STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF520364	A. BUILDING: _____ B. WING _____	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESA'S HOME CARE I, LLC	6455 CUNNINGHAM COURT GURNEE, IL 60031

(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 conducted Violations: 295.3050a)b)c)d) 295.4000a)b) 295.4010a)b)c)d)e)f)g)h)i)	A 000		
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 condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure a physician	A4000		

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A4000	Continued From page 1 assessment was completed prior to admission and/or signed by a physician. This applies to 2 of 4 (R1, R4) reviewed for physician assessments in the sample of 4. Findings include: On 6/22/2026 at 12:58PM, E3 (Registered Nurse - RN) said the physician assessment is completed after they come to the facility normally. E3 said their doctor [Z1 - Physician] sees the resident and signs them. E3 said [R4's] Physician Certification was mailed to the doctor's office. The establishment provided Physician Certification for R1 was not signed or date. The establishment failed to provide a Physician Certification for R4. The establishment provided Resident Roster dated 6/18/2026 lists a move in date for R1 as 6/3/2026 and a move in date for R4 as 12/22/2025.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000),	A4010		

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A4010	Continued From page 2 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 resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. 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 resident's physical, cognitive, or functional condition (see Section 295.4000). f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act) g) Service plans shall address:	A4010		

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A4010	Continued From page 3 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment. i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan. These requirements are not met as evidenced by:	A4010		

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A4010	Continued From page 4 Based on interview and record review, the establishment failed to ensure a service plan was completed for a resident. This applies to 2 of 4 (R3, R4) reviewed for service plans in the sample of 4. This failure creates a substantial probability of harm to a resident or resident. Findings include: On 6/22/2026 at 12:58PM, E3 (Registered Nurse - RN) said the service plans are sent to the doctor's office. E3 said she doesn't have a signed service plan for [R3] or [R4]. The establishment failed to provide a service plan for R3 and R4.	A4010		
A9999	Final Observation Type 3 Violation Section 295.3050 Employee Assistance Programs a) For the purposes of this Section, an "employee assistance program" is a program that supports individual physical and mental well-being and that is provided by the establishment or through an insurance or employee benefits program offered by the establishment. Employee assistance programs may include, but are not limited to programs that offer professional counseling, stress management, mental wellness support, smoking cessation, and other support services. b) An establishment shall ensure that nurses employed by the establishment are aware of	A9999		

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A9999	Continued From page 5	A9999		

employee assistance programs or other like programs available for the physical and mental well-being of the employee.

c) The establishment shall provide information on these programs, no less than at the time of employment, during any benefit open enrollment period, by an information form about the respective programs that a nurse shall sign during onboarding at the establishment, and upon request of the employee.

d) The signed information form shall be added to the nurse's personnel file. The establishment may provide this information to nurses electronically. (Section 3-613 of the Act from PA 102-1007)

These requirements are not met as evidenced by:

Based on interview and record review, the establishment failed to ensure staff had an employee assistance program provided by the establishment. This applies to all staff reviewed for the employee assistance program. This has the potential to affect all residents residing in the establishment.

Findings include:

On 6/22/2026 at 9:45AM, E2 (Administrator) said we don't have an employee assistance program.

The establishment failed to provide documentation of an employee assistance program for their employees.