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	ASL510036	A. BUILDING: _____ B. WING _____	10/15/2025

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ENCORE AT BOLINGBROOK	351 LILY CACHE LANE BOLINGBROOK, IL 60440

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A 000	Initial Comment Annual Licensure 295.2040 d) e) g) h) 295.3000 b) h) 6) 295.4010 d) e) g) 2) 3) 295.4060 i) 2) B) Complaint and Facility Reported Incident IL00196998/2577764 - 295.4010 cited IL00196546 - 295.4010 cited	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness 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. 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;	A2040		

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A2040	Continued From page 1	A2040		

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.

These requirements were not evidenced by:

Based on record review and interview the facility failed to correctly document time of tornado drills on each shift in February of each year for employees, ensure residents are involved in drills, and ensure identification residents who need assistance with each drill.

Findings include:

On 10/14/2025, at 10:44 AM, Tornado drill form dated 2/11/2025 documents time: all shifts. Does not have specific times for drills. How many minutes did drill take: 15 minutes. Residents participated: No. Staff participants listed.

On 10/14/2025, at 10:47 AM, Fire drills reviewed. Fire drill information as follows:

9/26/2024 at 1:55 PM (1st shift). Time required for evacuation/drill: 5 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed.

10/17/2024 at 11:45 PM (3rd shift). Time required for evacuation/drill: 10 minutes. Staff who participated listed. No residents who participated

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A2040	Continued From page 2 listed. No list of residents who need assistance listed. 11/19/2024 at 2:45 PM (2nd shift). Time required for evacuation/drill: 5 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed. 12/14/2024 at 10:45 AM (1st shift). Time required for evacuation/drill: 5 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed. 1/7/2025 at 6:50 AM (3rd shift). Time required for evacuation/drill: 5 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed. 2/13/2025 at 11:15 AM (1st shift). Time required for evacuation/drill: Not listed but states 5-minute gather time in comments. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed. 3/21/2025 at 10:55 PM (3rd shift). Time required for evacuation/drill: 5 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed. 4/11/2025 at 11:00 PM (1st shift). Time required for evacuation/drill: 10 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed. 5/15/2025 at 4:00 PM (2nd shift). Time required for evacuation/drill: 9 minutes. Staff who	A2040		

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participated listed. No residents who participated listed. No list of residents who need assistance listed.

6/19/2025 at 11:00 PM (3rd shift). Time required for evacuation/drill: 10 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed.

7/22/2025 at 9:45 AM (1st shift). Time required for evacuation/drill: 7 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed.

8/11/2025 at 11:15 PM (3rd shift). Time required for evacuation/drill: 8 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed.

8/13/2025 at 3:30 PM (2nd shift). Time required for evacuation/drill: 11 minutes. Staff who participated listed. No residents who participated listed. No list of residents who need assistance listed.

1.01 Fire Evacuation Drill Policy dated 12/2020 documents:
In our RCAC (Resident Care Apartment Complex) and CBRF(Community Based Residential Facility) communities, fire evacuation drills will be conducted at least monthly with both residents and employees.

On 10/14/2025, at 11:27 AM, E15 Maintenance Director stated "on the tornado drills I used to do a sheet per shift but it is building up a lot of paperwork, so I just do all shifts on one sheet. I

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A2040	Continued From page 4 am trying to keep things simple. The sheet does not have the times for when I did the drills. For fire drills more or less our residents do not participate. It is more or less gathering them to an area. It is making sure staff is aware, all residents are in one location and alarms go off. We do have residents who don't want to participate so we do get them escorted out. I do not have a list of residents who participate or a list of who needs assistance. I cannot do all of this; they don't pay me enough. That should be on the clinical side, I cannot watch all of the caregivers." On 10/14/2024, at 11:45 AM, E1 Executive Director/ED stated "I was aware that we needed a list of residents who need assistance for fire drill evacuation, and I did notify the wellness director of that. She did make that list, but it is not attached to each drill. I was not aware that a list needed to be attached to fire drills of residents that participated."	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 2 Violation Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR.	A3000		

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A3000	Continued From page 5 h) The establishment shall have sufficient personnel to provide the following for its current resident population: 6) Evacuation of residents during emergencies. This failure has the probability to affect all 34 residents noted to be on resident roster on 10/14/2025. This failure creates a substantial probability of harm to a resident or residents. This requirement was not met as evidenced by: Based on interview and record review the facility failed to ensure at least one direct staff person was on duty at all times that had obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. This was found in four of six employees (E11, E12, E13, and E14) reviewed and failed to provide sufficient staff to evacuate all residents out of the establishment within 13 minutes in the event of an emergency (fire and/or tornado) who require mechanical lifting for evacuation for five (R2, R5, R8, R9, R10) of 10 residents reviewed for evacuation. This failure has the probability to affect all residents. This failure has the probability to affect all 34 residents noted to be on resident roster on 10/14/2025. This failure had the probability to affect all residents in the establishment. Findings include:	A3000		

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A3000	Continued From page 6 On 10/14/2025, at 2:39 PM, E2 Wellness Director stated we do not require our Certified Nursing Assistants/CNAs to have CPR training. The company says this is a no CPR building and we do not require all staff to have CPR training. All nurses should have CPR training or at least 1 person on shift should have current CPR training. We do not accept online CPR training. I am aware E11 Licensed Practical Nurse/LPN CPR training is an online only course. I am aware that 4 of my 6 nurses do not have CPR training or correct CPR training. On day shift I am here until 4:30 PM M-F and next shift comes in at 6 PM. So, if I am here, there is only no CPR certified staff from 6:00 AM - 8:30 AM and from 4:30 PM - 6 PM. On nights that a nurse without active CPR training is working there is no CPR trained individual in the building. When asked if this is ok, E2 stated "no it is not". My normal hours are 8:30 AM - 4:30 PM and Day shift nurses work 6 AM - 6 PM. My nurses that do not have CPR are E14 LPN, E13 Registered Nurse/RN, E12 LPN, and E11 LPN who has the online CPR training. On 10/14/2025, at 2:36 PM CPR licenses and staff directory provided and reviewed. CPR certificate for E11 LPN noted to be from an online only course. No CPR certificates were provided for E12 LPN, E13 RN, or E14 LPN. On 10/14/2025, at 3:11 PM Surveyor reviewed establishment schedules. Just for the month of October on 10/2/25, 10/3/25, 10/4/25, 10/5/25, 10/6/25, 10/7/25, 10/8/25, 10/9/25, 10/10/25, 10/11/25, 10/12/25, 10/13/25, 10/14/25, 10/16/25, and 10/17/25 all or part of shift on these dates did not have a CPR trained staff on site. On 10/15/2025 During resident record review, it was noted that there are five residents who	A3000		

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A3000	Continued From page 7 require mechanical lift for transfers. On 10/15/2025 at 12:15PM R5 was observed receiving incontinence care by E20 (Caregiver), when incontinence care was completed, E7 (caregiver) came to assist E20 with the transfer. E7 and E20 transferred R5 from the bed to recliner chair using mechanical lift. No concerns with the transfer however, the process took 7 minutes. R2's medical records indicate that R2 is 71-year-old. R2 moved into this establishment on 4/19/2025 and resides in the memory Care Unit. R2 has multiple diagnoses, including but not limited to Hypertension, Urine Incontinence, Dementia, Arthritis, Falls R2's Service plan dated 8/8/2025 indicated: Mechanical Lift: required with assist 2 staff R8's medical records indicate that R8 is 70-year-old. R8 moved into the establishment on 5/24/2024 with diagnosis of dementia R8's Service Plan indicated Mechanical Lift: required with assist 2 staff R9's medical records indicate that R9 is 82-year-old. R9 moved into the establishment on 10/8/2020 with diagnosis of Dementia. R9's Service Plan indicated Mechanical Lift: required with assist 2 staff R10's medical records indicate that R10 is 79-year-old. R10 moved into the establishment on 6/30/2025 with diagnoses including but not limited to Alzheimer's Disease, Polyosteoarthritis, Abnormalities of Gait and Mobility. R10's Service Plan indicated Mechanical Lift: required with assist 2 staff	A3000		

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A3000	Continued From page 8 On 10/14/2025 at 2:43PM, E19 (Caregiver) said that two people are required to use the mechanical lift. E19 said that it all depends on the resident they are to transport using the mechanical lift, E19 said that some residents are able to help, and it can take from 3-5 minutes to transport the resident from the bed to the assistive device, longer that 5 minutes if the resident is not able to help. On 10/14/2025 at 2:46PM, E18 (Caregiver) said that two people are required to use the Mechanical lift. E18 said that it takes 10-15 minutes to transport a resident from the bed to the wheelchair/ recliner chair with two people assist. 10/15/2025 around 2:30PM, E1 (Executive Director) said that for night shift, 2 caregivers and 1 nurse at this time.	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan 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)	A4010		

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A4010	Continued From page 9 e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; These requirements are not met as evidenced by: Based on interview and record the establishment failed to update and include an individualized, measurable, current interventions to address physician identified medical issue, anxiety/behavior, the use of psychotropic medications, services provided and staff responsible to provide services for three (R1, R2, R3) resident of ten residents reviewed for service plan. This failure had a substantial probability that contributed to R1's fall with major injury. This failure creates a substantial probability of harm to a resident or residents. Findings include: According to R1's face sheet, R1 is 77 years old. R1 moved to this Memory care establishment on 5/11/25. R1's diagnoses include but not limited to Moderate Vascular Dementia, Chronic Bronchitis, Hypertension, Depression and Osteoporosis. R1's document titled "Standardized Mini-Mental State Examinations (SMMSE)" score dated 5/11/25, 11.5 indicating Moderate Cognitive	A4010		

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A4010	Continued From page 10 Impairment (10-19). R1 has been identified as fall risk since move in according to R1's Fall Risk Evaluation with a total score of 11 (Resident is a high fall risk). R1's document titled: Observations for (R1) documented; 5/14/25 9:15AM- observed resident walking around with unsteady gait. 5/30/25 5:45PM- wanders throughout facility constantly has periods of anxiety with episodes of uncontrollable crying ... 6/1/25 7:00PM- yelled and became combative with staff while refusing shower... 7/6/25 4:30PM- combative during toileting care, swings at staff and will not follow directions .... 7/10/25 10:45AM: upset and tearful ...walking around building with only one shoe on, ...attempted to toilet, very agitated and yelling does not follow instructions ... 7/13/25 5:45AM: ...awake most of the night walking around the hallways prn (as needed) medication given for anxiety and has been ineffective .... On 10/14/25 at 1:40pm, E8 (Caregiver) said, sometimes R1 would get aggressive but respond to redirections. On 10/15/25 at 10:34am, E18 (Caregiver) said, R1 had anxiety. On 10/14/25 at 1:22pm, Z1 (Power of Attorney) was interviewed, Z1 verbalized observation of increased aggressive behavior, would scream when someone touch (R1). R1's clinical notes documented two fall incidents since move in. Per notes, on 7/21/25 at 8:30pm, R1 was found on the floor in her bedroom, R1 had an unwitnessed fall. R1 was noted with bump to the forehead, R1 was sent to ER for further	A4010		

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evaluation due to head injury. Notes dated 7/22/25 (5:45am) report from the hospital indicated R1 was transferred to another hospital, admitted in the ICU due to Subdural Hematoma.

On 10/14/25 at 2:17pm, E2 (Wellness Director) was asked if R1 had "sundowning" which affects some residents with Dementia and if this sundowning had contributed to the fall, E2 said, according to R1's notes E2 reviewed, R1 would have behavior at night mostly resistant to care and but redirectable. E2 was asked if sundowning/behavior could have contributed to the fall. E2 said, "In my opinion yes, it contributed to the fall." E2 was asked what interventions will be in place for this kind of resident like R1, E2 answered hourly rounding.
Sundowning refers to a phenomenon where individuals with Dementia or other cognitive impairment experience increased confusion, agitation and other behavior changes in the late afternoon or evening hours.

Physician notes with a service date of 6/17/25 indicated R1 was seen due to increasing anxiety. According to Physician notes, R1's physician noted, R1 complained of on and off paresthesia to bilateral lower legs more so at nighttime which sometimes keep patient awake or wake patient up from sleep. Review of systems indicated; Musculoskeletal- gait instability. Physical Exam: Musculoskeletal- quadriceps weakness bilaterally. Diagnosis, Assessment and Plan- Restless leg syndrome, Supportive care, Ropinorole.

R1's Fall intervention includes but not limited to (R1 will be provided with frequent monitoring through the night, and assistance with toileting to promote safety and prevent falls) there were no

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other interventions for anxiety, combative behavior. Per R1's Medication list, R1 was on psychotropics/ benzodiazepine Alprazolam 0.25mg twice daily as needed and Escitalopram 10 mg. These were not discussed on R1's service plan. Interventions for Restless leg syndrome was also not discussed on service plan.

R1's Service Plan initiated on 5/12/25 did not indicate interventions for this behavior concern.
Service plan documented;
Orientation- Occasional confusion (Behavior Patterns/Orientation/Decision Making)
Resident's Needs/Preferences:
-Has occasional confusion and some difficulty recalling details or orientation.
-Needs occasional prompting

Scheduled Psychotropics/Pain Medications ...
-Resident uses SCHEDULED Psychotropic/pain medications.
Resident's needs: At risk for falls per fall assessment findings.
Service Provider Responsibilities: Care staff will provide (R1) with stand by assistance and monitoring when she is ambulating to prevent falls. Care staff will observe (R1's) gait to determine if she needs further assistance with transferring or ambulation. During periods that unsteady gait is observed care staff will escort (R1) while she is ambulating to assure her safety. Care staff will frequently observe (R1) to determine if rest is needed during extended periods of ambulation or standing. (R1's) environment will continuously be surveyed for safety, including keeping walkways clear and free of clutter, and assuring furniture is away from walking spaces. (R1) will be provided with hands on assistance when she is ambulating from one surface type to another (i.e. carpet to tile flooring).

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A4010	Continued From page 13	A4010		

Care staff will assure (R1) is wearing proper footwear daily when ambulating. (R1) will be provided with frequent monitoring through the night, and assistance with toileting to promote safety and prevent falls.

R2's medical records indicate that R2 is 71-year-old. R2 moved into this establishment on 4/19/2025 and resides in the memory Care Unit. R2 has multiple diagnoses, including but not limited to Hypertension, Urine Incontinence, Dementia, Arthritis, Falls
R2 was admitted to hospice care on 8/5/2025. R2's service plan dated 8/8/2025 indicates Hospice Services: facility assists with coordinating hospice services. R2 service plan does not include who is responsible to provide the services and the frequency of services.

R3's medical records indicate that R3 is a 78-year-old. R3 moved into this establishment on 7/14/2025 and resides in memory Care Unit. R3 has multiple diagnoses include but not limited to Thrombocytopenia, Hyperlipidemia, Hypokalemia, Hypomagnesemia, Alcoholic Polyneuropathy, Cardiomyopathy, Hypotension, Pleural Effusion, Fatty Liver, Major Depressive Disorder, Gout, Benign Prostatic Hyperplasia, History of Falls, Personal History of other Malignant Neoplasm of Skin, Dementia.

R3 was admitted into hospice care on 5/31/2025 prior to move in. R2's service plan dated 7/14/2025 indicates Hospice Services: facility assists with coordinating hospice services. R3 service plan does not include who is responsible to provide the services and the frequency of services.

Establishment Policy and procedure titled, "2.08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510036	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT BOLINGBROOK	351 LILY CACHE LANE BOLINGBROOK, IL 60440

(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
A4010	Continued From page 14 Service Plan" stated in part; Policy All residents receiving assisted living services will have service plan in place. Service plans are based on the outcomes .... monitoring, and individual reviews of the resident's needs and preferences. Purpose: To ensure provisions of services based on current needs as identified by the registered nurse assessment. Procedure: 3. Service plan shall be revised, if needed, based on resident reassessments and monitoring. 8. Staff providing services indicated in the service plan shall be informed of the current written service plan. 9. A service plan will include: c. The frequency of each service to be provided based on the most recent assessment and current preferences. d. An identification of staff or categories of staff who will be providing services (RN, LPN, unlicensed personnel etc.) 10. Other optional documents such as "care plans" .... or other internal documents may be used to assist staff ...but such documents are not required and do not replace the required service plan. R1's service plan also did not indicate the frequency and responsible staff who will provide services. On 10/15/25 at 12:52pm, E2 said, Service plan includes interventions for behavior as well as medications used to manage behavior, such as what to do prior to medication administration and to call physician if ineffective. The responsible staff and frequency of the services provided will also be included on the service plan.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510036	A. BUILDING: _____ B. WING _____	10/15/2025

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A4060	Continued From page 15	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 i) Training requirements for individuals working in a special program: 2) Staff training 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: This requirement was not met as evidenced by: Based on record review and interview the facility failed to provide proper documentation of 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation for three (E2, E5, and E6) of six employees reviewed that are required to have the 16 hour dementia training. Findings include: On 10/14/2025, at 12:00 PM, Employee files reviewed. No 16-hour Dementia Training noted in employee file for E2 Wellness Director. For employees E5 caregiver and E6 caregiver the training did not have a time or date on training documentation.	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510036	A. BUILDING: _____ B. WING _____	10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE AT BOLINGBROOK	351 LILY CACHE LANE BOLINGBROOK, IL 60440

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A4060	Continued From page 16 On 10/14/2025, at 2:02 PM, E16 Business Office Manager stated E2 Wellness Director's 16 hour Dementia training is not in E2's employee file. It was never in there since I have been here. There were a few items misplaced from old BOM (Business Office Manager).	A4060		