

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF TROY		STREET ADDRESS, CITY, STATE, ZIP CODE 39 DOROTHY DRIVE TROY, IL 62294		
(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 Violations cited: 295.2040 b) 5) c) d) 295.4000 a) b) 295.8000 a) 1); 750.230 a) 1) 2)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation 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. 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.	A2040		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF TROY		STREET ADDRESS, CITY, STATE, ZIP CODE 39 DOROTHY DRIVE TROY, IL 62294		
(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
A2040	Continued From page 1 d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. Based on interview and record review, the facility failed to ensure: orientation to the emergency disaster preparedness plan is provided to all residents within 10 days of move in; at least six drills are conducted bi-monthly; and tornado drills are conducted on all shifts in February. This failure creates a substantial probability of harm to residents in the facility. Findings include: a. Review of sampled residents' records was done on 9/23/25 and the following were noted: R1 (moved in on 4/27/25), R2 (moved in date of 6/30/23), R3 (moved in on 1/31/24) , R5 (move in date of 4/3/24) and R6 (move in date on 2/7/25) did not have documentation that orientation to the emergency preparedness plan was conducted at all. b. Review of the disaster drills from last annual survey was done on 9/23/25 and the following were noted: There were no records that fire drills were conducted between October 2024 and March 2025 and between April 2025 and July 2025. Only one tornado drill was conducted dated 2/28/25 on day shift in February. On 9/23/25 at 2:03 PM, E1 (Executive	A2040		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF TROY		STREET ADDRESS, CITY, STATE, ZIP CODE 39 DOROTHY DRIVE TROY, IL 62294		
(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
A2040	Continued From page 2 Director/ED) stated she could not find any other records of fire or tornado drills prior to when she was hired as ED in November 2024 and E11 (Environmental Services Director) started in December 2024 and tried to catch up. The Policy on Fire Safety and Emergency Plan 2020 documents, "7. The Administrator and/or Environmental Services Director are responsible for ensuring simulations and drills are conducted as required by state law and facility policy and procedure. 8. All the simulations and drills will be monitored and evaluated for policy compliance and effectiveness. 9. All fire and emergency drill evaluations will be maintained in the Life Safety Binder, Fire Drill Binder for at least 3 years. "	A2040		
A4000	Section 295.4000 Physician/s Assessment 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. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on interview and record review, the	A4000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF TROY		STREET ADDRESS, CITY, STATE, ZIP CODE 39 DOROTHY DRIVE TROY, IL 62294		
(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
A4000	Continued From page 3 establishment failed to ensure Physician Assessment Certifications are completed by a physician. Findings include: During sampled residents' record review on 9/23/25, the following were noted: R1 moved in on 4/27/25 and the pre-admission Physician Assessment Certification was signed on 2/10/25 by Z1, Physician Assistant/PA. R2 moved in on 6/30/23, and the annual Physician Assessment Certification was signed on 8/5/25 by Z2, PA. R3 moved in on 1/31/24, and the annual Physician Assessment Certification was signed on 1/8/25 by Z3, PA-C. R4 moved in on 9/30/22, and the annual Physician Assessment Certification was signed on 1/8/25 by Z4, NP. R5 moved in on 4/3/24), and the annual Physician Assessment Certification was signed on 1/8/25 by Z5, Nurse Practitioner/NP. On 9/23/25 at 2:29 PM, E1 (Executive Director) stated the facility has been having NPs and PAs conduct Physician Assessments in the past because it had been the practice for the simple reason that the NPs and PAs were the ones seeing the residents at the doctor's office everytime they need to go or during routine doctor's visit onsite. E1 added she will make sure this is corrected as soon as possible.	A4000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF TROY		STREET ADDRESS, CITY, STATE, ZIP CODE 39 DOROTHY DRIVE TROY, IL 62294		
(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
A8000	Continued From page 4	A8000		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. Section 750.230 Food Handlers - Training a) All Food Handlers 1) All food handlers, other than someone holding a certified food protection manager certificate, shall receive or obtain training in basic food handling principles, as outlined in Section 750.210, within 30 days after employment. 2) The regulation of food handler training is considered to be an exclusive function of the State, and local regulation is prohibited. (Section 3.05 of the Food Handling Regulation Enforcement Act Based on interview and record review the facility failed to obtain food handler training for employees hired as dietary staff. This failure creates a substantial probability of harm to residents in the facility.	A8000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5105744	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
---	--	--	--

NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING OF TROY	STREET ADDRESS, CITY, STATE, ZIP CODE 39 DOROTHY DRIVE TROY, IL 62294
--	---

(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
A8000	Continued From page 5 Findings include: Review of the Facility Employee Roster on 9/23/25 documents: E10 was hired on 5/1/24 as food server. E11 was hired on 8/22//24 as dietary aide. On 9/23/25 at 2:25 PM, E1 (Executive Director/ED) was asked to present documentation that E10 and E11 have undergone the food handler training within 30 days of hire. E1 confirmed she could not find any documentation that they completed the training and admitted she was not the ED at that time. E1 stated she will have them complete the training immediately.	A8000		