

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510344	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/26/2025
NAME OF PROVIDER OR SUPPLIER SUNRISE OF BUFFALO GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 180 W HALF DAY RD BUFFALO GROVE, IL 60089		
(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 Survey Conductd 9/25/2025-9/26/2025. Violation: 295.3000 b) f) g)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 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. f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1) Current certification in CPR, if applicable; g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period of time by State or federal law.	A3000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A3000	Continued From page 1 These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to 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. This failure creates a substantial probability of severe harm to residents, visitors, and employees of the establishment. Findings include: During record review on 9/25/2025 at 2:00 PM the surveyor requested CPR certifications for the establishment's employees. During record review on 9/25/2025 at 3:22 PM it was found that the establishment did not have CPR coverage for the night shifts (10:30 PM-6:30 AM) of 8/18/2025 or 8/24/2025. During an interview with E1 (Executive Director) on 9/25/2025 at 3:00 PM they stated that they would continue to look for more CPR cards. During an interview with E1 on 9/25/2025 at 3:42 PM they stated that they would work on locating the CPR cards right away. During an interview with E1 on 9/25/2025 at 4:01 PM they stated that they were still working on locating the CPR cards that were needed to fill the CPR coverage gaps. During an interview with E1 on 9/25/2025 at 4:25 PM they stated, "R3 and R4's CPR cards are	A3000		

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A3000	Continued From page 2 expired." During an interview with E1 on 9/25/2025 at 5:00 PM they stated, "We are having a CPR class next week so if these employees don't have their CPR cards, they will next week." During an interview with E1 on 9/26/2025 at 9:35 AM they stated, "E6 and E5's CPR cards are expired. Rest assured they will be attending next week's class. With that said, if there was no Night Nurse on the report due to a call off on the nights they were scheduled our PM nurse and AM nurses do stay over or come in early to cover. So, I would like to look into this further by looking at the punches of the other nurses who were scheduled. I would truly appreciate the opportunity."	A3000		