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STORYPOINT ROMEOVILLE AL	605 S EDWARD DR ROMEOVILLE, IL 60446

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A 000	Initial Comment Annual Licensure survey: 295.2040 5) c) d) e) 295.4000 a) 295.4010 a) b) 1) 2) 3) c) 295.4050, 696.140 b) 1) 2) 295.9000 a) Facility Reported Incident: IL196629 - 295.4010 a) b) 1) 2) 3) c) Complaint Investigation IL196663 - 295.4010 a) b) 1) 2) 3) c)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness 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: d) The establishment shall conduct a tornado drill on each shift during February of each	A2040		

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A2040	Continued From page 1 year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. These requirements were not as evidenced by: Based on interview and record review the facility failed to: 1) orient 6 out of 7 residents (R1, R2, R3, R4, R5, R6) on emergency and evacuation plans within 10 days of admission; 2) conduct tornado drills on each shift in the month of February 2025 for employees; 3) ensure residents are involved in fire drills; 4) ensure identification residents who need assistance with each drill; 5) ensure the evaluation of the drill dates and times are on each drill and within the time limits of fire drill expectations. These failure cause a substantial probability of harm to all residents and staff. Findings include: On 9/24/2025 at 12:00 PM, Fire drills reviewed since the last annual survey. On 3/14/2025, MEMORY CARE Fire drill start time 5:30 AM - 5:45 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need	A2040		

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A2040	Continued From page 2 assistance with evacuation. On 4/12/2025 MEMORY CARE Fire drill start time 10:30 AM - 10:45 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 6/12/2025 MEMORY CARE Fire drill does not have start or end time. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 6/20/2025 MEMORY CARE Fire drill start time 6:00 AM with no end time. More than 13 minutes. No list of residents/signatures of residents who attended. List of residents attached with resident names highlighted but does not state those are the residents who need assistance with evacuation. 7/15/2025 MEMORY CARE Fire drill start time 10:15 AM - 10:30 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 8/29/2025 MEMORY CARE Fire drill start time 3:00 PM - 3:15 PM. More than 13 minutes. No list of residents who need assistance with evacuation. 9/16/2025 MEMORY CARE Fire drill start time 6:15 AM - 6:30 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. Evaluation documents: Did staff know apartments where occupants need physical assistance N/A.	A2040		

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A2040	Continued From page 3 Undated MEMORY CARE Fire drill start time 6:30 AM - 6:13 AM. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 1 undated, with no specified time Tornado and Severe Weather drill sign in sheet noted for employees and staff. On 9/24/2025, at 3:00 PM - E1 Executive Director/ED stated, "we have a move in momentum checklist that is not signed by the resident that we use to coordinate activities related to orientation of every function in the community. We do not have an orientation checklist that the resident signs they only sign the contract. Tornado drill sign in sheets x2 (one for residents, and one for staff) do not have a date or time on them. I can see if I can pull the date and time. Tornado drills are done twice a year. No specific months are listed." "Five severe weather drills noted for June 2025. E1 stated, "it seems like the undated drills should have been done in June as well, but I cannot say for sure. The last two fire drills do not have dates on them. I know we have drills for every single month in the portal so I can look up and see when they happened. We do evacuation drills every other month. We had a life safety drill that we put into place a plan of correction of adding which residents participated in the drills. The lists of residents that are attached to some of the drills with highlighted residents indicate the residents who could not attend the drill. All other residents listed attended. On our fire drills we do not attach a list of residents that need evacuation to our drills. When we had our life safety drill that was	A2040		

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A2040	Continued From page 4 not indicated that we needed to document those individuals who need evacuation. Our documentation does not include a list of residents who need assistance included in our fire drills. I will double check to see if we have any other tornado drills for February for all three shifts. In the documentation I provided, I did not provide any documentation for tornado drills for February this year. I will go check and see if I can find any." On 9/24/2025, at 3:30 PM, E1 stated "I do not have any tornado drills for February just training in-services."	A2040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. This requirement is not met as evidenced by:	A4000		

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A4000	Continued From page 5 Based on record review and interview the facility failed to ensure that admission assessment was completed by a physician for 1 of 7 residents (R1) reviewed for physician's assessment. Findings include: R1 is an 88-year-old resident admitted to the facility on 8/19/2025 with diagnoses including but not limited to Parkinson's Disease. R1's admission assessment is signed by an FNP (Family Nurse Practitioner) and not by a Medical Doctor and is also not dated. On 9/25/2025, at 1:08 PM E2 Assisted Living Wellness Director stated "I thought the Nurse Practitioner could sign the initial resident assessments, change in level of care assessments and annuals. I am aware the resident assessments need to be dated."	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan 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	A4010		

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A4010	Continued From page 6 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. This requirement is not met as evidenced by: Based on record review and interview the establishment failed to: 1) ensure the service plan included signatures and dates of individuals involved in its development for 6 of 7 residents (R2, R3, R4, R5, R6 and R7) reviewed for service plans; 2) revise the service plan with interventions to address pain management for one out of 7 residents (R4) reviewed for pain management; 3) revise the service plan with interventions to address outside services, the frequency, duration and correlation of care between direct care staff and outside agency nursing staff and care of a indwelling catheter the application of a right leg brace for 1 of 7 residents (R5), reviewed for outside services	A4010		

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A4010	Continued From page 7 4) address the use of a mechanical lift for one out of 2 residents (R7) in the sample who requires the use of this device. R7 is also nonverbal; These failures have the substantial probability to cause harm to all residents in the establishment. Findings include: 1. R2 is an 87-year-old resident that was admitted 2/24/25 with diagnoses including but not limited to major depressive disorder, osteoarthritis and hyperlipidemia. R2's service plan has resident signature dated 2/26/2025 but does not have another signature on service plan. Review of the service plans for R3, R4, R6 did not show the signature of the residents, their responsible party nor the date. On 9/25/25, this was brought to the attention of E1 (executive director). No explanation was given for why the service plans were not signed and dated by the resident or their responsible party. On 9/25/2025, at 1:08 PM E2 (Assisted Living Wellness Director) stated, "for R2's Service Plan the resident signed it on 2/26/25 but there is no other signature on it. I was not here at that time to sign, that would have been the previous Wellness Director that should have signed it." 2. R3 is a 83 year old resident who moved into the establishment. R3 has diagnoses including Alzheimer's disease and Cerebrovascular disease.	A4010		

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A4010	Continued From page 8 The progress notes for August 2025 and September 2025 show the following: -8/29/25 Incident Note: NOD (nurse on duty, E15) was notified by Safely You that R3 was on the floor. Nurse watched the video to ensure that R3 did not hit his head - which he did not. R3 was found in the video on the floor, in an upright position, attempting to put his pants on. When CNAs checked on R3 a few moments later, R3 had taken himself off the floor. R3 stated that he "was cold and wanted to put his pants on." R3 was unable to give a clear description on how he fell to the floor. E15 reached out to the CNA staff in Memory Care to check on R3 while the E15 made her way over to the building. CNAs stated R3 was back in bed. E15 asked R3 if there was any pain which there wasn't any. Nurse checked ROM, which was normal. -9/10/25 4:42pm: R3 complained of pain to left leg this shift. R3 assessed. No swelling noted. PRN (as needed) Tylenol given and ineffective. R3 reassessed and noted with swelling to left hip. When Safely You video viewed E15 observed R3 had a fall. Ambulance called and transported R3 to the local hospital for further evaluation. R15 returned the same day, no new orders At 5:47pm, the local hospital emergency room was called for update, R3 will be admitted for left hip fracture The most recent service plan was not revised after the fall incidents on 8/29/25 and 9/10/25. R3 sustained a hip fracture as a result of the unwitnessed fall on 9/10/25. There no interventions to address pain management.	A4010		

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A4010	Continued From page 9 3. R4 is a 81 year old resident who moved into 7/21/25. R4 has diagnoses including Parkinsonism, Rheumatic aortic stenosis, type 2 Diabetes Mellitus, essential Hypertension, Cardiomegaly and Atherosclerotic heart disease of native coronary artery. The progress notes dated July 2025 through September 23, 2025 show R4 experienced several unwitnessed falls. On 9/23/25 R4 complained of pain of both shoulders. The service plan 6/25/25 does not include interventions to address pain management. 4. R5 is a 82 year old who moved into the establishment 4/28/25. R5 has diagnoses including Prostate cancer, Primary Hypertension, age related Osteoporosis with current pathological fracture, Type 2 Diabetes Mellitus, Spinal stenosis and Anemia. The clinical physician's sheet dated 9/20/25 show orders for right leg brace, on in the am and off at HS (bedtime) The progress notes shows the following: -4/25/25: R5 has indwelling urinary catheter 4/27/25: Late Entry: Nurse from Hospice arrived to the community to admit R5 to hospice care services. New order for broda chair, air matters, mechanical lift (hospital bed in place) -4/28/25: R5 uses a wheelchair and mechanical lift for transfer The service plan dated	A4010		

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A4010	Continued From page 10 5. R7 is a 89 year old resident . The service plan does not address the use of the Sit to Stand mechanical lift. The service plan does not include interventions to address R7 being non verbal.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 3 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 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease b) Screening for Active TB Disease. The following persons shall be screened for active TB disease: 1) Persons with a documented positive TB screening test result; 2) Clients admitted to health care settings and residential care settings serving high-risk groups; and This requirement has not been met as evidenced by:	A4050		

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A4050	Continued From page 11 Based on record review and interview the establishment failed to provide TB screening for one of seven (R2) residents reviewed for TB. Facility provided TB screen for another resident (R1) that did not document resident name on document. Findings include: R1 is an 88-year-old resident admitted to the facility on 8/19/2025 with diagnoses including but not limited to Parkinson's Disease. R2 is an 87-year-old resident that was admitted 2/24/25 with diagnoses including but not limited to major depressive disorder, osteoarthritis and hyperlipidemia. On 9/25/2025, Surveyor reviewed documents provided by facility for R1 and R2. TB record was provided for R1 but did not have a resident name on this document. No TB documentation was provided for R2. On 9/25/2025, at 1:08 PM, E2 Assisted Living Wellness Director stated "the TB test result for R1 does not have his name on it. For R2 I cannot find the TB test that was done on admission for her. I do not have any documentation for a TB test for her being done."	A4050		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 2 Violation	A9000		

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A9000	Continued From page 12 Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. This requirement was not met as evidenced by: Based on record review and interview the facility failed to meet time constraints for fire drills, ensure all residents attend and participate in fire drills, and list any residents unable to participate in fire drills. These failures have the substantial probability to cauase harm to residents. Findings include: 9/24/2025 12:00 PM - Fire drills reviewed from last annual. Fire drill from 10/29/2024 Start time 10:00 AM-10:20 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation attached to drill. 11/5/2024 Fire drill start time 10:45 AM - 11:15 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 11/14/2024 Fire drill start time 3:30 PM - 3:50 PM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with	A9000		

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A9000	Continued From page 13	A9000		

evacuation.

12/12/2024 Fire drill start time 6:25 AM - 6:45 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation.

1/15/2025 Fire drill start time 2:30 PM - 3:00 PM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation.

2/13/2025 Fire drill start time 3:00 PM - 3:15 PM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation.

3/14/2025 Fire drill start time 6:00 AM - 6:20 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation.

4/4/2025 Fire drill start time 9:00 AM - 9:20 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation.

4/28/25 Fire drill start time 11:30 AM - 11:40 AM. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation.

4/29/2025 Fire drill start time 10:00 AM - 10:10 AM. No list of residents/signatures of residents who attended. No list of residents who need

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A9000	Continued From page 14 assistance with evacuation. 5/21/2025 Fire drill start time 3:15 PM - 3:25 PM. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 6/12/2025 Fire drill start time 5:45 AM - 16:00 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. 8/29/2025 Fire drill start time 3:30 PM - 3:50 PM. More than 13 minutes. List of residents attached with some highlighted but does not state those are residents who need assistance with evacuation. 9/16/2025 Fire drill start time 6:30 AM - 7:00 AM. More than 13 minutes. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. Did staff know apartments where occupants need physical assistance N/A. Undated Fire drill start time 6:30 AM - 6:12 AM. No list of residents/signatures of residents who attended. No list of residents who need assistance with evacuation. Fire Drill Policy with a last review dated of 6/10/2025 documents in part: 4. Procedure It is community policy to conduct fire drills in accordance with applicable codes and standards for that respective community. In the case of a community that has combined signals and/or houses both classifications, the higher most stringent standard will apply. All drills must	A9000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510398	A. BUILDING: _____ B. WING _____	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT ROMEOVILLE AL	605 S EDWARD DR ROMEOVILLE, IL 60446

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A9000	Continued From page 15 engage residents along with employees. Responsibility to Conduct Drills: It shall be the responsibility of the Maintenance lead at each community to conduct fire drills that are required. Actual drills may require a combination of observers that are dedicated to evaluating all aspects during a drill. All drills must be documented, and records maintained for three years. It shall be the responsibility of the community Executive Director to make sure this process is current, and records are maintained. On 9/24/2025, at 3:00 PM - E1 Executive Director/ED stated "The last two fire drills do not have dates on them. I know we have drills for every single month in the portal so I can look up and see when they happened. We do evacuation drills every other month. We had a life safety drill that we put into place a plan of correction of adding which residents participated in the drills. The lists of residents that are attached to some of the drills with highlighted residents indicate the residents who could not attend the drill. All other residents listed attended. On our fire drills we do not attach a list of residents that need evacuation to our drills. When we had our life safety drill that was not indicated that we needed to document those individuals who need evacuation. Our documentation does not include a list of residents who need assistance included in our fire drills."	A9000		