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VICTORIAN INN	12600 RENAISSANCE CIRCLE HOMER GLEN, IL 60491

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A 000	Initial Comment Annual Licensure Survey: 295.2040a)c)e)h) 295.3020c)1)2)3)4)5)6)d)1) 295.6000a)1)2)13)20) 295.8000a)1) Facility Reported Incident IL00201602: 295.6000a)1)2)13)20)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: e) Drills shall include residents, establishment personnel, and other persons in the establishment. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any	A2040		

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A2040	Continued From page 1 residents who received assistance for evacuation. This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure staff who participated in disasters drills were identified on the drill log. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of harm to a resident or residents. The findings include: Review of disaster logs from July 2025 through current provided by E1 (Executive Director) showed the following: Fire drill evaluation worksheet dated 09/24/25 at 10:00 PM did not include a drill log and did not indicate which staff participated in the drill by name. On 05/12/2026 from 03:35 PM - 03:50 PM, E1, E2 (Campus Director of Nursing) and E3 (Director of Nursing) were informed during exit conference regarding concerns related to missing documentation for the above drill.. E1 said "okay." No other response(s) were voiced.	A2040		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 2 Violation Section 295.3020 Employee Orientation and Ongoing Training	A3020		

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A3020	Continued From page 2 c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights; 2) Disaster procedures; 3) Hygiene and infection control; 4) Assisting residents in self-administering medications; 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. d) All training shall be documented with: 1) Date; This regulation is NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure an employee completed all the required ongoing trainings within the timeframe specified per the regulation. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of harm to a resident or residents. The findings include: Employee roster dated 05/11/2026 provided by E1 (Executive Director) showed E4's (Dining Room Supervisor) date of hire as 03/15/2016. Review of staff requirements showed that E4 did not complete the required minimum of eight hours of ongoing training (applicable to the employees'	A3020		

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A3020	Continued From page 3 responsibilities) every twelve months that includes resident rights, disaster procedures, hygiene & infection control and abuse from the period of 03/15/2025 through 03/15/2026. (Hand hygiene competency/training was noted in E4's file that was completed on 02/15/2026) On 05/11/2026 at 03:40 PM, informed E1, E2 (Campus Director of Nursing) and E3 (Director of Nursing) of end of day survey concerns that included the ongoing education. E1 indicated she would look for and provide any further training documentation. On 05/12/2026 at 12:18 PM, E1 provided a "course completion history" for E4 then indicated the trainings were not done in a timely manner but were completed on 5/11/2026. Review of the above provided document showed that E4 completed the missing trainings on 05/11/2026. Disaster preparedness module was completed at 08:29 PM. Resident Rights module was completed at 08:54 PM. Abuse module was completed at 09:08 PM. No infection control module was shown as being completed by E4.	A3020		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on	A6000		

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A6000	Continued From page 4	A6000		

account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights:
1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;
2) The right to respect for bodily privacy and dignity at all times, especially during care and treatment;
13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor;
20) The right to 24 hour access to the establishment and all common areas of the establishment;

This regulation is NOT MET as evidenced by:

Based on interview and record review, the establishment failed to provide a safe environment to avoid an accident or injury for one of five residents (R1) reviewed for this requirement. This failure creates a substantial probability of severe harm or death to a resident or residents.

The findings include:

Resident roster dated 05/11/2026 provided by E1 (Executive Director) showed a census of 53. (Per E1, the 300 unit on the third floor is the community's secure memory care unit.)

1. R1's face sheet documented a move-in date of 02/07/2025 with a past medical history not limited to multiple rib fractures, dementia, anxiety disorder and Parkinson's disease.

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Review of final incident reports submitted to IDPH showed the following incidents for R1:

On 03/20/2026, per resident aide (E24), she was transporting R1 to the bathroom and upon approaching the bathroom, R1 began swaying forward. Per E24, R1 appeared to have passed out. E24 attempted to intervene but was unsuccessful. R1 was bleeding from her nasal area. 911 was called and R1 was transported to emergency room for further treatment. R1 was admitted to the hospital with diagnosis of syncope, urinary tract infection, laceration of glabella (skin located between eyebrows and above bridge of nose) and fractured nasal bone. R1 readmitted to community with dissolvable sutures to laceration.

Progress note dated 03/20/2026 at 09:48 PM (21:48) reads in part, staff nurse spoke with hospital nurse who stated R1 "was admitted for [urinary tract infection] and nose fracture. Resident received stitches to nose and between eyebrows" ...

R1's fall assessment dated 03/20/2026 showed that resident is at "high risk for falling".

On 04/16/2026, per staff member (E25, Activity Aide), while propelling R1 in the wheelchair, R1 put her foot down and fell forward resulting in a fall. R1 had bleeding to nasal area. 911 was called and R1 was transferred to emergency room for further treatment. Computed tomography (CT) of maxillofacial showed "mildly displaced bilateral nose bone fractures with soft tissue laceration over the nose". Displaced nasal bone fracture was seen on previous CT scan. Laceration was repaired with four sutures. R1 returned to the community ...Staff members were

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re-educated to ensure leg rests are in place on wheelchair with feet properly positioned on leg rests while propelling a resident in a wheelchair to ensure that leg rest are in place on wheelchair.

Progress note dated 04/16/2026 at 04:53 PM (16:53) reads in part, resident returned from [hospital] accompanied by two daughters. Daughter stated resident received "4 stitches to her nose and fractured her nose some more" ...

R1's fall assessment dated 04/16/2026 showed that resident is at "high risk for falling".

R1's service plan report provided by E1 (Executive Director) on 05/11/2026 reads in part, escort to all activities of interest (05/04/2024); wheelchair leg rest to be used at all times when pushing resident in wheelchair (04/16/2026); requires reminders for using her wheelchair and for proper position in wheelchair (03/17/2026).

On 05/12/2026 between 02:50 - 02:58 PM, E25 (Activity Aide) said verbatim regarding R1's incident on 04/16/2026: around 4:00 PM after the activity, I was taking people from the common area to the tv area. I pushed R1 in her wheelchair. There were no pedals on the wheelchair. She was holding her feet up while I pushed her away from the table. When I turned to start pushing her towards the tv area, she put her feet down and the next thing I know, she fell forward out of the wheelchair. I yelled for help. The aides and nurses came. They called 911. I didn't see any injury. I stayed with her until the staff came. I started about a year ago. I had training on how to transport a resident while in the wheelchair that included to make sure their legs are up and if they had foot pedals, to put them on. I did not know that R1 had or needed foot pedals.

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She was already at the table in her wheelchair before I started the activity. I don't recall who brought her to the table.

On 05/12/2026 from 02:59 - 03:10 PM, E24 (Resident Aide) said verbatim regarding R1's 03/20/2026 incident: lunch was over, R1 started to propel herself in the wheelchair with her feet. When I got to her, I started pushing her in the wheelchair and as I was turning the chair into her room, she fainted and fell forward out of the wheelchair by the bathroom door. She did not have foot pedals in place to the wheelchair. E24 added that she was "not sure if she would need them or where to find out if she is supposed to have them". R1 said "owww" and I called for the nurse. She was bleeding from her nose, but I couldn't tell exactly where she was bleeding from. I had training on how to transport a resident in a wheelchair last year. E24 added that she did not recall any re-education on wheelchair transport after incident.

On 05/12/2026 from 03:13 - 03:23 PM, E3 (Director of Nursing) said verbatim regarding R1's incidents: we did staff training on propelling a resident in the wheelchair and with having footrests in place. Current wheelchair is a transport chair that was provided by R1s family. She did not have footrests for this wheelchair. For the 04/16 incident, it was the same nasal displacement was from her previous incident, but they had to repair the laceration. At 3:19 PM, E3 said R1 does not always keep feet up. When she readmitted after the 04/16, we now use the emergency wheelchair with footrests. Did not specify in service plan to have foot pedals in place prior to both incidents because she did not have footrests. At 3:21 PM, E3 said if a resident has foot pedals, they would be on the wheelchair.

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A6000	Continued From page 8 Review of undated in-service sign in sheet for propelling a resident did not show that E24 attended this in-service.	A6000		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. Section 750.230 Food Handlers - Training 750.230a)1)d) a) All Food Handlers 1) All food handlers, other than someone holding a certified food protection manager certificate, shall receive or obtain training in basic food handling principles, as outlined in Section 750.210, within 30 days after employment. d) Food Handlers Employed by Certain Facilities All food handlers employed in nursing homes, licensed day care homes and facilities, hospitals, schools, and long-term care facilities must renew their training every three years. (Section 3.06(b) of the Food Handling Regulation and Enforcement Act)	A8000		

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A8000	Continued From page 9 This regulation is NOT MET as evidenced by: Based on interviews and record review, the establishment failed to ensure all food handlers received or obtained training in basic food handling principles within thirty days after the start of employment. This failure has the substantial probability to affect all residents in the establishment. This failure creates a substantial probability of harm to a resident or residents. The findings include: Employee roster dated 05/11/2026 provided by E1 (Executive Director) showed twenty-six total dining services staff members. Of these staff members, twenty-four staff either handle and/or serve food consumed by the residents in the establishment. On 05/11/2026 at 2:23 PM, E1 said cooks and all dietary aides/servers have had food handler's training. When asked if they handle food, E1 said the dining room servers "serve food". Requested food handler's training log from E1. Upon reconciliation of dietary staff from the employee roster dated 05/11/2026 with the undated food handler certificate log provided by E1, it was determined that the following fourteen dietary staff did not have a current food handler certificate: E4 (Dining Room Supervisor) with hire date of 03/15/2016 E8 (Dining Room Server) with hire date of 04/09/2026 E11 (Cook) with hire date of 01/19/2026 E13 (Dining Room Server) with hire date of	A8000		

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A8000	Continued From page 10 06/08/2022 E14 (Dining Room Server) with hire date of 07/10/2018 E15 (Dining Room Server) with hire date of 09/16/2025 E16 (Dining Room Server) with hire date of 01/22/2026 E17 (Dining Room Server) with hire date of 01/14/2026 E18 (Cook) with hire date of 02/14/1994 E19 (Dining Room Server) with hire date of 08/30/2024 E20 (Dining Room Server) with hire date of 11/07/2023 E21 (Prep Cook) with hire date of 06/03/2022 E22 (Dining Room Server) with hire date of 03/28/2005 E23 (Dining Room Server) with hire date of 11/11/2024 On 05/12/2026 from 03:35 PM - 03:50 PM, exit conference was conducted with E1 (ED), E2 (Campus Director of Nursing) and E3 (Director of Nursing). At 03:40 PM, when informed that dining room servers are considered food handlers because they handle plates, silverware, etc and directly serve food to the residents and therefore should have completed their food handler's training within thirty days of hire, E1, E2 and E3 all agreed they should have completed food handler's training.	A8000		