STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5106296	A. BUILDING: _____ B. WING _____	C 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTO-GRAYSLAKE	1865 EAST BELVIDERE ROAD GRAYSLAKE, IL 60030

(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 Facility Reported incident: #197957 295.6000 cited Resident Rights a)1)13)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect. 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor. These requirements are not met as evidenced by: Based on interview and record review the facility failed to ensure a safe environment for R1 who	A6000		

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A6000	Continued From page 1	A6000		

identifies with cognitive impairment This involved two of four residents (R1, R2) reviewed for abuse. This failure creates a substantial probability of harm to a resident or residents

This failure resulted in R1 kissing R2 without initial consent.

Findings include:

R1 moved to facility on 5/12/25 with following diagnoses Alzheimer's, hypertension, hyperlipidemia, sciatica, depression, manipulative behavior, MMSE shows R1 moderately cognitively impaired.

R2 moved to facility on 6/30/25 with following diagnoses hyperlipidemia, hypertension, prediabetes, benign prostate hyperplasia. MMSE shows R2 normal level.

On 10/10/25 12:00PM surveyor interview with R1 noted R1 and R2 had a friendship consisting of having meals together and spending time in the main lobby with other residents visiting. R1 spoke of one-time when R1, R2 were on the couch kissing and hugging in her apartment, R1 stopped it and told R2 to leave which R2 did.

On 10/10/25 at 2:00PM interview with R2 noted that he has many friends at the facility and some days he will eat with R1 other days with his guy friends depends on what is going on. R1 and R2 will sit in the lobby and visit with other residents. R1 has asked R2 to come to R1's room 2 times they will sit on the couch and watch TV. One time they kissed and hugged which was and started by R1.

Incident accident report dated at 10/9/25, from R1

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A6000	Continued From page 2 to E1 (Executive Director) R1 let R2 into room R1 started kissing and hugging. R1 felt uncomfortable and told R2 to leave which he did. E1(Executive Director) started an investigation immediately and called R1's POA (Power of Attorney) daughter and explained what happened. POA did give E1 incite to R1's history. R1 has history of an attack during her teenager years and has had flash backs from it as long as she can remember.	A6000		