STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6020453	A. BUILDING: _____ B. WING _____	C 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN ROSE SENIOR LIVING	700 EAST OAK STREET LAKE IN THE HILLS, IL 60156

(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 Complaint Investigation Survey#25910099/IL198067- 295.2010 b)2)3)A)C)D)E)F)G)H)	A 000		
A2010	Section 295.2010 Termination of Residency This Regulation is not met as evidenced by: Violation 295.2010b)2)3)A)C)D)E)F)G)H) Type 3 Violation Section 295.2010 Termination of Residency 2) A 30-day written notice of involuntary residency termination shall be provided to the resident, the resident's representative, or both, and the ombudsman 3) The notice shall be on a form prescribed by the Department and shall contain all of the following: A) The stated reason for the residency termination. C) A statement of the resident's right to appeal. D) The steps that the resident or the resident's representative must take to initiate an appeal. E) A statement of the resident's right to continue to reside in the establishment until a decision is rendered. F) A toll-free telephone number to initiate an appeal. G) A written hearing request form, together with a postage paid, pre-addressed envelope to the Department; and (Section 80(b) of the Act) H) The name, address, and telephone number of the person at the establishment	A2010		

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A2010	Continued From page 1 offering relocation assistance pursuant to subsection (b)(1). This requirement was not met as evidenced by. Based on interview and record review the establishment failed to ensure an involuntary discharge process was followed to 1 of 3 residents (R1) reviewed for involuntary discharge in the sample of 3. The findings include: On 10/15/25 at 10 AM, E1 (Executive Director) said R1 was involuntary discharged due to R1's son (Z1) being unhappy with the care the establishment was providing to R1. E1 said R1 was provided a 30 day notice last 2/13/25 and was involuntary discharged 3/15/25. This surveyor asked if the Ombudsman was involved, E1 stated "no, Ombudsman was not involved." A copy of the letter was then provided to this surveyor. The Involuntary discharged letter dated 2/13/25 stated "we believe it is in all parties' best interests, primarily your mother (R1) to terminate her residency and have her moved to another facility .... The relocation needs to occur on or before Friday March 14, 2025, this is the firm date and will not be extended." The Involuntary discharged letter as confirmed by E1 and E2 ((Director of Nursing-DON) was not in an official IDPH form, the letter was only given to R1's son (Z1), but was not provided to the Ombudsman, the letter did not include the resident's right to appeal, it did not include the information on how to appeal. The letter also did not include information on hearing requests and where R1 was relocated to.	A2010		

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A2010	Continued From page 2 On 10/15/25 at 2:15 PM, both E1 and E2 (Director of Nursing-DON) said they did not know where R1 transferred to. " do we have to know all that?" Both E1 and E2 also said this was their first time they have issued an involuntary termination of residency (involuntary discharged) and were not familiar with the process of the resident's right to appeal and hearings. E1 said the letter was drafted by her lawyer.	A2010		