STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510493	A. BUILDING: _____ B. WING _____	C 08/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIGO AT BARTLETT (THE)	1035 SOUTH ROUTE 59 BARTLETT, IL 60103

(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 2576748/ IL196504 295.3000a)n) 295.3010a)c)1)2)3)f) 295.4060 A6)8)i)1)A)i)ii)B)2)A)i)ii)iii)iv)v) Facility Reported Incident IL196413 of 2/28/25. 295.3000a)n)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General 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). n) Prior to employing any individual in a position that requires a State professional license, the establishment shall contact the Illinois Department of Professional Regulation to verify that the individual's license is active. A copy of the verification shall be placed in the individual's personnel file. Based on observation, interview and record review, the facility failed to ensure staff are with adequate skills, education, experience, and training in order to provide the specialized care needed by residents living with Dementia.	A3000		

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A3000	Continued From page 1 This failure involves 2 of 2 employees (E1,E2) reviewed. These failures resulted in: 1. An unqualified manager (culinary staff) overseeing the Memory Care Unit, 2. E2 (LPN) working in the community with an expired licensed for seven months (from January through July 2025). These has the potential to affect the 31 residents in the community. The findings include: On July 30, 2025, at 11:00 AM, E1 (Executive Director) explained, "the previous Executive Director resigned on May 22, 2025. I applied and they gave me the position. I started as the Executive Director on June 19, 2025. I was the Culinary Coordinator prior to. This is my first time to be an Executive Director. I always worked in the kitchen. " E1 also explained, "Right now, I manage the entire community.We do not have a Wellness Director since April 2025 so, while we do not have one (Director of Nursing), I oversee all of the Departments." At 1:45 PM, E1 stated, "E2 (LPN) works full time, 7:00 PM-7:00 AM shift. We are not aware that E2's license expired in January 2025." E2 continued to work with expired license from January through April 2025.	A3000		
A3010	Section 295. 3010 Manager's Qualifications	A3010		

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A3010	Continued From page 2 This Regulation is not met as evidenced by: General Violation Section 295.3010 Manager's Qualifications a) Each assisted living establishment shall have a full-time manager. c) The establishment shall be under the supervision of a full-time director (manager) who is at least 21 years of age and has a high school diploma or equivalent plus either: 1) 2 years of management experience or 2 years of experience in positions of progressive responsibility in health care, housing with services, or adult day care or providing similar services to the elderly; or 2) 2 years of management experience or 2 years of experience in positions of progressive responsibility in hospitality and training in health care and housing with services management. (Section 35(a)(2) of the Act) 3) For the purposes of this subsection, "services management" refers to the coordination and oversight of various services provided to residents, such as healthcare, activities, and daily support. It includes, but is not limited to, ensuring resident quality of care, effective communication with establishment staff, and addressing residents' needs to enhance their overall wellbeing in the establishment. f) Changes in manager must be reported to the Department within 10 working days after the change. Based on observation, interview and record review, the facility failed to have a full-time manager with qualified experience to ensure the	A3010		

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A3010	Continued From page 3 necessary, consistent, and quality care are provided to the residents. This failure involves 1 of 2 employees (E1) reviewed. This has the potential to affect the 31 residents in the community. The community had not had a memeory care unit manager since April 2025 to the present (August 17, 2025) and an Executive Director without Dementia/ Alzheimer's training. The findings include: On July 30, 2025, at 10:38 AM, E1 (Executive Director) identified herself as the "new" Executive Director. E1 presented her business card with her name and job title as Culinary Coordinator. E1 explained that the previous executive director resigned on May 22nd, 2025; E1 applied and started as the Executive Director on June 19,2025. E1 stated, "No, I never been an Executive Director before, this is my first! My experience was mostly in the kitchen." On August 17, 2025, at 2:00 PM, E1 confirmed she had not recieved/done any Dementia/Alzheimers training/ inservices after assuming the Executive Director position. E1 also stated that the community had no Nurse Manager/Wellness nurse since April 2025. E1 explained, "for now I oversee the entire Department, including Nursing."	A3010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs	A4060		

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A4060	Continued From page 4 This Regulation is not met as evidenced by: General Violation Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times. 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section. 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 complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing	A4060		

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A4060	Continued From page 5 education regarding dementia care. 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. Based on observation, interview and record review, the facility failed to: 1. Have qualified staff, with adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents. a. E2 (LPN) worked for seven months with expired licensed. b. E1 (Executive Director) without any Dementia/Alzheimers training. c. No qualified Memory Care Unit Manager. 2. To ensure staff are provided and complete the required training, in order to understand the specific behaviors, needs and keeping the residents living with Dementia safe at all times.This failure involves 2 of 2 employees (E1,E2) reviewed. These failures have to potential to affect the 31	A4060		

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A4060	Continued From page 6 residents in the community. The findings include: On August 17, 2025, at 2:00 PM, E1 (Executive Director) explained, "I started working here on 2020 as a cook; on 2023, I become the coordinator (Culinary) and on June 19, 2025, as an Executive Director. This is my first time to be an Executive Director." E1 stated, "we do not have a Director of Nursing/ Wellness Director since April 2025 so, I oversee all the Department including Nursing." At 1:45 PM, E1 stated, "E2 (LPN) works full time, 7:00 PM-7:00 AM shift. We are not aware that E2's license expired in January 2025." At 3:00 PM, E1 was unable to provide any Dementia specific training (to include in-services, certifications, or continuing educations) after accepting the Executive Director position on June 19, 2025. This finding was confirmed by E1.	A4060		