on physical therapy	A4010		

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A4010	Continued From page 21	A4010		

and occupational therapy at time of survey. R5 receives wound care, and this is not documented on service plan.

R6's service plan dated 12/30/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee.

R7's service plan dated 1/22/2026 is not signed by resident or resident representative, registered nurse, or manager or managers designee.

R8's service plan dated 12/26/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. Service plan does not address wound care for stage 2 wound R8 has.

R9's service plan dated 9/22/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. Service plan does not address activities of daily living of dressing and transfers for R9.

R10's service plan dated 11/27/2025 is not signed by resident or resident representative, registered nurse, or manager or managers designee. Service plan documents R10 is on Physical Therapy, Occupational Therapy and Speech Therapy/ST. R10 is on physical therapy only per E2 Memory Care Director. R10 has a wound, and wound is not addressed on service plan.

On 1/28/2026, at 9:31 am, E1 Executive Director/ED stated I do not have the signed service plans. That is part of the reason the old Director of Nursing is now gone. I am going to have to get all service plans signed for all 102 residents. I can get these 10 signed for you today if you need me to. Surveyor stated to provide

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	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4010	Continued From page 22	A4010		

service plans you have at this time whether they are signed or not.

On 1/28/2026, at 1:09 pm, E2 Director of Memory Care stated R2 is on nectar thick liquids. The service plan should reflect the nectar thick liquids only. Regarding R1's service plan, we are supposed to list all falls and interventions on each resident's individual service plan. The fall for 4/19/25 does not have interventions listed on service plan. I am not sure why. I am not sure why the 7/20/2025 is not listed or have interventions for R1 or why the 1/1/2026 fall does not have any interventions. R9 is on hospice services. R9 is not on PT/OT, and I am not sure why that has not been updated on the service plan. I do not see where the service plan for R9 shows what level of care she needs for transfers or dressing. I am not sure why that is not on there. For E5 we do administer her medications E5 is not self-administration. I do not know why it is not on the service plan. I do not know why it would not be on there as she has been medication administration since admit. For R8 she does have a wound on left buttocks stage 2. I do not know why it is not listed on service plan. R5 has a skin tear to left elbow. R5's PT/OT got cut because of wound care. R5 is only getting wound care right now. I do not know why wound care is not on service plan and PT/OT still is. R4 has a private caregiver for companionship she is not on home health/HH. R10 is on PT not on OT or ST. R10 is also on HH for wound on left lower leg. I am not sure why any of that is not reflected in her service plan.

On 1/30/2026, at 12:36 pm, E1 Executive Director/ED and E2 Memory Care Director met with surveyor. E2 stated all service plans I provided were not signed by resident/rep,

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4010	Continued From page 23 manager or RN and also some were not updated to reflect current condition. Going forward we will ensure signatures are obtained and make sure service plans reflect correct plan of care.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 1 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to ensure tuberculin test was completed and records maintained for one (R1) of ten residents reviewed and one (E2) of eight employees reviewed. This deficient practice creates a substantial probability of severe harm to a resident or residents. Findings include: R1 is a 77-year-old resident admitted to establishment on 1/31/2023 with diagnoses including but not limited to hyperlipidemia and hypothyroidism.	A4050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4050	Continued From page 24 E2 is a employee with hire date of 4/11/2024. No initial tuberculin test was provided to surveyor for R1. No initial tuberculin test was provided to surveyor for E2. On 1/27/2026, at 2:00 PM, E29 Business Office Manager came in to review employee files with surveyor. E29 stated for E2 I cannot find a TB (tuberculosis test) on her. On 1/29/2026, at E1 Executive Director/ED stated I do not have the initial turberculosis test for R1.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Repeat Violation Section 295.4060 Alzheimer's and Dementia Programs 2) Staff training: 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	A4060		

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	ASL510184	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A4060	Continued From page 25 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. These requirements are not met as evidenced by: Based on interview and record review the establishment failed to provide direct care staff with 16 hours of on-the-job supervision/training within the first 16 hours of employment. This applies to all staff who provide direct care to memory care residents. This failure involves 4 (E2, E4, E5, and E7) of 8 employees reviewed. This failure creates a substantial probability of harm to a resident or residents. Findings include: No 16-hour dementia specific on-the-job/supervision training documentation was provided to surveyor for E2, E4, E5, and E7 who provide direct care to memory care residents. On 1/27/2026, at 2:00 PM, E29 Business Office Manager came in to review employee files with surveyor. E29 stated we do not do dementia specific training that has a preceptor on the floor prior to new hires working on the floor by themselves. We do computer dementia training. On 1/27/2026, at 2:51 pm, E1 Executive	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR CHASE OF NAPERVILLE	1619 N MILL STREET NAPERVILLE, IL 60540

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A4060	Continued From page 26 Director/ED stated I tried to tell corporate that Illinois is different and we need the 16-hour dementia specific training with a preceptor. They do not want to pay for the extra training. We do not have that right now. Can you please tell me what regulation that is in, and I will make sure to forward that to them. On 1/30/2026, at 12:09 pm, E2 Memory Care Director and E1 Executive Director met with surveyor. E2 stated dementia training will be my responsibility going forward for staff. I know right now we do not do the 16-hour preceptor training that has to be done within the first 16 hours after orientation for all direct care staff before they are allowed to work alone on the floor. I will ensure this is being done going forward.	A4060		