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PALOS HEIGHTS SENIOR LIVING	7100 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463

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A 000	Initial Comment Annual Licensure Survey	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 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. b) Each establishment shall: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also: A) provide for the temporary relocation of residents for any disaster requiring relocation; B) provide for the movement of residents to safe locations within the establishment in the event of a tornado warning or severe	A2040		

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thunderstorm warning issued by the National Weather Service;

C) provide for the temporary relocation of residents any time the temperature in residents' bedrooms falls below 55ºF for 12 hours or more as a result of a mechanical problem or loss of power in the establishment;

D) provide for the health, safety, welfare, and comfort of all residents when the heat index/apparent temperature (see Section 295.Table A), as established by the National Oceanic and Atmospheric Administration, inside the residents' living, dining, activities, or sleeping areas of the establishment exceeds a heat index/apparent temperature of 80ºF;

E) address power outages; and

F) include contingencies in the event of flooding, if located on a flood plain.

2) Instruct all personnel employed on the premises in the use of fire extinguishers.

3) Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route.

4) Ensure that there is a means of notification to the establishment when the National Weather Service issues a tornado or severe thunderstorm warning covering the area in which the establishment is located. The notification mechanism must be other than commercial radio or television. Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather

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radio in the establishment, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued.

5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.

c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:

1) Ensure that all personnel on all shifts are trained to perform assigned tasks;

2) Ensure that all personnel on all shifts are familiar with the use of the firefighting equipment in the facility;

3) Evaluate the effectiveness of disaster plans, procedures, and training.

d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.

e) Drills shall include residents, establishment personnel, and other persons in the establishment.

f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in

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A2040	Continued From page 3 advance to residents. 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. 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. This regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure an updated list of residents with room numbers and how to evacuate in the event of an emergency, failed to complete fire and tornado drills as required, and failed to have a written evaluation of each drill. This failure has the potential to affect all 79 residents in the facility in case of emergency. Findings include: On 12/16/2024 the emergency preparedness binder was presented to surveyor by E1 (Executive Director). E1 presented the binder which contained Fire Drill Report Staff Signature	A2040		

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A2040	Continued From page 4 page dated 6/19/24, 8/12/24, and 10/1/24. Also contained Tornado/Fire Drill Resident Participation signing sheets dated 4/16/2024. There was no written evaluation of each drill. The emergency binder did not have a resident list that addressed the physical and cognitive needs of each resident and a procedure to ensure how they would evacuate to safety. ON 12/17/2024 at 12:49PM, E1 (Executive Director) said that Maintenance director left about a month ago, he was in charge of the Fire and Tornado Drills. E1 said that all the drills that were provided to the surveyor were what he had done. Establishment's Policy: Fire Drills undated, indicates "A fire drill will be conducted at least every month on each shift and will originate from different locations throughout the community. There shall be at least two (2) fire drills annually conducted during the overnight hours when residents are sleeping."	A2040		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:	A3030		

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A3030	Continued From page 5 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to complete the TB testing for 3 employees (E6, E7, E9) reviewed for TB skin testing as required. This failure has the potential to affect all residents and staff in this establishment. Findings include: On 12/16/2024 establishment's selected staff's files were reviewed. E6 was hired on 7/24/2024 TB test was completed on 10/9/2024. E7 was hired on 3/18/2024 TB test was completed on 4/14/2024. E9 was hired on 11/4/2024 TB test was completed on 11/16/2024. E9 did not come back for second test. On 12/19/2024 at 11:18AM, E16 (Business Office Director) said that E9 TB test was read on the 18th did not go back for 2nd test. E16 said that "Unfortunately, I am unaware of why the delays on the test. Our Director of Nursing is no longer with us, and she was the one who administering and overseeing testing.	A3030		

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A4060	Continued From page 6	A4060		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Violation Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the Act)	A4060		

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A4060	Continued From page 7 d) Individual residents shall be assessed prior to admission to the establishment using any one or a combination of the following assessment tools, based on the resident's condition and stage in the disease process: 1) Functional A) Functional Activities Questionnaire (FAQ) B) Physical Self-Maintenance Scale (PSMS); Activities of Daily Living C) Instrumental Activities of Daily Living (IADL) D) Clock Drawing Task (CDT) E) Progressive Deterioration Scale (PDS) F) Functional Assessment Staging (FAST) 2) Cognitive A) Allen Cognitive Disabilities Theory B) Alzheimer's Disease Assessment Scale, Cognitive Subsection (ADAS-Cog) C) Blessed Information-Memory Concentration Test (BIMC) D) Short Test of Mental State (STMS) E) Clinical Dementia Rating Scale (CDR) F) Mini-Mental State Examination (MMSE) 3) Global	A4060		

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A4060	Continued From page 8 A) Clinical Global Impression of Change (CGIC) B) Clinical Interview-Based Impression (CIBI) C) Global Deterioration Scale (CDS) D) Brief Cognitive Rating Scale (BCRS) (to use with Global Deterioration Scale) e) No person shall be accepted for residency or remain in residence if the person is dangerous to self or others and the establishment would be unable to eliminate the danger through the use of appropriate treatment modalities. (Section 150(d) of the Act) f) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of the Act. (Section 150(e) of the Act) g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation. h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 1) Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act; 2) Ensure that a resident's representative is designated for the resident;	A4060		

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A4060	Continued From page 9 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: A) May wander; and B) May need supervision and assistance when evacuating the building in an emergency; 4) Provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan; 5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination; 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;	A4060		

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A4060	Continued From page 10 7) At a minimum, provide 1.4 hours of services per resident per day. For purposes of this Section, services shall mean assistance with activities of daily living, activities-based programming, and services delivered to the resident to meet the unique needs of residents with dementia; 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section; 9) Develop emergency procedures and staffing patterns to respond to the needs of residents; (Section 150(f) of the Act) 10) Provide encouragement to eat snacks and meals and to take liquids; and 11) Have a supervisor of the program with training as outlined in subsection (i)(1) of this Section. i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: A) The manager of an establishment providing Alzheimer care or the supervisor of an Alzheimer program must be 21 years of age and have: i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or ii) at least two years of management	A4060		

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A4060	Continued From page 11 experience with persons with dementia. B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily	A4060		

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A4060	Continued From page 12 living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans; ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination; vi) care of elderly persons with physical, cognitive, behavioral and social disabilities; vii) medical and social needs of the resident; viii) common psychotropics and side effects;	A4060		

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A4060	Continued From page 13 ix) local community resources; and x) other related issues. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to provide a safe environment to prevent elopement for one (R8) resident. This deficient practice has the potential to affect all residents in the Memory Care unit. Findings include: R8 is 81 years old. R1 moved to the community on 3/3/21. R8's diagnoses include but not limited to Mild Cognitive Impairment. R8 is a resident in the locked Memory Care unit. On 12/16/24 at 2:19pm, R1 was observed walking independently in the unit. Incident Form dated 5/29/24 6:30pm, documented, "Nurses were notified by front desk that resident was found wondering in the front of building by staff. Video footage shows resident leaving building through MC (Memory Care) courtyard gate. On 12/16/24 at 2:18pm, E7 (Resident Assistant) said she was working at the time R8 eloped. "She escaped from the back gate. Supposedly the alarm should go off. It was faulty, it did not go off. We did not know she was gone." On 12/16/24 at 11:40am, E15 (Registered Nurse)	A4060		

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A4060	Continued From page 14 said R8 was gone (out of the locked unit) between 10-15 minutes. E15 verified that during those times, R8 was left without supervision by a staff. E15 said, the gate alarm malfunctioned. In front of the establishment is busy street.	A4060		