STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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 Investigation of Complaint #2697928/IL202597 Violations: 295.6000a)13) 295.6010c)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation Section 295.6000 Resident Rights 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 ensure residents were free from abuse, including exploitation and/or verbal abuse. This applies to 3 of 3 (R1 - R3) residents reviewed for abuse in the sample of 3. This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include:	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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
A6000	Continued From page 1 On 7/1/2026 at 9:31AM, E1 (Executive Director - ED) said on 6/24/2026 [E14 - Caregiver] notified her that there were videos being taken and shared by a group of people on [a phone application], including [E4 - Caregiver]. E1 said she asked [E14] where she got the screenshot from and E4 said she got it from [E7's Caregiver]. E1 said [E4] identified the group chat on [a phone application] as [E4's] account. E1 said the staff were identified in the group chat in [E7's] statement and later confirmed by the police department as being part of the group chat. E1 said five employees were identified as being part of the group chat. E1 said all five employees have since had their employment terminated. E1 said the videos were dated 4/29/2026. E1 said [E4] was interviewed with [E2 - Wellness Director] present and confirmed she had taken one of the videos during her interview on 6/24/2026. E1 said she had video evidence on her business phone and would provide the videos/pictures. On 7/1/2026 at 10:47AM, E2 said [E14] showed her and [E1] a video of [E4] showering [R1]. E2 said [E4] later confirmed during interview she had taken the video of [R1] in the shower by propping up her camera behind her. E2 said employees aren't allowed to take videos or pictures of residents. E2 said this is a memory care unit and none of the residents can consent. E2 said it is abuse of a vulnerable individual and a privacy violation. On 7/1/2026 at 12:38PM, E1 provided videos/picture evidence via email. On 7/1/2026 at 12:48PM, the videos/picture evidence provided by E1 was reviewed with E1 to confirm the identity of the residents and staff seen	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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
A6000	Continued From page 2	A6000		

or heard in the videos/picture. E1 did confirm the date of 4/29 seen in the top left of the screen and confirmed it was E4's app profile icon in the top left of the screen.

The summary of the videos/picture provided by E1 on 7/1/2026 regarding R1 - R3 for Picture 1 and Video 1 - 6 is as follows:

Picture 1 - E1 identified [R1] as the resident and identified [E4] as the employee in the picture.

Observation notes of Picture 1 - R1 is in the shower sitting on a bench with no clothing on. The angle of the camera approaches the resident from their right side and the resident's right mammary gland (breast tissue)/chest area is visible. A posterior (backside) view of E4 is seen in gray scrubs standing to the right side of the photo while R1 is seated on the bench on the left side of the photo.

Video 1 - E1 identified [R1] as the resident and identified [E4] as the employee in the video.

Observation notes of Video 1 - R1 is in the shower sitting on the bench with no clothing on, hands above her head washing her hair. The angle of the camera approaches the resident from their right side and the resident's entire right mammary gland (breast tissue)/chest area is visible. A posterior view of E4 is seen in gray scrubs walking towards R1's right side in the video.

Video 2 - E1 identified [R1] as the resident and identified [E4] as the employee in the video.

Observation notes of Video 2 - R1 is in the shower sitting on the bench with no clothing on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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
A6000	Continued From page 3	A6000		

then stands up as E4 approaches to her right side. R1's right side and the resident's right mammary gland (breast tissue)/chest area is visible. A posterior view of E4 is seen in gray scrubs walking towards R1's right side as R1 stands up in the video.

Video 3 - E1 identified [R1] as the resident and identified [E4's] voice in the video.

Observation notes of Video 3 - R1's face is visible initially and as the camera angle changes the resident's lower half is partially exposed. E4's voice (identified by E1) can be heard in the video saying, "lets wash that ass."

Video 4 - E1 identified [R1] as the resident and identified [E4's] voice in the video.

Observation notes of Video 4 - R1 is in the shower sitting on the bench with no clothing on. The camera angle shows the front of the resident with both mammary glands entirely exposed. E4's voice (identified by E1) in the video is heard saying, come on stand up, [R1] give me that, throw it at me, [R1] I'm not playing with you girl, girl give me that. [R1] is seen holding up a clothing item in her hands and she pulls away keeping the item in her left hand and finally tosses the item on the floor. The camera pans to the item on the floor and R1 is seen picking up the item off the floor and R1 states "no" when E4 states "girl, give me that." The camera moves again and R1's groin area is visible while the resident is seated on the bench.

Video 5 - E1 identified [R3] as the resident but can't identify the staff member's voice.

Observation notes of Video 5 - R3 is seen

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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
A6000	Continued From page 4	A6000		

standing, holding onto a rolling walker with a red shirt covering below the waist area, no pants are visible and R3's legs are exposed from approximately the thigh area down to her feet. The camera angle approaches the resident from the front and right side of the resident.

Video 6 - E1 identified [R2] as the resident but can't identify the staff member's voice.

Observation notes of Video 6 - R2 is seen sitting on a toilet riser above the toilet in the bathroom. R2 has his brief pulled down to just above his knees. R2 is wearing a salmon-colored short sleeve shirt. R2 does not have pants on only socks on. The camera angle approaches the resident from the left side of the resident.

On 6/24/2026, E7's written statement states there was a group chat back in 5/29/2026 there were videos of residents on our group chat where individuals from the chat had posted videos and pictures of residents. E7 written statement identifies [E4], [E5 - Caregiver], [E6 - Caregiver], [E8 - Caregiver] as being part of the group chat. E7 states [E14] asked for the videos, and she made the report.

On 6/24/2026, E14's written statement states on 6/24/2026 she reported to [E1] and [E2] that residents were being recorded on videos. E14 said she had been told about the videos form [E7] and seen them on her phone. E14 said she made a recording of it to show what was happening.

R1's Scheduled Shower & Body/Skin Check form dated 4/29/2026 at 8:50PM was signed by E4.

The establishment provided Employee Handbook dated July 2025 states, . . . The Company also

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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
A6000	Continued From page 5 prohibits the use of personal cell phones, computers, watches, or tablets during work hours for taking photographs. The use of camera phones, watches, tablets or other audio or video recording is strictly prohibited, unless when used to record unlawful activity . . .	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 c) Establishment employees and volunteers are obligated to report abuse, neglect, or financial exploitation of a resident to the establishment management and to the Department. These requirements are not met as evidenced by: Based on interview and record review, the establishment's employees failed to report abuse or suspected abuse to management immediately. This applies to E4 - E8 (Caregiver). This also applies to 3 of 3 (R1 - R3) residents reviewed in the sample of 3. This failure creates a substantial probability of severe harm or death to a resident or residents. Findings include: On 7/1/2026 at 9:31AM and/or 12:48PM, E1 (Executive Director - ED) said on 6/24/2026 [E14 - Caregiver] notified her that there were videos	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108284	A. BUILDING: _____ B. WING _____	C 07/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT SOUTH BARRINGTON	215 BARTLETT ROAD BARRINGTON, IL 60010

(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
A6010	Continued From page 6	A6010		

being taken and shared by a group of people on [a phone application], including [E4 - Caregiver]. The videos/picture evidence provided by E1 on 7/1/2026 at 12:38PM was reviewed with E1 and E1 did confirm the date of 4/29 seen in the top left of the screen and confirmed it was E4's app profile icon in the top left of the screen for Picture 1 and Video 1 - 6.

On 7/1/2026 at 10:47AM, E2 said [E14] showed her and [E1] a video of [E4] showering [R1]. E2 said employees aren't allowed to take videos or pictures of residents. E2 said this is a memory care unit and none of the residents can consent. E2 said it is abuse of a vulnerable individual and a privacy violation.

On 6/24/2026, E14's written statement states on 6/24/2026 she reported to [E1] and [E2] that residents were being recorded on videos. E14 said she had been told about the videos form [E7] and seen them on her phone. E14 said she made a recording of it to show what was happening.

On 6/24/2026, E7's written statement states there was a group chat back in 5/29/2026 there were videos of residents on our group chat where individuals from the chat had posted videos and pictures of residents. E7 written statement identifies [E4], [E5 - Caregiver], [E6 - Caregiver], [E8 - Caregiver] as being part of the group chat. E7 states [E14] asked for the videos, and she made the report.

On 7/1/2026, E9 - E10 (Lead Caregiver), E11 (Licensed Practical Nurse - LPN), E12 (Caregiver) said abuse should be reported to [E1 - Executive Director] or [E2 - Wellness Director] right away.