STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510099	A. BUILDING _____ B. WING _____	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR TRAILS SENIOR LIVING	490 URBANA DRIVE FREEBURG, IL 62243

(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 VIOLATIONS: 295.3000 MINIMUM CPR COVERAGE 295.4050 INITIAL TB SCREEN	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This RULE: is not met as evidenced by: Type 2 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. Based on interview and record review the facility failed to ensure a minimum of one currently CPR certified direct care staff was on duty at all times in the facility. This failure has the potential to affect the health and safety of the residents in the facility.	A3000		

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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A3000	Continued From Page 1 Findings include: On 12/12/24, a review of currently CPR certified nurses/direct care staffing coverage for October through December 11, 2024 was done and the following night shift dates were noted to have no CPR certified staff in the whole facility: 10/03/24 Nights 10/04/24 Nights 10/12/24 Nights 10/13/24 Nights 11/09/24 Nights On 12/13/24 at 11:30 AM, E1 (Executive Director) confirmed there were no currently CPR certified direct care staff working on the night shift in the facility on those dates.	A3000		
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	A4050		

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A4050	Continued From Page 2 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 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 after start of work for newly hired employees. Findings include: A review of sampled employees' records was done on 12/10/2024 and the following initial TB screen were not completed timely: E2 was hired on 5/16/24 as Director of Health and Wellness and had her initial TB screen done on 11/6/24 and 11/13/2024. E4 was hired as Resident Assistant (RA) on 8/13/24 and had her initial TB screen done on 11/19/24 and 12/09/24. E5 was hired as RA on 7/11/24 and had her initial TB screen done on 11/8/24 and 12/2/24. E6 was hired as RA on 7/26/24 and had only one dose of the initial 2-step TB screen done on	A4050		

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A4050	Continued From Page 3 6/28/24. E7 was hired as RA on 6/13/24 and had her chest X-ray done on 11/18/24. On 12/13/24 at 11:30 AM, E2 confirmed the above dated were outside the required time frame for initial TB screening.	A4050		