

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/28/2025
NAME OF PROVIDER OR SUPPLIER ARBOR TERRACE NAPERVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2920 LEVERNEZ ROAD NAPERVILLE, IL 60564		
(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 Entity Reported Incident Investigation IL00188725- Substantiated, no deficiency cited. IL00196925- Unsubstantiated, 295.6010 cited. Violation: 295.6010 a) 2) Abuse, Neglect, and Financial Exploitation Prevention and Reporting	A 000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: General Violation Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure the final written abuse allegation investigation was submitted to the department within 14 days of the initial report. This deficient practice affected one (R1) of one	A6010		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A6010	Continued From page 1 resident reviewed for Abuse allegation reporting. Findings include: R1's Incident and Accident Report form, stated in part; on 7/23/25 at 8:20pm, " Resident (R1) told staff member that "the person that put me to bed was rough". When asked about injury locations she then denied physical harm but the RA spoke mean to her." Per fax confirmation sheet, initial report was sent to the department on 7/24/25 at 5:11pm. On 8/26/25 at 1:52pm, E1 (Executive Director) said an investigation was completed but the final report was not sent to the department.	A6010		