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SUNRISE OF PARK RIDGE	1725 BALLARD RD PARK RIDGE, IL 60068

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A 000	Initial Comment Annual Survey conducted on 10/24/25. Violations: Section 295.4000 a) b) Section 295.4010 b) c) g) 1) 2) 5) h) Section 295.4050 Section 696.130 b) Section 696.140 a) 2) C) Section 295.4060 a) h) 8) i) 1) B) 2)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation 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. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements were NOT MET as evidenced by: Based on interviews and record review, the facility failed to ensure physician assessments	A4000		

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A4000	Continued From page 1	A4000		

are complete and done by a physician.
This applies to five (R4, R6, R7, R8 and R9) out of ten residents reviewed for physician assessments in a sample of ten.

Findings include:

1. On 10/22/25 at 1:00 PM, review of R4's physician assessment dated 5/22/25 showed it was done by a Physician's Assistant named under his Care Providers list.

2. On 10/22/25 at 1:50 PM, review of R6's physician assessment showed it was incomplete. It did not include a physical, psychological and cognitive assessment. It lacked documentation on the TB (tuberculosis) status and current condition of R6. The assessment was not dated and did not include the name or NPI (National Provider's Number) of the Physician who conducted the assessment.

3. On 10/22/25 at 1:30 PM, review of R9's physician assessment dated 11/21/24 showed it was done by a Nurse Practitioner, not named under his Care Providers list.

4. On 10/22/25 at 2:30 PM, review of R7's physician assessment dated 3/24/25 showed it was done by a Nurse Practitioner named under his Care Providers list.

5. On 10/23/25 at 11:30 AM, review of R8's physician assessment dated 2/12/25 showed it was incomplete. It did not include a comprehensive assessment. It lacked documentation on the TB (tuberculosis) status and current condition of R8.

On 10/23/25 at 2:00 PM, E2 (Resident Care

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A4000	Continued From page 2 Director-RCD) confirmed it should be a physician who should conduct and sign the resident's physician certification form.	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: 1) The resident, resident's representative or any individual requested by the resident. 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living.	A4010		

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A4010	Continued From page 3 2) The amount, type, and frequency of health-related services needed by the resident. 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to address categories in the resident's service plan pertaining to oral hygiene, and activities, failed to address the support services residents are receiving, failed to discuss the use of psychotropics for a targeted behavior to monitor and report to the physician, failed to designate the nurse/licensed professional as the staff member responsible for medication administration instead of just any team member, and failed to have the individualized service plans signed by those involved in the formulation of the ISP. This applies to 7 (R2, R3, R5, R6, R7, R8, R10) residents reviewed for Service Plans in the sample of 10. The findings include: On October 22 and October 23, 2025, resident records were reviewed.	A4010		

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A4010	Continued From page 4 R2 is an 88-year-old male resident admitted to the establishment on August 26, 2025 with diagnoses to include DMII, and Alzheimer's disease. R2's Service Plan Report reviewed and completed on September 13, 2025 did not address his oral hygiene. The dental category showed partial upper denture, but it did not show whether R2 is independent or needs assistance with it. The establishment's list of residents on psychotropics medication showed R2 with an order for a psychotropic medicine. This is not addressed in the service plan as to the targeted behavior and what the staff members have to watch for to report to the doctor. R2's use of insulin was also not addressed in the service plan report. R2's Service Plan medication section showed medication administration by team member instead of licensed professional or a nurse. R3 is an 89-tear-old female resident admitted to the establishment on December 26, 2024 with diagnoses to include dementia, and age-related osteoporosis without current fracture. R3's Service Plan Report reviewed and completed on September 8, 2025 did not address the category of oral hygiene. The dental category only showed own teeth and no concerns. It did not show R3 is independent or needs assistance with oral care. The establishment's special information for residents listed R3 as receiving PT/OT services. This was not addressed in the Service Plan as to the reason for the support services and how often are the services rendered in a given time. The establishment's list of residents on psychotropic medication listed R3 with an order of psychotropic medication. This is	A4010		

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A4010	Continued From page 5 not addressed in the service plan as to the targeted behavior for the medication and what the care staff have to watch for to report to the doctor. R5 is an 85-year-old female resident admitted to the establishment on December 3, 2024 with diagnoses to include dementia, and generalized anxiety disorder. R5's Service Plan Report reviewed and completed on October 21, 2025 medication section showed medication administration by a team member instead of licensed professional or a nurse. R6's service plan was reviewed. R6 is a 101-year-old female admitted on 9/26/24 with diagnoses to include depression, hypertension, coronary artery disease and osteoarthritis. R6's service plan was not signed or dated by the resident, resident's representative or the facility personnel. R7 is a 77-year-old male resident admitted to the establishment on April 4, 2025 with diagnoses to include unsteadiness on feet, unspecified lack of coordination, and repeated falls. R7's Service Plan Report reviewed and completed October 21, 2025 did not address the category of activities/activities level whether R7 is independent, needs assistance, or total care. The establishment's special information for residents listed R7 as receiving PT/OT services. This is not address in the Service Plan as to the reason for the support services and how often are the services rendered in a given time. The medication section showed medication administration by a team member instead of	A4010		

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A4010	Continued From page 6 licensed professional or a nurse. R8's service plan was reviewed. R8 is a 94-year-old female admitted on 2/15/25 with diagnoses to include hypertension, rheumatoid arthritis and hyperlipidemia. R8's service plan was not signed or dated by the resident, resident's representative or the facility personnel. R8's service plan was reviewed. R8 is a 94-year-old female admitted on 2/15/25 with diagnoses to include hypertension, rheumatoid arthritis and hyperlipidemia. R8's service plan was not signed or dated by the resident, resident's representative or the facility personnel. R10 is a 98-year-old female resident admitted to the establishment on September 27, 2025 with diagnoses to include mild cognitive impairment, glaucoma, cataract, and age-related physical debility. R10's Service Plan Report did not address the category of activities/activities level whether R10 is independent, needs assistance, or total care. The medication section showed medication administration by a team member instead of licensed professional or a nurse. On October 23, 2025 at 3:00 PM, E2 (Resident Care Director-RCD) said the management team will make sure these will be corrected and addressed in the Service Plans of the residents.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures	A4050		

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A4050	Continued From page 7 This Regulation is not met as evidenced by: TYPE 3 VIOLATION REPEAT VIOLATION Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.130 Responsibilities of Health Care Settings b) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection (LTBI) among health care workers and clients; protocols for the screening, diagnosis and management of active TB disease among health care workers and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker education program. All components of the plan shall reflect compliance with this Part. The plan shall include the name of the person or persons responsible for the TB prevention and control program at each health care setting; procedures to protect health care workers and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented, and treatment is completed for clients with TB who leave the health care settings. The written plan shall be updated at least annually. (See the Guidelines for Health-Care Settings.)	A4050		

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A4050	Continued From page 8 Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a) Screening for Latent TB Infection 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf. (Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024) This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure initial TB tests are initiated within the time frame of 10 days from	A4050		

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A4050	Continued From page 9	A4050		

admission. They also failed to present a written protocol regarding TB testing/screening for residents and staff.

This applies to 2 (R2, R5) residents reviewed for TB skin test procedures in the sample of 10.

The findings include:

R2 is an 88-year-old male resident admitted to the establishment on August 26, 2025 with diagnoses to include DMII, and Alzheimer's disease.

The establishment's medical record for R2 showed TB skin test (Mantoux) were conducted on September 17, 2025 and September 24, 2025 (more than 10 days from admission).

R5 is an 85-year-old female resident admitted to the establishment on December 3, 2024 with diagnoses to include dementia, and generalized anxiety disorder.

The establishment's medical record for R5 showed a QuantiFERON TB test was collected on December 17, 2024 (14 days from admission date).

There was no written protocol for TB screening including testing guideline for residents and workers presented during the survey process.

On October 23, 2025 at 3:15 PM, E2 (Resident Care Director-RCD) said management team will make sure initial TB tests will be conducted within the time frame and documented. E2 confirmed their corporate nurse advised they follow guidelines from the regulation regarding time

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A4050	Continued From page 10 frame of initial TB testing. This is a repeat violation. This was cited during the previous Annual survey on October 18, 2024.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: 295.4060 Alzheimer's and Dementia Programs TYPE 3 REPEAT VIOLATION 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) h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 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; 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	A4060		

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A4060	Continued From page 11 295.3020, six hours of annual continuing education regarding dementia care. 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population;	A4060		

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A4060	Continued From page 12 iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. 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 13 ix) local community resources; and x) other related issues These requirements were NOT MET as evidenced by: Based on interviews and record review, the facility failed to ensure the memory care unit manager and direct care staff completed sufficient comprehensive and ongoing dementia and cognitive deficit training. This applies to five (E1, E3, E5, E7 and E9) out of nine employees reviewed for employee trainings in a sample of nine. Findings include: 1. On 10/22/25 at 12:45 PM, E1's (Executive Director) employee file was reviewed. E1's DOH (Date of Hire) was 9/3/19. It showed E1 had completed four hours of training in dementia and cognitive deficit since 9/3/24 till 10/21/25. 2. On 10/22/25 at 12:45 PM, E3's (Assisted Living Coordinator) employee file was reviewed. E3's DOH (Date of Hire) was 8/4/25. The file lacked documentation to show she received 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. 3. On 10/22/25 at 12:45 PM, E5's (Reminiscence Coordinator) employee file was reviewed. E5's DOH (Date of Hire) was 7/8/24. E5's file did not include the six hours of annual continuing education regarding dementia care required for the dementia unit manager.	A4060		

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A4060	Continued From page 14 4. On 10/22/25 at 12:45 PM, E7's (Resident Assistant) employee file was reviewed. E7's DOH (Date of Hire) was 1/6/25. The file lacked documentation to show she received 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. 5. On 10/22/25 at 12:45 PM, E9's (Resident Assistant) employee file was reviewed. E9's DOH (Date of Hire) was 7/9/25. The file lacked documentation to show she received 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. On 10/22/25 at 12:45 PM, E4 (Business Office Coordinator) stated the above information is correct. E4 stated, each direct care employee needs twelve hours of annual dementia care training. Also that they are required to go through sixteen hours of skills training before caring independently for residents with memory care deficits. On 10/22/25 at 2:00 PM, E2 (Resident Care Director) stated all clinical staff float between all the departments in the building including the secured memory care unit.	A4060		