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A 000	Initial Comment Original Complaint Investigation: IL197424 295.4020 f) 295.4060 a)5)8)11)i)1)B)C)i-viii) 295.6000 a)2)5) 295.6010 a)1)2)c)d) Technical Infraction: 295.4000 b). During this survey, it was identified that the establishment did not have a physician sign R1's physician assessment. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040 a) b). No violation imposed.	A 000		
A4020	Section 295.4020 Mandatory Services This Regulation is not met as evidenced by: TYPE 1 Violation Section 295.4020 Mandatory Services Each establishment shall provide or arrange for the following mandatory services: f) Assistance with activities of daily living as required by each resident. (Section 10 of the Act) Based on interview and record review the establishment failed to provide activities of daily living for one (R1) of three residents reviewed for activities of daily living. This failure creates a substantial probability of harm to a resident or residents.	A4020		

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A4020	Continued From page 1 Findings include: The establishment provided Services Provided Policy dated 1/2022 documents that the facility will provide the services required to their residents including but not limited to assistance with activities of daily living. "Through its staff, the Community will make available to You assistance, as needed with dressing , grooming, bathing, eating, personal hygiene, toileting, ambulation, transfer and other activities of daily living to the extent allowed by applicable stated law." R1's service plan dated 7/24/25 documents that R1 needs monitoring for increased forgetfulness and confusion. Additionally, R1 needs hand over hand assistance with oral hygiene daily, hands on assistance to dress, hand over hand assistance with personal hygiene, hands on assistance with toileting, and multiple wellness checks each shift. On 9/17/25 at 10:00AM, Z1 Family Member stated that she visited R1 on 9/7/25 and found R1 in the same clothing that she was dressed in on 9/4/25. R1's clothing was clearly days old with food and debris on them and R1's buttocks were soiled with old, dried, feces. Z1 stated that they have a camera in the room and watched the video which showed that no staff had provided toileting, clothing changes, grooming, or wellness checks since 9/4/25. On 9/17/25 at 1:15PM, E2 Wellness Director stated that after investigating Z1's concern regarding R1's care including watching the establishment video, E2 determined that R1 did not receive the appropriate care that she needed and that E9 Personal Care Assistant documented	A4020		

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A4020	Continued From page 2 that she provided care for R1 that she did not provide, resulting in a final written warning for falsification of documentation for E9.	A4020		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Violation Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) 5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination; 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section; 11) Have a supervisor of the program with	A4060		

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A4060	Continued From page 3 training as outlined in subsection (i)(1) of this Section. i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans; ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination; vi) care of elderly persons with physical, cognitive, behavioral and social disabilities; vii) medical and social needs of the resident; viii) common psychotropics and side effects;	A4060		

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A4060	Continued From page 4 Based on observation, interview, and record review the establishment failed to provide dementia care residents with activities to support cognitive stimulation and to maximize function and failed to ensure that both the Wellness Director of the Memory Care Unit and its employees had the training needed to fully support residents with memory care needs. These failures create a substantial probability of harm to all 14 residents who reside in the memory care unit. Findings include: The establishment provided "Services Provided" Policy dated 1/2022 documents that the community will provide a program of planned activities (at least two per week) opportunities for community participation, and services designed to meet your physical, social, and spiritual needs. On 9/17/25 from 9:00AM to 4:30PM, no activities were observed in the memory care unit. On 9/17/25 at 3:00PM the activity calendar documented that the activity of the afternoon would include balloon volleyball. No activity was observed in the memory care unit, while E8 Activity Assistant was sitting in the memory care unit common room looking at her phone. R1 and R4 were the only two residents sitting in the common room with music blaring that they did not seem to acknowledge. E8 Activity Assistant stated that she was not going to have an activity, "I'm just going to play music and let them sleep." On 9/18/25 at 8:40AM, observed multiple residents sitting in the common room staring or sleeping. E5 Personal Care Assistant stated,	A4060		

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A4060	Continued From page 5 "The residents are bored and they don't have activities like they used to." On 9/18/25 at 9:00AM, E2 Wellness Director stated that she was concerned about the activity program in the memory care unit. E2 stated, "We don't have an activity director right now and the residents need more." On 9/17/25 at 8:45AM, observed residents and staff conversing with staff standing over the residents, talking very loudly to the residents and to one another. On 9/17/25 at 3:00PM, observed activity director attempt to intervene with R4 by raising her voice and yelling over the music, across the common room, rather than going to R4 and speaking to her quietly and clearly. On 9/18/25 at 3:15PM, E10 Personal Care Assistant assisted R1 to the bathroom. Observed E10 provide multiple, complex commands to R1, which clearly confused R1. E10 stated that she completed computer training but really felt as though she knew how to care for memory care residents because she worked with autistic children and they were similar. E10 stated that R1 frequently becomes very resistant to care. The establishment provided training documentation was reviewed and did not include an additional twelve hours of annual dementia care training for the agency nor establishment staff including E4, E5, E6, and E9 Personal Care Assistants. On 9/18/25 at 9:05AM, E2 Wellness Director stated that she is filling in as the Memory Care Director but that she has not had an additional six	A4060		

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A4060	Continued From page 6 hours of dementia care training. "I would sure like some additional training." E2 also stated that she was not aware of the extra 12 hour requirement for staff who work in dementia care and therefore did not ensure that all staff had the additional training. On 9/18/25 at 9:15AM, E1 Operations Director confirmed the establishment lacked the training and activity programs that she would expect in a memory care unit.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 2) The right to respect for bodily privacy and dignity at all times, especially during care and treatment; 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; Based on interview and record review the	A6000		

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A6000	Continued From page 7	A6000		

establishment failed to ensure the dignity of one (R1) of three residents reviewed for dignity and failed to ensure that services specified in the service plan were provided to one (R1) of three residents reviewed. These failures create a substantial probability of harm to a resident or residents.

Findings include:

The establishment provided Resident's Rights Policy dated 12/2024 documents that each resident will be treated with personal dignity.

The establishment provided Services Provided Policy dated 1/2022 documents that the facility will provide the services required to their residents including but not limited to assistance with activities of daily living. "Through its staff, the Community will make available to You assistance, as needed with dressing , grooming, bathing, eating, personal hygiene, toileting, ambulation, transfer and other activities of daily living to the extent allowed by applicable stated law."

R1's service plan dated 7/24/25 documents that R1 needs monitoring for increased forgetfulness and confusion. Additionally, R1 needs hand over hand assistance with oral hygiene daily, hands on assistance to dress, hand over hand assistance with personal hygiene, hands on assistance with toileting, and multiple wellness checks each shift.

On 9/17/25 at 10:00AM, Z1 Family Member stated that she visited R1 on 9/7/25 and found R1 in the same clothing that she was dressed in on 9/4/25. R1's clothing was clearly days old with food and debris on them and R1's buttocks were soiled with old, dried, feces. Z1 stated that they

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A6000	Continued From page 8 have a camera in the room and watched the video which showed that no staff had provided toileting, clothing changes, grooming, or wellness checks since 9/4/25. On 9/17/25 at 1:15PM, E2 Wellness Director stated that after investigating Z1's concern regarding R1's care including watching the establishment video, E2 determined that R1 did not receive the appropriate care that she needed from 9/5/25 to 9/7/25 resulting in E9 Personal Care Assistant being placed into disciplinary action for her failure to provide the needed services and documenting falsely. On 9/18/25 at 8:30AM, E2 Wellness Director stated that R1 was not treated with dignity when staff failed to provide the care that she needs and that she would expect all services on the service plan to be provided for every resident.	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Type 1 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: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the	A6010		

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A6010	Continued From page 9 Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. 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. c) Establishment employees and volunteers are obligated to report abuse, neglect, or financial exploitation of a resident to the establishment management and to the Department. d) When the establishment has a reasonable belief that abuse, neglect or financial exploitation occurred, the perpetrator, if an employee or volunteer, shall be removed from direct contact with residents. Based on interview and record review the establishment failed to prevent neglect for one (R1) of three residents reviewed for abuse and neglect and failed to notify the department of the neglect, failed to investigate and develop a written report, and failed to remove the alleged perpetrator from contact with the residents until the investigation was completed. This failure has the potential to affect all 43 residents who reside in the establishment and creates a substantial probability of severe harm to a resident or residents. Findings include:	A6010		

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A6010	Continued From page 10	A6010		

The establishment "Abuse, Neglect, and Financial Exploitation Prevention Policy" documents that residents of the community have the right to be free of abuse, neglect, and financial exploitation. It is mandatory for staff members to immediately report suspect behaviors to their Department Manager. Documentation will be initiated by the Department Manager at the time of the initial report. The Department Manager will immediately inform the Executive Director. Once an allegation of abuse has been reported, the accused individual will be immediately removed from the community and suspended pending the outcome of the investigation.

The establishment provided "Services Provided Policy" dated 1/2022 documents that the facility will provide the services required to their residents including but not limited to assistance with activities of daily living. "Through its staff, the Community will make available to You assistance, as needed with dressing , grooming, bathing, eating, personal hygiene, toileting, ambulation, transfer and other activities of daily living to the extent allowed by applicable stated law."

R1's service plan dated 7/24/25 documents that R1 needs monitoring for increased forgetfulness and confusion. Additionally, R1 needs hand over hand assistance with oral hygiene daily, hands on assistance to dress, hand over hand assistance with personal hygiene, hands on assistance with toileting, and multiple wellness checks each shift.

On 9/17/25 at 10:00AM, Z1 Family Member stated that she visited R1 on 9/7/25 and found R1 in the same clothing that she was dressed in on 9/4/25. R1's clothing was clearly days old with

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A6010	Continued From page 11	A6010		

food and debris on them and R1's buttocks were soiled with old, dried, feces. Z1 stated that they have a camera in the room and watched the video which showed that no staff had provided toileting, clothing changes, grooming, or wellness checks on 9/5/25, 9/6/25 or 9/7/25.

On 9/17/25 at 1:15PM, E2 Wellness Director stated that she was made aware of Z1's concerns on 9/7/25 and that on 9/8/25 after investigating Z1's concern regarding R1's care including watching the establishment video, E2 determined that R1 did not receive the appropriate care that she needed from 9/5/25 to 9/7/25 resulting in E9 Personal Care Assistant being placed into disciplinary action for her failure to provide the needed services and documenting falsely. E9 was not suspended, nor was a report filed with the state agency. E2 stated that the establishment human resources department directed her to provide a final written warning rather than suspend E9.

The facility provided schedule documents that E9 Personal Care Assistant worked in the facility on September 5, 6, 7, 8, 9, 10, 12, and 15, 2025 from 6:00AM to 2:00PM.

On 9/18/25 at 8:30AM, E2 Wellness Director stated that based on the care that was not provided for R1, there was neglect.

On 9/18/25 at 11:00AM, E1 Corporate Director stated that based on what she has learned about the events of September 5-7, 2025 including R1 wearing the same clothing for three days, R1 being seen by an agency staff member for a short period of time only once each day, and that R1 was not given any toileting, grooming, or bathing assistance, "R1 was neglected and this is

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A6010	Continued From page 12 unacceptable."	A6010		