STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF	A. BUILDING: _____ B. WING _____	10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERS SENIOR HOME-PORTREE	6809 BARNARD MILL RD RINGWOOD, IL 60072

(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 conducted on 10/20/2025 295.2040c) Disaster Preparedness 295.3000b) Personnel Requirements, Qualifications and Training 295.4000b) Physician's Assessment 295.1040 a) b) Technical Infraction: During survey of this memory care establishment, it was discovered the establishment installed a camera in R1's and R2's room, to monitor for falls. Additionally, R2's representative installed a camera in R2's room, for monitoring purposes. Section 295.4010 Service Plan - g)1)C), h) The establishment failed to address the use of electronic monitoring in residents' rooms. Section 295.4060 Alzheimer's and Dementia Programs - h)3)A)B) The establishment failed to have R2's representative complete the Electronic Monitoring Notification and Consent Form. They failed to develop and implement policy related to the establishment installing electronic monitoring in residents' rooms to monitor for falls. Regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding these events. While the surveyor was onsite, the establishment initiated steps to correct the situation, including prevention	A 000		

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A 000	Continued From page 1 from reoccurrence, as listed in 295.1040 a) b). No violation imposed.	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: These requirements are not met as evidenced by: Based on interview and record review the facility failed to perform fire drills on a bi-monthly basis. This has the potential to impact all the residents residing at the facility. This failure creates a substantial probability of harm to a resident or residents The findings include: On 10/20/2025 at 1:50PM, E2 (Director of Nursing - DON) said the fire drills are completed by herself or [E1] (Executive Director). E2 said they do the fire drills on a quarterly basis. The facility provided Fire Drill Evaluation Tool show dates for fire drills on 8/18/2025, 5/13/2025, 2/10/2025, and 11/17/2024.	A2040		

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A3000	Continued From page 2	A3000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 2 Violation Section 295.3000 Personnel Requirements, Qualifications and Training 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. These requirements are not met as evidenced by: Based on interview and record review the facility failed to have someone who was CPR certified 24 hours a day. This failure creates a substantial probability of harm to all residents residing in the establishment. The findings include: On 10/20/2025 at 1:50PM, E2 (Director of Nursing - DON) said CPR certifications don't have a return demonstration included at this time, and we will be changing that. The facility provided schedule for September 2025 and October 2025 was reviewed. The third shift for October on 5, 6, 7, 8, 11, 12, 13,14,15, 17,18, 19 and thirst shift for September 2025 on 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13,14,15,16,17,18, 19, 21, 22, 23, 24, 26, 27, 28, 29, 30 lists E3 - E5 (Caregivers) were scheduled	A3000		

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A3000	Continued From page 3 to work on those days, one caregiver per shift. The facility provided CPR (Cardiopulmonary Resuscitation) certifications for E3 - E5 show certifications that do not include demonstration of the individual's ability to perform CPR. The [CPR training company's] website in which E3 - E5 obtained their CPR certification from states the following: Do your courses require hands-on practice? No. Our courses are designed for professionals who use CPR on a regular basis. We do not require you to practice your skills in order to receive a certification card.	A3000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements are not met as evidenced by: Based on interview and record review the facility failed to have an annual physician's assessment completed by a physician. This applies to 1 of 3 (R2) in the sample of 3 reviewed for physician assessment.	A4000		

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A4000	Continued From page 4 The findings include: On 10/20/2025 at 1:50PM, E2 (Director of Nursing - DON) said the primary care physician signs the physician assessment. E2 said the facility does have an in-house NP that some of the residents use for the physician assessment. R2's Physician Health and History Statement dated 8/19/2025 shows a signature from Z1 (Nurse Practitioner - NP) and not a physician.	A4000		