STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510051	A. BUILDING: _____ B. WING _____	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT VILLAGE BUFFALO GROVE	500 MCHENRY RD BUFFALO GROVE, IL 60089

(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 295.3030a)c)e)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. c) The initial health evaluation shall include the employee's immunization status. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. These requirements are not met as evidenced by:	A3030		

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A3030	Continued From page 1 Based on interview and record review the facility failed to ensure that employees completed TB screening for employment. This involves 3 of 11 employees reviewed (E8,E9,E11). This failure creates substantial probability of harm to residents. Findings include: On 2/25/26 10:00am surveyor requested 9 staff files. On 11/2/23 E6(Business Office Manager) presented surveyor with the requested files. The following employee files did not contain documentation that they received TB testing per state requirements. E8 (Director of Memory Care) hire date 9/8/20 only had 1st step TB of a 2 step E9 (LPN) hire date of 7/21/22 had 1st step TB of a 2-step test E11 (Caregiver) hire date of 10/31/22 had 1st step TB of a 2-step test On 2/26/26 E5 (Business office Manager) confirmed the above. E5 stated they have just switched to QuantiFERON. E5 noted she will go through all employee files to make sure they have their TB testing done per state guidelines. E5 confirms the above. Facility Policy Procedure Titled IPC Infection Prevention and Control New Employee Screening. 3. Baseline TB screening and testing consent will be obtained from applicant/employee prior to performing TST. 6. The initial TB testing will be either a single TST	A3030		

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A3030	Continued From page 2 or Two-step TST, based on the specific state requirements. Two -step TST	A3030		