STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510114	A. BUILDING: _____ B. WING _____	C 05/08/2025

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CLARENDALE OF ALGONQUIN	2001 WEST ALGONQUIN RD ALGONQUIN, IL 60102

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A 000	Initial Comment Annual Licensure Survey 295.2040 295.3040 295.4060 Facility Reported Incident: IL190168 - No deficiency	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Annual Survey General Violation Section 295.2040 Disaster Preparedness 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 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.	A2040		

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A2040	Continued From page 1 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 were not met, as evidenced by: Based on interview and record review, the facility failed to conduct a tornado drill on each shift during February of each year. The facility also failed to document or identify any residents who may have participated in the fire or tornado drills. This failure has the potential to affect all residents in the facility. Findings include: During an interview with E3 (Director of Plant Operations) on 5/7/2025 at 12:22 PM they stated, "Here are all the fire and tornado drills going back to May of last year. That's when I started." During record review on 5/7/2025 at 12:23 PM it was found that the facility only had one tornado drill for February of 2025. This drill was on 2/19/2025 at 3:00-3:45 PM. During record review on 5/7/2025 at 12:25 PM it was found that the facility fire drills did not document resident involvement. There is an area on the drill paperwork that states, "Resident Head Count". This area was left blank on all drills. There was no identification of any residents that may have participated in the drills. During record review on 5/7/2025 at 1:47 PM	A2040		

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A2040	Continued From page 2 facility staffing schedules were reviewed. The facility has 3 documented shifts; AM shift, PM shift, and Overnight shift.	A2040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 3 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. 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 no less than annually. (Section 33(i) of the Act) 1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act) 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act) 3) The health care employer shall provide	A3040		

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A3040	Continued From page 3 the employment category and type. (Section 33(i) of the Act) b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act) c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Department of State Police. (Section 33(i) of the Act) This requirement was not met, as evidenced by: Based on record review and interview, the facility failed to comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code by failing to provide an employment verification and update the demographic information for each employee no less than annually. This failure involves 2 of 9 employees reviewed for this requirement (E4 & E7). Findings include: During record review on 5/7/2025 at 2:08 PM it was found that there was no documented employment verification in the Illinois Department of Public Health (IDPH) Health Care Worker Registry for E4 (Memory Care Manager). E4 has a hire date of 7/21/2021. During record review on 5/8/2025 at 11:43 AM it was found that there was no documented employment verification in the Illinois Department of Public Health (IDPH) Health Care Worker	A3040		

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A3040	Continued From page 4 Registry for E7 (Executive Director). E7 has a hire date of 6/15/2023. During interview with E5 (Business Office Manager) on 5/7/2025 at 2:00 PM they stated, "There are some things I am unable to locate for employees that were hired before I came here. I started in October. I will keep looking though."	A3040		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: A) The manager of an establishment providing Alzheimer care or the supervisor of an Alzheimer program must be 21 years of age and have: i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or ii) at least two years of management experience with persons with dementia. B) The manager or supervisor must	A4060		

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A4060	Continued From page 5 complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. This failure has the potential to affect all residents receiving dementia care services. 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; 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. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans;	A4060		

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A4060	Continued From page 6 ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination; vi) care of elderly persons with physical, cognitive, behavioral and social disabilities; vii) medical and social needs of the resident; viii) common psychotropics and side effects; ix) local community resources; and x) other related issues. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on record review and interview, the facility failed to ensure that the memory care manager had the required annual continuing education regarding dementia care. This failure involves 1 of 1 employee reviewed for this requirement (E4). Findings include: During record review on 5/7/2025 at 2:05 PM it was found that E4 (Memory Care Director) did not have any 2024 or 2025 continuing training in their employee file. E4 was hired on 7/2/2021.	A4060		

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A4060	Continued From page 7 During interview with E5 (Business Office Manager) on 5/7/2025 at 2:00 PM they stated, "There are some things I am unable to locate for employees that were hired before I came here. I started in October. I will keep looking though." During interview with E2 (Director of Health Services) on 5/8/2025 at 10:14 AM they stated, "We do not have the annual training for E4."	A4060		