STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510372	A. BUILDING: _____ B. WING _____	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREMONT RIDGE ASSISTED LIVING	801 E TREMONT ST HILLSBORO, IL 62049

(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 Change of Ownership Survey- Violations Cited: 295.2040 a)b)5) 295.3030 a)b)c) 295.4000 a) 295.4010 b)3)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 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. Based on interview and record review, the Establishment failed to ensure newly admitted residents were oriented to the emergency procedures for two residents (R2 and R3). This failure has the potential to cause harm to residents residing at the Establishment.	A2040		

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A2040	Continued From page 1 Findings include: 1. On 12/31/2025 at 10:30 AM, R2 was not familiar with the procedure in case of a fire or where to exit the building. R2's Resident Service Plan (RSP) documents R2 was admitted to the Establishment on 12/8/25. On 12/31/25 at 11:46 AM, E1, Executive Director stated the document provided and dated 12/31/2025 was R2's orientation and that it was just completed. It documents, "It is important to always follow verbal cues from the staff on duty during emergency situations. If you believe you requires additional assistance, please see the Executive Director or Wellness Coordinator." 2. R3's RSP documents R3 was admitted to the Establishment on 11/5/2025. On 12/31/2025 at 12:46 PM, E1 stated the Alzheimer's Disclosure was R3's orientation and was unable to provide another form of orientation.	A2040		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation 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 be used to ensure that employees are not placed	A3030		

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A3030	Continued From page 2 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. c) The initial health evaluation shall include the employee's immunization status. Based on interview and record review, the Establishment failed to ensure Initial Health Evaluations were completed in a timely fashion for two employees (E3, E4). This failure has the substantial probability to cause harm to residents. Findings include: On 12/31/2025 at 11:30 AM, E1, Executive Director (ED) stated E3, Resident Care Aid (RCA) was hired on 10/13/2025 and E4, RCA, was hired on 10/9/2025. E1 also provided an employee list to confirm this interview. E3's Certificate of Health Examination Form documents E3's initial health evaluation was completed on 12/16/2025. E4's Physical Examination Form documents E4's initial health evaluation was completed and dated 12/2/2025. This form does not include E4's immunization status. On 12/31/2025 E1 confirmed that was the only page for E4's Physical Examination Form. On 12/31/2025 at 2:11 PM, E1, Executive Director stated she expects for the Administrative Codes to be followed.	A3030		

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A4000	Continued From page 3	A4000		
A4000	Section 295.4000 Physician/s Assessment	A4000		

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.

Based on interview and record review, the Establishment failed to ensure newly admitted residents (R2 and R3) were evaluated by a physician prior to admission to the establishment.

Findings include:

1. R2's Resident Service Plan (RSP) documents R2 was admitted to the Establishment on 12/8/2025.

R2's Physician's Assessment Form documents R2's Assessment was completed on 12/11/2025. It further documents the Purpose of Assessment as: Prior to Admission.

2. R3's RSP documents R3 was admitted to the Establishment on 11/5/2025.

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A4000	Continued From page 4 R3's Physician's Assessment Form documents R3's Assessment was completed on 11/12/2025. It further documents the Purpose of Assessment as: Prior to Admission. On 12/31/2025 at 2:11 PM, E1, Executive Director stated she expects for the Administrative Codes to be followed.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 violation Section 295.4010 Service Plan b) The service plan shall be developed by: 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. Based on interview and record review, the Establishment failed to ensure a resident (R3) who receives medication administration was reviewed and signed by a Registered Nurse (RN). Findings include: R3's Resident Service Plan (RSP) dated 10/23/25 documents R3 needs assistance with medication reminders, supervision, administration,set-up and ordering. It further documents, "Licensed nurses only administer daily medications at the appropriate times each day that are kept locked in nursing med (medication) room." R3's RSP further documents E2's signature as the licensed	A4010		

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A4010	Continued From page 5 nurse. On 12/31/2025 at 2:31 PM, E1, Executive Director (ED) confirmed E2 is a Licensed Practical Nurse and R3's RSP should be signed by a RN. On 12/31/2025 at 2:11 PM, E1, Executive Director stated she expects for the Administrative Codes to be followed.	A4010		