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	ASL510196	A. BUILDING: _____ B. WING _____	09/10/2025

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HEARTHSTONE OF ARLINGTON HEIGHTS	800 W OAKTON ST ARLINGTON HEIGHTS, IL 60004

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A 000	Initial Comment Annual Licensure Survey conducted. Violations: Section 295.3000a)b) Section 295.3030a)-e) Section 295.4050 Tuberculin Skin Test Procedures Section 696.130 Responsibilities of Health Care Settings b)-d) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a)2)C)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General 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. Based on interview and record review, the establishment failed to ensure they had on duty at all times at least one direct care staff person who obtained cardiopulmonary resuscitation (CPR)	A3000		

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A3000	Continued From page 1 training specific to adults, which included a demonstration of the individual's ability to perform CPR or current certification. This applies to 12 of 32 employees (E6, E10, E11, E12, E13, E14, E15, E16, E17, E18, E19, E20) reviewed for this requirement and has the potential to affect all residents that reside in the establishment. This failure creates a substantial probability of severe harm to a resident or residents, in the event of a medical emergency it cannot be ensured that there is a qualified direct care staff person to adequately or correctly provide CPR. The findings include: On 9/8/25, an Annual Licensure Survey was initiated. During the survey, direct care staff CPR certifications were reviewed and compared to the Nursing and Caregiver schedules for 7/1/25-9/9/25. The following employees did not have CPR training that included a demonstration of the individual's ability to perform CPR: E10's (Licensed Practical Nurse - LPN), E14's (Certified Nursing Assistant - CNA), and E15's (CNA) CPR Certification of Completion from American health Care Academy did not indicate return demonstration was part of the course, as state regulation requires. The course website https://cpraedcourse.com/faqs/ was reviewed and showed the course was on-line only. For this reason, E10, E14, and E15 was not factored as part of direct staff CPR certified coverage. E13's (LPN) CPR Certification of Completion	A3000		

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A3000	Continued From page 2 from National CPR Foundation did not indicate return demonstration was part of the course, as state regulation requires. The course website https://nationalcprfoundation.com/support/ was reviewed and showed the course was on-line only. For this reason, E13 was not factored as part of direct staff CPR certified coverage. The following employees did not have current certification in CPR: E6's (CNA) CPR Certification showed expired 08/2025; E16's and E17's (both CNAs) CPR Certification showed expired in 07/2025. For this reason, E6, E16 and E17 was not factored as part of direct staff CPR certified coverage for August and/or September. E11's (LPN) CPR Certification showed expired 06/2025; E12's (LPN), and E19's and E20's (both CNAs) CPR Certification showed expired 09/2024; and E18's (CNA) CPR Certification showed expired 02/2024. For this reason, E6, E11-E12, and E18-E20 was not factored as part of direct staff CPR certified coverage. The following dates/times could not be verified that a direct care CPR certified staff person was on duty: 3:00 PM-11:00 PM - 7/1, 7/4, 7/9, 7/12, 7/18, 7/23, 7/30, 8/6, 8/13, 8/15, 8/20, 8/27, 9/7 4:00 PM-11:00 PM - 7/2, 7/25, 8/1, 8/8 During phone interview on 9/10/25 at 2:53 PM, E1 (Executive Director) confirmed findings and indicated she already set up CPR classes.	A3000		

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A3030	Continued From page 3	A3030		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl	A3030		

This Regulation is not met as evidenced by:
Type 2 Violation

Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees

a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.

b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment.

c) The initial health evaluation shall include the employee's immunization status.

d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.

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:

1) The test must be completed no

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A3030	Continued From page 4 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. This requirement was not met: Based on interview and record review, the establishment failed to ensure new employees' health evaluation included immunization status and a physical examination. They failed to ensure a new employee had a TB test within the required time frames. This applies to 2 of 9 employees (E4, E6) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, in that it poses an undue risk of infection. The findings include: On 9/8/25, an Annual Licensure Survey was initiated. During the survey, employee records were reviewed. There was no documentation to show E4 (Registered Nurse - RN) - Date of hire 10/7/24 and E6 (Certified Nursing Assistant - CNA) - Date of hire 11/18/24 had a physical examination completed by a physician, nurse practitioner, or physician's assistant. E4's Health Evaluation, dated 3/10/25, and E6's Health Evaluation, dated 10/7/24, showed they were completed by E21 (RN). The Health Evaluations documented vaccination status but did not include immunization status. During interview on 9/9/25 at 10:56 AM, E1	A3030		

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A3030	Continued From page 5 (Executive Director) confirmed the findings and indicated, she worked with the establishment to secure a physician to do new hire physicals going forward. E6's (CNA) - Date of hire 11/18/24, TB was administered over 90 days prior to the date of initial employment, which was 8/20/24. E6's TB Skin Read, showed TB skin test placement date of 6/17/24. During interview on 9/9/25 at 10:45 AM, E1 confirmed, there was no other TB test found for E6.	A3030		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.130 Responsibilities of Health Care Settings ... b) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection (LTBI) among health care workers and clients; protocols for the screening, diagnosis and management of active TB disease among health	A4050		

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A4050	Continued From page 6 care workers and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker education program. All components of the plan shall reflect compliance with this Part. The plan shall include the name of the person or persons responsible for the TB prevention and control program at each health care setting; procedures to protect health care workers and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented and treatment is completed for clients with TB who leave the health care settings. The written plan shall be updated at least annually. (See the Guidelines for Health-Care Settings.) c) TB Prevention and Control Program. A program shall be executed in accordance with the written TB infection control plan. d) Health Care Worker Education. All health care workers shall be trained upon hiring and periodically thereafter to ensure employee knowledge relevant to the employee's work responsibilities and the level of risk in the health care setting. (See the Guidelines for Health-Care Settings.) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for	A4050		

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A4050	Continued From page 7 Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings. a) Screening for Latent TB Infection ... 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC ... C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf... (Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024) Based on interview and record review, the establishment failed to ensure all components of their TB plan reflected compliance with Section 696.130. They failed to ensure TB was included as part of Healthcare Worker Education. They failed to ensure residents were administered the second step of their TB test within CDC guidelines. This applies to 8 of 8 employees (E1,	A4050		

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A4050	Continued From page 8 E2, E4, E5, E6, E7, E8, E9) and 4 of 8 residents (R1, R2, R3, R5) reviewed for these requirements. These failures create a substantial probability of harm to a resident or residents, in that they pose an undue risk of infection. The findings include: On 9/8/25, an Annual Licensure Survey was initiated. During the survey, the establishment TB plan, infection control policy, employee education, and resident records were reviewed. The establishment policies titled TB Screening Team Members (Last Approved/Revised 12/11/23), General Infection Control Policy (Last Approved/Revised 9/12/23), and Infection Prevention and Control Program (Last Approved/Revised 7/20/23) did not address all the required components of Section 696.130 b), including clients (residents); reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker TB education program. The policies were not reviewed and updated at least annually. During interview on 9/9/25 at 10:45 AM, TB plan concerns were reviewed and confirmed with E1 (Executive Director - ED). Employee education was provided and there was no documentation to show the following Health Care Workers had TB education upon hire and periodically thereafter: E1 (ED) - Date of Hire (DOH) 11/21/23 E2 (Health and Wellness Director) - DOH 1/2/24 E4 (Registered Nurse) - DOH 10/7/24 E5 (Sales Director) - DOH 8/13/25 E6 (Certified Nursing Assistant) - DOH 11/18/24 E7 (Lifestyle Coordinator) - DOH 9/1/24	A4050		

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A4050	Continued From page 9 E8 (Caregiver) - DOH 1/8/18 E9 (Concierge) - DOH 5/3/21 During interview on 9/9/25 at 10:56 AM, employee education was reviewed with E1 and findings confirmed. Documentation showed the following resident's second step of their 2-step TB test was not administered within 21 days of the first step: R1 (move in date12/13/14) - TB 1st step administered 12/13/24, 2nd step due by 1/3/25, 2nd step administered 3/18/25 R2 (move in date 9/9/24) - TB 1st step administered 9/6/24, 2nd step due by 9/27/24, 2nd step administered 11/26/24 R3 (move in date 9/5/24) - TB 1st step administered 9/5/24, 2nd step due by 9/26/24, 2nd step administered 11/18/24 R5 (move in date 6/18/25) - TB 1st step administered 6/15/25, 2nd step due by 7/6/25, 2nd step administered 7/15/25 During interview, on 9/9/25 at 1:54 PM, E-22 (Health and Wellness Director) indicated, she noticed during record audits that the 2nd step was not documented and then administered it at that time.	A4050		