STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510399	A. BUILDING: _____ B. WING _____	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEINBERG COMMUNITY	1551 LAKE COOK RD DEERFIELD, IL 60015

(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 Annual Licensure Survey Violation: 295.4010 a) d) e) g) 1) A) 2)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation - Repeat Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the residents' choices regarding the service plan. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the residents' physical, cognitive, or functional condition (see Section 295.4000).	A4010		

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A4010	Continued From page 1 g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living. 2) The amount, type, and frequency of health-related services needed by the residents. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure areas in the activities of daily living, and health-related services have been addressed. This applies to 9 (R1-R9) residents reviewed for Service Plan in the sample of 9. This also creates a substantial probability of affecting all residents in the building. The findings include: On June 3 and June 4, 2026, E1 (Executive Director) and E2 (Nursing Manager) said they have a list of special information for the residents including oxygen use. They confirmed the Service Plans are updated and updates are reflected in the Service Plans. The Service Plans for the residents did not address the category of Eating in the activities of daily living. R1 to R8's Service Plans listed a generic category of Tray Service with Resident Assistant providing service. It was not specified whether the residents are independent, needed assistance, or total care in the category of Eating.	A4010		

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A4010	Continued From page 2 R2's Service Plan did not address transferring and oral hygiene. The establishment's List of Residents with Oxygen listed R3, R5, R6, and R9 as residents having oxygen inhalation therapy (whether continuous or as needed). R5's oxygen is listed at HS (hour of sleep). The residents' use of oxygen inhalation therapy is not addressed or discussed in their respective service plans as to who is responsible for providing the supplies, changing the tubing for oxygen, how often they are changed, as well as the oxygen usage (continuous or as needed), and the amount administered to the residents at any given time. The Service Plans for R3, R5, R6, R9 have a generic category of "Oxygen Outside Provider with blank provider name and blank Notes." This is a repeat violation. This same category regarding Service Plan was cited during the previous Annual survey on August 8, 2025.	A4010		