STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510522	A. BUILDING: _____ B. WING _____	C 05/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE GLENVIEW	4700 W LAKE AVENUE GLENVIEW, IL 60025

(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 Facility Reported Incident of 3/19/26 #IL200941 - no findings Facility Reported Incident of 4/2/2026 #IL201238 - 295.4000 b)f)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed. These requirements are NOTE MET as evidenced by: Based on interview and record review, the establishment failed to ensure a comprehensive physician's assessment was completed at least annually for one (R3) of three residents reviewed for physician assessments. Findings include: R3 is a resident of the establishment and was reviewed for physician assessment compliance. R3's record was reviewed on 5/01/2026. R3's	A4000		

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A4000	Continued From page 1 most recent physician assessment was dated 1/15/2025. The record did not contain a current annual physician assessment completed within the previous 12 months. On 5/1/2026 at 3PM, E2 (Resident Care Director) confirmed that the most recent physician assessment was dated 1/15/2025 and stated that R3 did not have a current annual physician assessment completed within the required annual timeframe. E2 said they've been trying to get the POA (Power of Attorney) to authorize R3 to see our doctors, but she refuses. The POA wants the establishment to contact R3's primary care provider, but the provider is not responding. E2 said we have been trying to contact her doctor's office for a new certification, but they are not getting back to us. R3's residency contract signed by the POA on 10/17/2023 includes: In the State Addendum / Residency Qualifications and Assessments section, it states under Ongoing Assessment: "Annually, or upon a significant change of condition, You shall be reassessed, as required upon admission. The service plan shall be reviewed annually, or more frequently, as your condition, preferences, or service needs change." Based on interview and record review, the establishment failed to ensure R3 had a comprehensive physician's assessment completed at least annually as required. 295.4000 b) f) cited.	A4000		