STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108235	A. BUILDING: _____ B. WING _____	08/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF WOODSTOCK	10511 ROUTH 14 WOODSTOCK, IL 60098

(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 Annual Licensure Survey 295.3000 a)b) 295.4010- Repeat a)b)1)2)3)c Complaint Investigation: IL00196931: Unsubstantiated Facility Reported Incident: IL00196936: Unsubstantiated	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 a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) 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 1 This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training. This failure creates a substantial probability of harm residents, visitors, and employees of the facility. Findings include: During record review on 8/18/2025 at 1:05 PM it was noted that the establishment did not have anyone on duty with a current CPR certification on the night shifts of: 7/31/2025, 8/5/2025, 8/10/2025, 8/11/2025, 8/13/2025 There were also no CPR certified employees scheduled for the upcoming night shifts of: 8/20/2025, 8/23/2025, 8/24/2025, 8/25/2025, 8/26/2025, 8/27/2025 During an interview with E1 (Assistant Executive Director) on 8/18/2025 at 1:00 PM they stated, "I have these CPR cards right now. I am reaching out the employees to see if they have it, if I don't. We do have a CPR class scheduled."	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 (REPEAT) Violation Section 295.4010 Service Plan	A4010		

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	5108235	A. BUILDING: _____ B. WING _____	08/18/2025

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A4010	Continued From page 2 a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 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. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to obtain service plan signatures from the resident/resident representative. This failure involves 5 of 8 residents reviewed for this requirement (R1, R3, R4, R6, R7). Findings include: During record review on 8/18/2025 at 9:00 AM it was found that the establishment had an annual survey conducted on 8/7/2024. During this annual survey, the establishment was cited for violation	A4010		

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A4010	Continued From page 3 of 295.4010- Service Plan. During record review on 8/18/2025 at 1:30 PM the following was found: Resident Admission Date Service Plan Date Resident/Representative Signature R1 1/3/2024 7/25/2025 No R3 2/25/2025 7/21/2025 No R4 3/25/2025 3/24/2025 No R6 5/23/2025 7/1/2025 No R7 6/13/2025 7/17/2025 No During record review on 8/18/2025 at 3:50 PM R1,R3,R4,R6,and R7's progress notes were reviewed. These progress notes did not document any service plan meetings or service plan resident representative approval. During an interview with E3(Director of Nursing) on 8/18/2025 at 4:45 PM they stated, "What do we do when the resident wants their family member to sign but we send the service plan to the family and they don't respond? A lot of these families are in and out so fast I can't catch them."	A4010		