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	ASL510021	A. BUILDING: _____ B. WING _____	08/13/2026

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A 000	Initial Comment Annual Survey Conducted Violations: 295.700a) 295.2040b)3)e)g)h) 295.2050a)b)c) 295.4010b)3)c)d)g)2)h) 295.5000f)1)3)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness b) Each establishment shall: 3) Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.	A2040		

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A2040	Continued From page 1 h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements were not met, as evidenced by: Based on record review, observation, and interview, the establishment failed to (1) Post a diagram of the evacuation route (2) Involve residents or visitors in fire drills. These failures create a substantial probability of severe harm to residents. Findings include: (1) During observation of the establishment on 8/12/2026 at 11:09 AM the surveyor was unable to locate any posted evacuation plan. During observation of the establishment on 8/12/2026 at 11:16 AM with E2 (Director of Nursing) E2 and the surveyor were unable to locate a posted evacuation plan in the establishment. While touring the establishment with the surveyor on 8/12/2026 at 11:16 AM E2 stated, "Maybe he took [the evacuation route poster] down. Let me ask maintenance if they had to take it down for some reason. He may have pulled it. It would usually be here. I don't see it." (2) During record review on 8/12/2026 at 1:55 PM the	A2040		

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A2040	Continued From page 2 establishment's fire drills were found to not identify any residents or visitors. During an interview with E5 (Maintenance Director) on 8/12/2026 at 1:51 PM he stated, "Here are all the Fire, Tornado, Disaster Drills."	A2040		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. These requirements were not met, as evidenced by:	A2050		

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A2050	Continued From page 3 Based on record review and interview, the establishment failed to report a serious incident to the Illinois Department of Public Health (IDPH). This failure involves 1 of 5 residents reviewed for this requirement (R5). This failure creates a substantial probability of harm to residents. Findings include: During record review on 8/12/2026 at 11:25 AM an incident report regarding R5 was found to be dated 8/5/2026 1:00 PM. This incident report states, "At 1 PM CNA informed this writer that resident had an unwitnessed fall. Resident was standing in the [illegible] to put his TV in place in the table when he fell and hit his head. A large pool of blood was observed on the floor. Resident is on blood thinnners. 911 was activated. Resident was sent to [Local Hospital] for further evaluation. Returned to old apartment as he is in the process of moving to [the establishment]. Resident did receive stitches." During record review on 8/12/2026 at 11:33 AM it was found that the live LLCS Portal showed that there was no report sent to IDPH regarding R5's 8/5/2026 incident. During record review on 8/12/2026 at 3:47 PM it was found that R5's progress notes corroborate the incident report. On 8/12/2026 at 11:32 AM, when asked for documentation of when the report was sent to IDPH E3 (Manager) stated, ""Our fax does not give receipt of sent faxes. Sometimes you guys will respond to the fax through email asking for more information. I will see if that happened and if [E2] can get you that email."	A2050		

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A2050	Continued From page 4 During an interview regarding the 8/5/2026 incident report on 8/12/2026 at 11:50 AM E2 (Director of Nursing) stated, ""The incident report was faxed. The next day. I don't have receipt of the fax. My admin looked online and saw that you guys didn't get it. She has the online access."	A2050		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Repeat Type 2 Violation Section 295.4010 Service Plan b) The service plan shall be developed by: 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) g) Service plans shall address: 2) The amount, type, and frequency of	A4010		

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A4010	Continued From page 5 health-related services needed by the resident; h) The service plan shall include all support services provided or arranged for by the establishment. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to ensure service plans addressed the amount, type, and frequency of health-related services needed by the resident. The establishment also failed to ensure service plans were developed by a registered nurse. These failures create a substantial probability of harm to a resident or residents. These failures involve 5 of 5 residents reviewed (R1, R2, R3, R4, & R5). Findings include: During record review on 8/12/2026 at 10:30 AM it was found that the establishment's last annual survey was conducted on 8/25/2025. During this survey they were cited for violation of 295.4010- Service Plan and 295.5000- Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage. During record review on 8/12/2026 at 10:40 AM a list of resident receiving physical therapy services was noted to include R1, R2, R3, & R4. During record review on 8/12/2026 at 3:37 PM it was found that R1's service plan, dated 1/30/2026, did not include a registered nurse signature. The service plan also did not address the Physical Therapy services or the frequency of those services that R1 is receiving.	A4010		

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A4010	Continued From page 6 During record review on 8/12/2026 at 3:49 PM it was found that R5's service plan, dated 4/25/2026, did not include a registered nurse signature. During record review on 8/12/2026 at 4:18 PM it was found that R2's service plan, dated 4/3/2026, did not include a registered nurse signature. The service plan also did not address the Physical Therapy services or the frequency of those services that R2 is receiving. During record review on 8/12/2026 at 4:32 PM it was found that R3's service plan, dated 10/3/2025, did not include a registered nurse signature. The service plan also did not address the Physical Therapy services or the frequency of those services that R3 is receiving. During record review on 8/12/2026 at 4:43 PM it was found that R4's service plan, dated 11/12/2025, did not include a registered nurse signature. The service plan also did not address the Physical Therapy services or the frequency of those services that R4 is receiving. An interview with E2 (DON, LPN) on 8/12/2026 at 4:31 PM went as follows: Surveyor: "How often does [R2] receive physical therapy services?" E2: "Typically 3 times a week but I would have to check." An interview with E3 (Manager, LPN) on 8/12/2026 at 4:02 PM went as follows: Surveyor: "Who's signature is this?" E3: "That is my signature." Surveyor: "Is [R1] getting PT?" E3: "I will have to check this paper here. Yes, he	A4010		

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A4010	Continued From page 7 is receiving PT." Surveyor: "Are you an LPN or RN?" E3: "LPN" Surveyor: "Who develops the service plans?" E3: "[E2] and I do. We help each other. We don't use agency at all." During an interview on 8/12/2026 at 5:21 PM E3 stated, "[R4] started PT August 7th. They are coming 2 times a week for 4 weeks. [R1] started PT June 12th and they are only coming once a week now. [R3] started Pt on 5/25/2026 and is being seen by them 1 time a week."	A4010		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Repeat-Type 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 1) Obtaining and refilling medication; 3) Disposing of medication; These requirements are not met, as evidenced by: Based on record review and interview, the	A5000		

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A5000	Continued From page 8 establishment failed to ensure its medication policies addressed obtaining and refilling medication and disposing of medication. This failure creates a substantial probability of harm to residents. Findings include: During record review on 8/12/2026 at 10:30 AM it was found that the establishment's last annual survey was conducted on 8/25/2025. During this survey they were cited for violation of 295.4010- Service Plan and 295.5000- Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage. During record review on 8/12/2026 at 2:07 PM it was found that the medication policy provided by the establishment did not address obtaining and refilling medication and disposing of medication. An interview with E2 (Director of Nursing) on 8/12/2026 at 2:09 PM went as follows: Surveyor: "Is this the only medication policy that you have?" E2: "I believe so."	A5000		
A700	Section 295.700 Issuance of a Renewal License This Regulation is not met as evidenced by: Type 3 Violation Section 295.700 Issuance of a Renewal License a) At least 120 days, but not more than 150 days, prior to license expiration, the licensee shall submit an application for renewal of the license, in such form and containing such information as	A700		

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A700	Continued From page 9	A700		

the Department requires. The application shall be accompanied by the fee prescribed in Section 295.500. If the application is approved and the establishment is in substantial compliance with all other licensure requirements, the Department may renew the license for an additional period of 2 years at the request of the licensee.

This requirement was not met, as evidenced by:

Based on record review and interview, the establishment failed to apply for license renewal at least 120 days before expiration.

Findings include:

During record review on 8/12/2026 at 10:20 AM it was found that the establishment's Assisted Living License expires on 9/12/2026.

During record review on 8/12/2026 at 12:29 PM the surveyor received an email from Z1 (IDPH Employee) stating that the establishment had not applied for a license renewal.

During record review on 8/12/2026 at 12:40 PM it was found that a notice from the Illinois Department of Public Health (IDPH) to E1 (Administrator) stated that an administrator/ House Manager change had been approved but that E1 may continue to manage the facility in the LLCS Customer Portal.

During record review on 8/12/2026 at 1:40 PM the surveyor was presented with IDPH documentation that stated the establishment applied for the license renewal on 8/12/2026 at 1:33 PM. This is only 31 days before license expiration. This is outside of the 120 to 150 days prior to license expiration required time frame.

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ASBURY COURT	1750 ELMHURST ROAD DES PLAINES, IL 60018

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A700	Continued From page 10 During interview with E1 on 8/12/2026 at 12:14 PM they stated, "I just went to renew the license, and it said that an application was already submitted. As of September 1st new ownership is taking over so that might have something to do with it." During an interview with E1 on 8/12/2026 at 12:31 PM they stated, "I will try to apply under the licenses tab. But here are the email documents that prove the change of ownership."	A700		