STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510241	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATHER EVANSTON, THE	425 DAVIS ST EVANSTON, IL 60201

(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 295.2040 a)e) 295.9000 a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 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. e) Drills shall include residents, establishment personnel, and other persons in the establishment. These Requirements are not met as evidenced by: Based on interview and record review the facility failed to provide consistent format for disaster preparedness documentation to ensure audit captures facility practice during a disaster drill and facility staff in charge of disaster preparedness can explain facility documentation of what occurred during the disaster drill. This failure creates a substantial probability of severe harm or death to a resident or residents.	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510241	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATHER EVANSTON, THE	425 DAVIS ST EVANSTON, IL 60201

(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
A2040	Continued From page 1 Findings include: Based on interview and discussion with E11 (Maintenance) who is in charge of running drills, disaster preparedness, drills were inconsistently documented. E11 (maintenance) on 7/23/26 at 2:45 pm stated an attached census sheet for each fire drill was included to show which residents participated. The 8/22/25 fire drill evaluation resident census report included 14 resident names. On 7/24/26 at 8:45 am, E11 was asked which residents participated in the drill which had no extraneous markings and explained they all did. On other drills, residents who participated are highlighted or there is a "signature of residents" sheet. E11 was asked which way is resident participation supposed to be tracked? No answer. Followed by "why are there so many differences in how fire drills are documented?" E11 changed the subject stating, "I left May, June 2025 fire drill upstairs." E11 was reminded he had not been asked for the May or June of 2025 fire drills, only the drills since the last annual of July 2025.	A2040		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 1 Violation Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's	A9000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510241	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATHER EVANSTON, THE	425 DAVIS ST EVANSTON, IL 60201

(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
A9000	Continued From page 2 (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. These Requirements are not met as evidenced by: Based on interview and record review of facility disaster preparedness drills since last annual licensure survey of 7/15/25, the facility failed to: Provide documentation of an evacuation drill time frame of 13 minutes or less for residents to evacuate from their rooms to the designated disaster preparedness exit doors leading to the outside; Hold a catastrophic evacuation drill on the night shift; Correctly identify and document level of assistance required by each resident during a catastrophic evacuation so that planning to ensure adequate staffing in case of disaster catastrophe requiring evacuation from the building can be accomplished; and Understand elevator usage during a simulated disaster requiring resident evacuation is contraindicated. Despite explanation, elevator should not be used, facility continued to use elevator during evacuation drill run by E2 (Director of Nursing). This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include: E1 (Administrator) of Assisted Living and Memory	A9000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510241	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATHER EVANSTON, THE	425 DAVIS ST EVANSTON, IL 60201

(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
A9000	Continued From page 3	A9000		

Care was not present for this Annual Licensure Survey. E2 (Director of Nursing) and E11 (Maintenance) were identified as in charge of Disaster Preparedness.

Establishment notification sheet forwarded on 7/23/26 to facility administration including E2(Director of Nursing) documents request for Emergency and Disaster preparation policy and procedures with fire and tornado drills since July 9, 2025 to include catastrophic evacuation documentation.

Documentation showing an evacuation drill on the night shift of 13 minutes or less was not forwarded for review. E2 and E11 were advised of this.

E11's attention was then directed to the 9/10/25 fire drill evaluation which was held at 2:00 am. For this drill a resident census report has 2 dates, 9/10/25 and 9/11/25. E11 was reminded that based on his previous statement the attached census meant all the residents participated. On page 3 of the fire drill documentation the questions, "Were residents/visitors evacuated?," "Did all residents follow directions of staff?" are answered as "N/A," (not applicable). E11 was advised his explanation all residents participated is not supported by the facility documentation.

During the 7/23/26 2:45 pm E11 reported in part, "We use elevator for evacuation." (are you supposed to use elevator during drill?) Not supposed to use elevator because of entrapment. Use elevator for wheelchair bound residents." In the 7/13/26 dayshift evacuation, R4 who lives in assisted living is identified as participating. E11 was asked, "When (R4) in assisted living was (R4) using wheelchair?" E11 responded, "A day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510241	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATHER EVANSTON, THE	425 DAVIS ST EVANSTON, IL 60201

(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
A9000	Continued From page 4	A9000		

or 2 before transferred (R4) was weak and needed wheelchair." (Did R4 use elevator during evacuation?) "I have to check with staff."

When asked about the individual level of assistance residents would need for an evacuation, E11 deferred to nursing. E2 (Director of Nursing) was asked to identify resident disaster evacuation assistance level using "I" for independent, "Cue" for verbal cueing, "1" for 1 person hands on assist and "2" for 2 person hands on assist. On a census report for 7/23/26 the "evacuation status" of each resident was completed with E2 identifying 5 people as "1-person physical assist." E2 was asked how many staff members work the nightshift to assist the 5 residents who require 1 person hands on assist and responded, "It shouldn't be 1 person assist. They only need cueing." E2's verbal explanation contradicts documentation of assistance needed by residents which was completed by E2.

On 7/24/26 at 1:00 pm R1 stated a fire drill/evacuation " ...was held yesterday and 2 weeks ago. Entire life center. Everyone went downstairs. (E2, Director of Nursing) was running. Know routes. Using elevator. I have walker. People in wheelchairs have to use elevator. I used elevator during drill."