STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510121	A. BUILDING: _____ B. WING _____	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF NEW LENOX, COTTAGE #1	1023 S CEDAR RD NEW LENOX, IL 60451

(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 Disaster Preparedness e)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation 295.2040 Disaster Preparedness e) e) Drills shall include residents, establishment personnel, and other persons in the establishment. This requirement was not met as evidenced by: Based on document review and interview, the establishment failed to ensure tornado drills included residents. This failure creates a substantial probability of harm to residents. Findings include: On 6/10/26 at 2:05 PM, the following tornado drills were reviewed with E11 (Business Office Manager and Maintenance Director) and lacked resident participation: Tornado drill dated 2/2/26 (12:50 PM - day shift). Tornado drill dated 2/2/26 (12:40 AM - night shift). Tornado drill dated 2/3/26 (3:20 PM - evening shift). During an interview with E11 (Business Office Manager and Maintenance Director) on 6/10/26 at 2:05 PM, the above drills were reviewed, and findings were confirmed.	A2040		

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