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	SHF520365	A. BUILDING: _____ B. WING _____	05/13/2026

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A 000	Initial Comment Annual Licensure Survey Violations: Section 295.3000 Personnel Requirements, Qualifications and Training a) b) i) 2) j) 1) Section 295.4000 Physician's Assessment a) b) Section 295.4050 Tuberculin Skin Test Procedures Section 696.130 Responsibilities of Health Care Settings b) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a)1) a) 2) A-D) b) 1) 2)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) b) The establishment shall have on duty	A3000		

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A3000	Continued From page 1 at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR ... i) The personnel schedule shall:... 2) Reflect actual work hours; ... j) If an establishment accepts individuals with impairments that prevent them from independently moving to an area of safety, sufficient staff must be present and awake to enable these residents to move to a safe area 24 hours per day ... l) Assisted living establishments shall have at least one staff member awake, on duty and on site 24 hours per day ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure direct care staff had CPR training that included demonstration of the individuals' ability to perform CPR. They failed to show a CPR certified direct care staff was on duty at all times. There was concern a staff person was not awake at all times, as some staff were scheduled for a 24-hour shifts and was the only staff member that worked during the evening/overnight hours. This applies to 3 of 8 employees (E6, E7, E8) reviewed for this requirement. These failures creates the substantial probability of severe harm of death to	A3000		

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A3000	Continued From page 2	A3000		

a resident or residents that reside in the establishment, as in the event of an actual medical emergency, it cannot be verified there is a direct care staff person on duty and/or awake to adequately or correctly perform CPR, respond to emergencies, and meet the needs of residents.

The findings include:

On 5/12/26 an annual licensure survey was conducted.

During the survey, direct care staff CPR certifications were reviewed and compared to the Nursing and Caregiver schedules for 3/1/26 to 5/12/26.
E8's (Caregiver) CPR Certification of Completion, date 8/11/25 and renew 8/11/27, did not indicate return demonstration was part of the course, as state regulation requires. The course website https://nationalcprfoundation.com/support/ was reviewed and showed the course was on-line only. For this reason, E8 was not factored as part of direct staff CPR certified coverage.

The following dates/times could not be verified that a direct care CPR certified staff person was on duty:

March
6:30 AM-9:00 AM: 3/6, 3/13, 3/20, and 3/27
5:00 PM-6:30 AM: 3/6, 3/13, 3/20, and 3/27
6:30 PM-6:30 AM: 3/2-3/5, 3/7, 3/9-3/14, 3/16-3/19, 3/21, 3/23-3/26, 3/28, and 3/30-3/31

April
6:30 AM-9:00 AM: 4/3, 4/10, 4/17, and 4/24
5:00 PM-6:30 AM: 4/3, 4/10, 4/17, and 4/24
6:30 PM-6:30 AM: 4/1-4/2, 4/4, 4/6-4/9,

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A3000	Continued From page 3 4/11-4/16, 4/18, 4/20-4/23, 4/25, and 4/27-4/30 The following dates had a caregiver scheduled for a 24-hour shift and did not show when the caregiver was awake or asleep: E6 (Caregiver) worked 6:30 AM-6:30 AM and was the only staff person on duty from 5:00 PM-6:30 AM on 3/8, 3/15, 3/22, 3/29, 4/5, 4/19, 4/26, and 5/1 E7 (Caregiver) worked 6:30 AM-6:30 AM and was the only staff person on duty from 5:00 PM-6:30 AM on 5/3 and 5/10 E8 (Caregiver) worked 6:30 AM-6:30 AM and was the only staff person on duty from 5:00 PM-6:30 AM on 3/1, 3/6, 3/20, and 3/27 During text communication on 5/12/26 at 4:32 PM, E2 (Administrator) confirmed E8 did not have CPR certification with return demonstration. On 5/12/26 at 11:57 AM, E2 indicated caregiver shifts are from 6:30 AM-6:30 PM and 6:30 PM-6:30 AM. During a phone conversation on 5/13/26 at 11:12 AM, E2 indicated the caregivers scheduled for a 24-hour shift like to work both shifts and stays awake for the 24 hours.	A3000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 Violation	A4000		

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A4000	Continued From page 4 Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure they had an annual comprehensive assessment completed by a physician. This applies to 3 of 3 residents (R1, R2, R3) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents. The findings include: On 5/12/26, an annual licensure survey was conducted. During the survey, resident records were reviewed.	A4000		

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A4000	Continued From page 5 There was no documentation for an annual comprehensive assessment completed by the physician for the following residents: R1 - move in date 1/5/25 - last documented Physician Certification was dated 1/5/25 R2 - move in date 4/19/25 - last documented Physician Certification was dated 4/19/25 R3 - move in date 10/2/22 - last documented Physician Certification was dated 10/2/22 During interview on 5/12/26 at 12:18 PM, E3 (Registered Nurse), in the presence of E2 (Administrator), indicated the certifications were sent to the doctor in December 2025 as part of the revision process to be assessed by a physician, as previous certifications were completed by a nurse practitioner. E2 indicated E2 pre-filled in the date with the resident's move in date and did not realize the date was meant for the day the physician signed off. E2 indicated the forms were sent/received through the post office, so they could not provide fax or email confirmation to show when the certification was completed.	A4000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents	A4050		

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A4050	Continued From page 6 shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.130 Responsibilities of Health Care Settings ... b) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection (LTBI) among health care workers and clients; protocols for the screening, diagnosis and management of active TB disease among health care workers and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker education program. All components of the plan shall reflect compliance with this Part. The plan shall include the name of the person or persons responsible for the TB prevention and control program at each health care setting; procedures to protect health care workers and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented and treatment is completed for clients with TB who leave the health care settings. The written plan shall be updated at least annually. (See the Guidelines for Health-Care Settings.) ... (Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active	A4050		

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A4050	Continued From page 7 TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings. a) Screening for Latent TB Infection 1) Persons who are contacts to suspected or confirmed cases of active TB disease shall be evaluated in accordance with the CDC Guidelines for the Investigation of Contacts. 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. A) Health care workers and workers in other residential care settings shall have baseline (preplacement) TB symptom evaluation, TB test (Interferon Gamma Release Assay (IGRA) blood test or Mantoux Tuberculin Skin Test (TST)), and an individual risk assessment. B) Evaluate symptoms for all healthcare workers when an exposure is recognized and perform a test (IGRA or Mantoux TST) for those with a baseline (preplacement) negative TB test, and no prior TB disease or LTBI. A negative IGRA or Mantoux TST shall be	A4050		

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A4050	Continued From page 8	A4050		

repeated 8-10 weeks after the most recent exposure.

C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf.

D) TB screening shall be instituted in other residential care settings serving high-risk groups as directed by the local TB control authority or the Department when a community or residential care setting has a higher than expected incidence of active TB disease or prevalence of LTBI ...

b) Screening for Active TB Disease. The following persons shall be screened for active TB disease:

1) Persons with a documented positive TB screening test result;

2) Clients admitted to health care settings and residential care settings serving high-risk groups; ...

(Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024)

This requirement was not met, as evidenced by:

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A4050	Continued From page 9 Based on interview and record review, the establishment failed to review their TB policy annually and include all required components, consistent with state regulation. This has the probability to affect all residents that reside in and employees that work at the establishment. This Part was not met due to the conduct of the establishment or its staff, either by an improper action or the failure to take an action. The findings include: On 5/12/26, an annual licensure survey was conducted. The establishment policy Tuberculosis Policy was not dated to show it was updated at least annually. The policy did not address the use of TB blood tests or individualized risk assessment form. The policy did not include the name of the person or persons responsible for the TB prevention and control program. The policy did not include a health care worker education program. The policy did not address the need to report persons with suspected or confirmed active TB disease to the local TB control authority. During interview, on 5/12/26 at 11:55 AM, concerns were addressed with E2 (Administrator). E2 indicated the nurse is in charge of TB policy.	A4050		