STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510341	A. BUILDING: _____ B. WING _____	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT OF UPTOWN	10 N SUMMIT PARK RIDGE, IL 60068

(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 295.2040 g) h) 295.3040 955.154 a) Complaint Investigation IL00199528/ 2680323 - unsubstantiated IL00199333/ 25812869-unsubstantiated	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness 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 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. These requirements are not met as evidenced by:	A2040		

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A2040	Continued From page 1 Based on interview and record review, the establishment failed to consistently document the assistance required by residents who participated in the drills, the start time and when drill has ended. The establishment also failed to complete evacuation within 13 minutes. This deficient practice has the probability to affect all residents. This failure creates a substantial probability of severe harm to a resident or residents Findings include: An onsite visit was conducted on 1/28/26. Initial tour of the Assisted Living and Memory Care sections of the establishment was done at 10:58AM- 11:11AM, and random observations thereafter. There were residents on wheelchairs-self propel, residents using walker and residents on wheelchairs being assisted by staff were observed. Fire Drill documents were reviewed: 1st Shift 5/29/25 11:15AM- 11:25AM- With resident participation but the assistance required by the residents who participated in the drill were not documented. 6/27/25 No start and end time listed. With resident participation but the assistance required by the residents who participated in the drill were not documented. 9/25/25 1:45-2:00- The evacuation lasted more than the required 13 minutes. Only staff participation documented. 11/19/25 - First shift, no start and end time listed. With resident participation but the assistance required by the residents who participated in the drill were not documented.	A2040		

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A2040	Continued From page 2 2nd Shift 5/27/25 8:38PM- No end time of drill documented. With resident participation but the assistance required by the residents who participated in the drill were not documented 6/27/25 No start and end time listed. With resident participation but the assistance required by the residents who participated in the drill were not documented. 7/14/25 2:30PM- 2:42PM- With resident participation but the assistance required by the residents who participated in the drill were not documented. 7/14/25 2:55PM- 3:06PM- With resident participation but the assistance required by the residents who participated in the drill were not documented. 10/30/25 3:07PM-3:13PM- With resident participation but the assistance required by the residents who participated in the drill were not documented. 3rd Shift- 5/30/25 10:25pm -10:50pm, the evacuation lasted more than the required 13 minutes. With resident participation but the assistance required by the residents who participated in the drill were not documented. 8/22/25/8/23/25 start time 11:50PM- 12:25PM, only staff participation was documented. 11/14/25 10:45PM-11:00PM- With resident participation but the assistance required by the residents who participated in the drill were not documented. Some of the other drills reviewed included a form titled "Evacuation Determination" which include the assistance needed by residents.	A2040		

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A2040	Continued From page 3 On interview with E1 (Executive Director), confirmed establishment is aware evacuation needs to be done with 13 minutes, as well as the start time and the time when task was completed needed to be documented.	A2040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: General 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 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee and each contracted or subcontracted worker no less than annually. (Section 33(i) of the Act) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to complete employee verification at least annually for all non-licensed direct care staff in the community. This deficient practice has the probability to affect all residents.	A3040		

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A3040	Continued From page 4 Findings include: An onsite visit was conducted on 1/28/26. Employee files including E1 (Executive Director) was requested. On 1/28/26 at 1:01PM, E11 (Business Office Manager) said the Healthcare Workers Background Check is performed for new employees. However, E11 was not aware an annual employee verification needs to be completed.	A3040		