STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510402	A. BUILDING: _____ B. WING _____	C 06/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK SENIOR LIVING	110 W SCHAUMBURG RD STREAMWOOD, IL 60107

(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 Complaint Investigation Survey #2693740/IL200998 - no findings Facility Reported Incident of 2/13/2026 #IL200275 - 295.2040 b)5); 295.4010 a)c)d)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness b) (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. These regulations were NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure one (R3) of three residents reviewed for disaster preparedness was oriented to the emergency and evacuation plans within 10 days of admission and failed to maintain signed and dated documentation of the orientation.This failure creates a substantial probability of severe harm or death to a residentt or residents. Findings include: R3 was admitted to the establishment on	A2040		

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A2040	Continued From page 1 10/17/2025 and currently resides in the memory care unit of the establishment. Review of R3's resident record failed to show documentation that R3 or R3's representative was oriented to the establishment's emergency and evacuation plans within 10 days of admission. No signed and dated documentation of the required orientation was available for review. The establishment was requested to provide documentation demonstrating R3 had been oriented to the emergency and evacuation plans as required. No such documentation was provided during the survey. 6/21/2026 at 3:44 PM, E1 (Executive Director) stated, "I was unable to find the orientation document from original move-in for R3 due to the Director of Maintenance no longer working at the establishment. I will continue to look in his office." E1 was unable to provide documentation showing R3 or R3's representative had been oriented to the establishment's emergency and evacuation plans within 10 days of admission.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan	A4010		

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WESTBROOK SENIOR LIVING	110 W SCHAUMBURG RD STREAMWOOD, IL 60107

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A4010	Continued From page 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. The establishment shall respect and accept the resident's choices regarding the service plan. 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. These regulations were NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure one (R3) of three residents reviewed for service plans had a service plan that was signed and dated by all individuals involved in its development and resident/resident representative. Findings include: R3 was admitted to the establishment on 10/17/25 with diagnoses including Hypothyroidism, Hyperlipidemia, Age-related cognitive decline, Basal cell carcinoma of skin, Primary osteoarthritis, Unsteadiness on feet, and other diagnoses. Review of R3's service plan showed the service plan was effective 5/6/2026. Review further showed the service plan was not signed by	A4010		

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A4010	Continued From page 3 establishment representatives or R3 and/or R3's representative until 6/20/2026. Review of the service plan showed the plan remained unsigned for approximately six weeks after its effective date. Establishment did not provide documentation that during that period, the service plan had been mutually agreed upon by the resident and the establishment. 6/20/26 at 4:40PM, E1 (Executive Director) and E2 (Resident Care Director/DON-RN) were interviewed regarding service plans and affirmed that service plans are "signed off" on by the residents or POA and that if they refuse to sign, there is a progress note in the system and that they are emailed to resident representatives either way. 6/21/2026 at 3:44PM E1 (Executive Director) said the service plan for R3 was signed on 6/20 due to POA being unavailable due to surgery. Review of the establishment's Service Plan Policy and Procedure, effective December 2023, stated service plans "are signed by the resident and/or appropriate family members or personal representatives" and "will be signed and dated by all individuals involved in its development."	A4010		