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	ASL510103	A. BUILDING _____ B. WING _____	12/16/2024

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A 000	Initial Comment Annual Licensure Survey Violations cited: 295.2040 Disaster Prepareness 295.3030 Initial Health Evaluation 295.4000 Physician Assessment 295.4050 Initial TB Screening 295.4060 Alzheimers Program 295.5000 Medication Error 295.8000 Food Services	A 000		
A2040	Section 295.2040 Disaster Preparedness This RULE: 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: 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.	A2040		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A2040	Continued From Page 1 Based in interview and record review failed to ensure residents and/or their representatives are provided orientation to the emergency and evacuation plans of the facility within ten days of admission. Findings include: R1's through R6's records were reviewed during the survey. R1's, R4's and R5's files did not have any documentation showing they or their representatives were provided orientation to the emergency and disaster evacuation plan of the facility. On 12/10/24 at 1:21 PM, E1 (Executive Director) confirmed the facility could not find documentation of resident/family orientation to the emergency and evacuation plan of the facility for R1, R4 and R5.	A2040		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This RULE: 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	A3030		

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A3030	Continued From Page 2 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. Based on interview and record review the facility failed to ensure newly hired direct care staff had initial health evaluation conducted within 30 days prior to and 30 days of start of work in the facility. This failure creates a substantial probability of harm to the residents' health. Findings include: A review of E1's through E7's employee records was done on and the following were noted: E2 (Director of Wellness), E3 (Licensed Practical Nurse), E5 (Care Manager/CM), E6 (CM). E7 (CM) did not have their initial health evaluation on file. On 12/10/24, E1 (Executive Director) confirmed they could not find any reproducible evidence that E2, E3, E5, E6 and E7 had their initial health evaluations were completed.	A3030		
A4000	Section 295.4000 Physician/s Assessment This RULE: is not met as evidenced by:	A4000		

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A4000	Continued From Page 3 Type 2 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. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review the facility failed to ensure a physician assessment was completed and to certify that residents admitted to hospice services due to significant change of condition continue to meet the criteria to reside in an assisted living facility. This failure creates a substantial probability of harm to these residents in the facility. Findings include: R3's record documents move in date of 2/11/23 and was admitted to hospice services on 9/10/24 with hospice diagnosis of Age Related Cognitive	A4000		

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A4000	Continued From Page 4 Decline. R4's record documents move in date of 8/30/24 and was admitted to hospice services on 11/22/24 for Senile Degeneration of the Brain. R5's record documents move in date of 2/15/24 and hospice admission date of 10/8/24 with diagnosis of Acute on Chronic Congestive Heart Failure. R6's record documents move in date of 8/16/22 and hospice admission date of 9/10/24 with hospice diagnosis of Chronic Obstructive Pulmonary Disease. On 12/10/24 at 11:00 AM, E2 (Director of Health and Wellness) presented R3-R6 hospice admission records but failed to present a physician assessment certification that R3-R6 has met the requirements to continue to reside in an assisted living facility.	A4000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This RULE: 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). Each employee/resident shall have a tuberculin skin test in accordance with the Control of	A4050		

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A4050	Continued From Page 5 Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of admission/initial employment in the establishment; or 2) The test must be commenced no more than seven days after the date of admission/initial employment in the establishment. Based on interview and record review the facility failed to provide evidence that initial tuberculosis (TB) screening is conducted 90 days prior to and no more than 7 days of start of work for newly hired employees and newly admitted residents. Findings include: A review of sampled residents' and employees' records was done on 12/10/2024 and the following were noted: E1 through E7, and R1 through R5 did not have their initial tuberculosis (TB) screening report in their records. R6 had only one step of the initial 2 step TB skin test done almost a month after move in date. On 12/10/24 at 9:45 AM, E1 (Executive Director) confirmed they could not find any reproducible evidence of initial TB screening of above residents and employees sampled. On 12/20/2023 at 11:05 AM, E1 (Executive Director) confirmed no reproducible proof that the	A4050		

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A4050	Continued From Page 6 initial TB tests were conducted for the above sampled residents and staff.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This RULE: 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: i) encouraging independence in and providing assistance with the activities of daily 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. Based on interview and record review the facility failed to ensure those who work at the Memory Care unit were provided 16 hours of on-the-job supervision and training following orientation. This failure has the potential to affect the delivery of	A4060		

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A4060	Continued From Page 7 care/services and the health and safety of the Memory Care residents in the facility. Findings include: On 10/18/2023, a review of the sampled employees' records was done and the following direct care staff/care managers (CMs) did not have documentation that they completed 16 hours of on-the-job supervision and training following orientation for special program: E5 was hired as CM on 10/2/2024. E6 was hired as CM on 5/31/2024. E7 was hired as CM on 6/6/2024. On 12/10/2024 at 11:10 AM, E1 (Executive Director) confirmed they can't find any record of the above mentioned training and added that all direct care staff are hired and trained to work both at the Memory Care and Assisted Living units in the facility.	A4060		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This RULE: is not met as evidenced by: Type 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage a) An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service.	A5000		

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A5000	Continued From Page 8 b) Medication reminders include: 1) Reminding residents to take pre-dispensed, self-administered medication; 2) Observing the resident; and 3) Documenting whether or not the resident took the medication. Based on interview and record review the facility failed to ensure residents are free of medication errors and failed to present proof that an internal occurrence report of a medication error incident was completed according to facility policy. This failure creates a substantial probability of harm to the residents' health. Findings include: R2's Reportable Incident Report dated 11/13/24 documents it was brought to the attention of the facility that on 11/8/24 Z3 (R2's daughter) complained that R2 was not getting all her medication and a call was put out to the pharmacy and the pharmacy sent over the missed medications late that night. The medications that were missing from 11/1-8/2024 were: allupurinol 300 mg/milligrams, hydralazine 25 mg, amlodipine 10 mg, aripiprazole 2 mg, metoprolol 100 mg and the morning doses were given the following morning. Z2(R2's Primary Care Physician and Z3 were notified of the incident. On 12/9/24 at 9:45 AM, E2 (Director of Health and Wellness) stated it was only on 11/13/24 that the family notified the facility that R2 changed providers from Z1 to Z2 at the end of October and did not provide the facility with an updated medication list and History and Physical from Z2's office. E2 stated the facility doesn't get the	A5000		

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A5000	Continued From Page 9 physician's prescriptions, those go straight from the physician's office to the pharmacy and if she knew that R2 had changed provders she would have asked for the new medication list to reconcile the orders. E2 stated Z2's office should have notified the pharmacy directly of new medication orders according to protocol. E2 stated the facility followed the procedure on medication errors by notifying Z2 who gave orders to monitor for abnormal blood pressure and to transfer R2 to the ER for any adverse effects. E2 stated R2 was closely monitored for 48 hours for changes in blood pressure and any adverse reactions and R2 did not show any signs and symptoms that would have required an emergency transfer. R2's Physician Assessment Certification dated 9/4/24 documents needing supervision with medication. R2's Service Plan dated 9/5/24 documents R2 requires employee assistance with medication supervision of self administered medication 2x daily. The facility claimed an Internal Occurrence Report of the medication error incident was done but the facility was unable to present the report when requested. The Facility Policy on Medication Errors dated 6-13-2024, documents: Policy: Medications are handled in a manner that minimizes the risk of medication errors. Procedure: 1. A medication error is defined as: a. Wrong medication. b. Wrong person. c. Wrong dose. d. Wrong route.	A5000		

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A5000	Continued From Page 10 e. Wrong time. f. Missed dose. g. Not initiating an order. 8. Complete an Internal Occurrence Report Form and any state regulatory reporting requirements.	A5000		
A8000	Section 295.8000 Food Service This RULE: is not met as evidenced by: Type 3 Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. (410 ILCS 625/) Food Handling Regulation Enforcement Act. (410 ILCS 625/0.01) (from Ch. 56 1/2, par. 330) Sec. 0.01. Short title. This Act may be cited as the Food Handling Regulation Enforcement Act. (Source: P.A. 86-1324.) (410 ILCS 625/3.05) Sec. 3.05. Non-restaurant food handler training. (a) All food handlers not employed by a restaurant as defined in Section 3.06 of this Act, other than someone holding a food service sanitation manager certificate, must receive or	A8000		

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A8000	Continued From Page 11 obtain training in basic safe food handling principles as outlined in subsection (b) of this Section within 30 days after employment. There is no limit to how many times an employee may take the training. Training is not transferable between individuals or employers. Proof that a food handler has been trained must be available upon reasonable request by a State or local health department inspector and may be in an electronic format. Based on observation, interview and record review, the facility failed to ensure staff that are food handlers have completed food handler training within 30 days after date of employment. Findings include: The Facility Staffing October-December 2024 schedule documents E11 and E12 work as dietary staff and E8, E9 and E10 are day shift Care Managers/CM at the Memory Care unit. A review of the facility current Food Handler Training certificates revealed E8, E9, E10, E11, and E12 have no proof of food handler training on record. On 12/9/24 from 11:25 AM to 11:40 AM, during lunch meal observation, E8 and E9 were observed dishing out and serving food to residents in the Memory Care Unit. On 12/10/24 at 11:35 AM, E10 was observed dishing up and serving lunch to residents in the Memory Care unit. On 12/10/24 at 1:30 PM, E1 (Executive Director)	A8000		

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A8000	Continued From Page 12 confirmed there are no dedicated dietary servers in the Memory Care unit and whoever is working there help serve during mealtime. .idph.illinois.gov Frequently Asked Questions on Food Handler Training in Illinois documents, "The following answers are based on Public Act 098-0566, Food Handling Regulation Enforcement Act , signed into law August 27, 2013. (A full text version of the Act can be found here: http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1578) Who is considered a food handler? "Food employee" or "food handler" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. "Food employee" or "food handler" does not include unpaid volunteers or temporary events. Who is required to have food handler training? Any food handler working in Illinois, unless that person has a valid Illinois Food Service Sanitation Manager Certification (FSSMC) or unpaid volunteer. If someone in the facility is not a food handler on a regular basis but fills in as a food handler when needed, they must have a food handler training."	A8000		