STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5222810	A. BUILDING: _____ B. WING _____	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN ROSE SENIOR LIVING TWO	698 E OAK STREET LAKE IN THE HILLS, IL 60156

(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 Initial licensure survey conducted on 9/10/2025 Violations 295.4000 a) 295.4060 c) 1) 2) 3) 295.9040 k)	A 000		
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 was not met as evidenced by: Based on interview, and record review the establishment failed to have a residents physician assessment signed by the physician. This applies to 1 of 2 (R2) residents reviewed for physician assessment in the sample of 2.	A4000		

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A4000	Continued From page 1 The findings include: On 9/10/2025 at 3:13PM, E1 Executive Director said the Physician Certification is completed by the previous doctor. E1 said the [Z1 Nurse Practitioner - NP] signed the Physician Certification for [R2]. R2's Physician Assessment shows Z1's signature on 9/5/2025. No physician signature was observed on the Physician Assessment document for R2.	A4000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.4060 Alzheimer's and Dementia Programs d) Individual residents shall be assessed prior to admission to the establishment using any one or a combination of the following assessment tools, based on the resident's condition and stage in the disease process: 1) Functional A) Functional Activities Questionnaire (FAQ) B) Physical Self-Maintenance Scale (PSMS); Activities of Daily Living C) Instrumental Activities of Daily Living	A4060		

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A4060	Continued From page 2 (IADL) D) Clock Drawing Task (CDT) E) Progressive Deterioration Scale (PDS) F) Functional Assessment Staging (FAST) 2) Cognitive A) Allen Cognitive Disabilities Theory B) Alzheimer's Disease Assessment Scale, Cognitive Subsection (ADAS-Cog) C) Blessed Information-Memory Concentration Test (BIMC) D) Short Test of Mental State (STMS) E) Clinical Dementia Rating Scale (CDR) F) Mini-Mental State Examination (MMSE) 3) Global A) Clinical Global Impression of Change (CGIC) B) Clinical Interview-Based Impression (CIBI) C) Global Deterioration Scale (CDS) D) Brief Cognitive Rating Scale (BCRS) (to use with Global Deterioration Scale) This requirement was not met, as evidenced by:	A4060		

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A4060	Continued From page 3 Based on record review and interview, the establishment failed to ensure that a cognitive assessment was performed on residents prior to admission. This failure involves 2 of 2 residents reviewed for this requirement (R1 & R2). Findings include: During record review on 9/10/2025 it was found that the establishment is licensed for 16 Alzheimer's/memory care units and no regular assisted living units. During record review on 9/10/2025 at 3:00 PM it was found that R1, admitted on 9/8/2025, and R2, admitted on 9/9/2025 did not have cognitive assessments in their charts. During an interview with E1 (RN, Director) on 9/10/2025 at 3:39 PM they stated, "We will do the cognitive assessments today."	A4060		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.9040 Environmental Requirements k) All cleaning compounds, insecticides, and other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms separate from food preparation and storage, dining areas, and medications.	A9040		

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A9040	Continued From page 4 This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review the establishment failed to keep potentially hazardous materials secured on a memory care unit. This applies to 2 of 2 (R1 - R2) residents reviewed for Environmental Requirements in the sample of 2, which creates a substantial probability of harm to a resident or residents. The findings include: The establishment provided Resident Roster dated 9/10/2025 lists a total census of 2 residents residing in the establishment. During record review on 9/10/2025 it was found that the establishment is licensed for 16 Alzheimer's/memory care units and no regular assisted living units. On 9/10/2025 at 1:24PM, general observations of the establishment's environment were made. The room labeled "wiring" had the door propped open with a clear dog food storage container. The room contained shelving units and computer servers with rinse aide, bleach wipes, disinfectant liquid and spray on the shelving units in the room. On 9/10/2025 at 1:30PM, bleach wipes were observed in storage cabinets in the north and south hallways. On 9/10/2025 at 1:36PM, the laundry room door was unlocked and opened. Bottles of disinfectant spray, laundry stain remover, and dryer sheets. On 9/10/2025 at 3:13PM, E1 Executive Director said all of the doors are going to be locked from	A9040		

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A9040	Continued From page 5 now on for the rooms with chemicals. The establishment provided Disposal and Disinfection of Care Equipment policy (not dated) states, . . . All cleaning compounds, insecticides, and other potentially hazardous compounds or agents shall be stored in locked cabinets. . .	A9040		