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	ASL0007	A. BUILDING: _____ B. WING _____	06/15/2026

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AMERICAN HOUSE CEDARLAKE	14800 SOUTH VAN DYKE ROAD PLAINFIELD, IL 60544

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A 000	Initial Comment Change of Ownership conducted & Facility Reported Incident of 5/22/2026/IL202217 Change of Ownership Violations: 295.2030a)2) 295.2040e)g) 295.2050a)b) 295.3030a)d) 295.3040 295.4000a) 295.8000a)1) Facility Reported Incident Violations: 295.6000a)13) 295.6010a)1)	A 000		
A2030	Section 295.2030 Establishment Contacts This Regulation is not met as evidenced by: Type 3 Violation Section 295.2030 Establishment Contracts a) A contract between an establishment and a resident must be entitled "assisted living establishment contract" or "shared housing establishment contract" as applicable, shall be printed in no less than 12 point type, and shall include at least the following elements in the body or through supporting documents or attachments: 2) The name and mailing address of the owner or owners of the establishment and, if the owner or owners are not natural persons, the type of business entity of the owner or owners;	A2030		

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A2030	Continued From page 1 These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure a resident's contract was signed following a change in ownership filed by the establishment. This applies to 3 of 5 (R3, R4, R5) reviewed for contracts in the sample of 6. Findings include: On 6/11/2026 at 9:34AM, E1 (Executive Director - ED) said we normally update the service contracts if we were to change ownership. The establishment failed to provide a new or updated establishment contract on or after 5/1/2026 for R3, R4, R5.	A2030		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who	A2040		

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A2040	Continued From page 2 cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to include all residents in an actual evacuation during a fire drill. This applies to all residents residing in the establishment. This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include: On 6/10/2026 at 12:03PM, E2 (Director of Nursing - DON) said we notify the residents of the drill. E2 said if the fire is close, we evacuate, if not we keep the door closed. E2 said we go room to room. E2 said we don't do a physical evacuation since its just a drill. The establishment provided [Establishment] Drill Attendance Log lists a fire drill being completed on 5/21/2026.	A2040		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 Violation Section 295.2050 Incident and Accident Reporting	A2050		

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A2050	Continued From page 3 a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to report serious incidents or accident within 24 hours to the Department. This applies to 1 of 1 (R6) reviewed for incident reporting in the sample of 6. This failure creates a substantial probability of harm to a resident or resident. Findings include: On 6/11/2026 on or around 2:30PM - 3:00PM, E2 (Director of Nursing - DON) said abuse and incidents are reported within 24 - 48 hours. The establishment provided State Reportable email confirmation for R6's fall lists a sent date/time of 5/25/2026 at 2:13PM with an incident date/time of 5/24/2026 at 5:57AM. The establishment provided Incident Reporting policy dated 1/1/2015 states, . . . The Executive Director must notify the appropriate State agency	A2050		

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A2050	Continued From page 4 within the required State regulations . . .	A2050		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure an employee's pre-employment physical examination included a determination the employee was cleared to perform the required job duties. This applies to 1 of 1 (E11) reviewed for initial health evaluation in the sample of 9. This failure creates a substantial probability of harm to a resident or resident. Findings include:	A3030		

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A3030	Continued From page 5 On 6/11/2026 on or around 2:45PM - 3:00PM, E1 (Executive Director - ED) said employee physicals are completed prior to starting. The establishment provided Employee Roster lists a hire date for E11 (Server) as 5/26/2026. E11's Medical Examination Report dated 5/19/2026 states, . . . [patient] not cleared for safety sensitive position until cleared by ophthalmologist . . . The establishment failed to provide additional documentation from an ophthalmologist for E11.	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 1 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure an employee's background check was completed after a change of ownership. This applies to 3 of 9 (E1, E9 and E10) reviewed for background checks in the sample of 9. This failure creates a substantial	A3040		

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A3040	Continued From page 6 probability of severe harm or death to a resident or residents. Findings include: On 6/11/2026 at 9:34AM, E1 (Executive Director) said we didn't redo our background checks or training because nothing changed on our end. The establishment failed to provide background checks which were completed on or after 5/1/2026 for E1, E9 (Resident Assistant - RA) and E10 (RA). The establishment provided Employee Roster lists E1's hire date as 7/8/2024, E9's hire date as 9/17/2025, E10's hire date as 8/25/2025.	A3040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation 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	A4000		

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A4000	Continued From page 7 condition. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure a resident's physician assessment was completed by a physician. This applies to 1 of 1 (R1) in the sample of 6. Findings include: R1's Resident Face Sheet printed on 6/10/2026 lists a move in date of 5/31/2026. R1's establishment provided Physician Assessment dated 5/12/2026 is signed by Z1 (Physician Assistant). The establishment failed to provide a Physician Assessment for R1 that was completed by a physician prior to admission. The establishment provided Physicians Yearly Health Assessment policy dated 1/15/2015 states, . . . The physician must sign and date the resident health record . . . The Physician must indicate that the resident is able to be cared for within an Assisted Living Community . . .	A4000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation Section 295.6000 Resident Rights	A6000		

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A6000	Continued From page 8 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 account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to keep a resident free of misappropriation or abuse. This applies to 1 of 1 (R2) reviewed for misappropriation or abuse in the sample of 6. This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include: On 6/10/2026 at 2:30PM, R2 said Z2 [R2's Daughter In Law] brought him 5 100 dollar bills. R2 said when got up Friday morning he noticed he was missing $200 out of the $500 he had. R2 said he reported it to [E1 - Executive Director] that day. On 6/10/2026 at 10:43AM - E2 (Director of Nursing - DON) said, [R2] reported the incident on 5/22/2026. E2 said the local police department was contacted and an officer spoke with [R2]. E2 said they were unable to locate the missing money, but it was replaced. E2 said a $200 credit was applied to [R1's] rent. E2 said no charges were filed.	A6000		

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A6000	Continued From page 9 The establishment provided incident summary states on 5/22/2026 at 11:20AM, [R1] reported he was missing $200 of the $500 he kept in his apartment. It was verified that the resident did have $500 by the resident's family. The report states the money was not found, no perpetrator was identified, and the police were notified with a case number present in the report. The establishment provided Resident Detail Ledger lists a credit of $200 on 5/29/2026 with an effective date of 5/22/2026.	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Type 1 Violation Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. These requirements are not met as evidenced by:	A6010		

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A6010	Continued From page 10 Based on interview and record review, the establishment failed to report misappropriation or abuse within 24 hours to the Department. This applies to 1 of 1 (R2) reviewed for abuse reporting in the sample of 6. This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include: On 6/10/2026 at 10:43AM - E2 (Director of Nursing - DON) said, [R1] reported the incident on 5/22/2026. E2 said she didn't know it was a state reportable at the time. E2 said she did an incident report but didn't send it to the [Department] until 6/4/2026. The establishment provided incident summary states on 5/22/2026 at 11:20AM, [R1] reported he was missing $200 of the $500 he kept in his apartment. The establishment provided Abuse & Neglect policy dated 10/02/2019 states, . . . all alleged and substantial incidents, complete investigation reports, and if necessary corrective actions taken, will be reported to the . . . State Licensing Authority and Policy Department as soon as possible . . .	A6010		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation Section 295.8000 Food Service	A8000		

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A8000	Continued From page 11 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. These requirements are not met as evidenced by: Based on observation, interview and record review, the establishment failed to follow the food code by not wearing hair nets or retraining their hair in a way to prevent food contamination. This applies to 1 of 4 (E6) reviewed for hair restraints in the sample of 4. This failure creates a substantial probability of harm to a resident or resident. Findings include: On 6/10/2026 at 2:14PM, E6 (Cook) was observed in front of the fryer putting food in it. E6 had a black hat on, however, her hair was coming out the back and sides of the hat. On 6/11/2026 at 11:08AM, E4 (Food Service Director - FSD), said employees should have their hair pulled back. E4 said employees should have hair restraints for anyone preparing or packaging food. E4 said cooks should always have hair restraints on. E4 said they do follow the food code. The establishment provided Gloves, Hair Nets, & the FDA Food Code document dated 6/11/2026 states, . . . food employees shall wear hair restraints such as hats, hair coverings or nets . . . and clothing that covers body hair, that are	A8000		

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A8000	Continued From page 12 designed to effectively keep hair from contacting exposed food . . .	A8000		