

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/04/2025
NAME OF PROVIDER OR SUPPLIER AUBERGE AT LAKE ZURICH #550		STREET ADDRESS, CITY, STATE, ZIP CODE 550 AMERICA CT LAKE ZURICH, IL 60047		
(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 conducted Violations: 295.400 a) 295.2040 b) 5) e) g) h) - Repeat violation 295.3000 b) 295.3020 a) b) 295.3030 - Repeat violation 696.140a)2)A) 295.3040 - Repeat violation 955.220b) 295.4000 a) - Repeat violation 295.4060 h)5) Technical Infraction: 295.1070d) During this survey, it was identified that the establishment failed to provide computer access during the survey. The regulations were reviewed with the establishment representatives who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyors were onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040a)b). No violation imposed.	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Repeat Violation Type 1 Violation Section 295.2040 Disaster Preparedness b) Each establishment shall:	A2040		

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

TITLE

(X6) DATE

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A2040	Continued From page 1 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. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements are not met as evidenced by: Based on interview and record review the facility failed to include residents in their fire drills on third shift and failed to orient residents or their representative within 10 days of move in. This has the potential to affect all residents residing in	A2040		

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A2040	Continued From page 2 the facility. This failure creates a substantial probability of severe harm to a resident or residents The findings include: On 11/4/2025 at 11:13AM, E3 (Business Office Manager) said she is not aware of any resident orientation being done. E3 said [E5 - Environmental Services Director] might do them but she wasn't sure. On 11/4/2025 at 10:29AM and 11:23AM, E5 said we haven't done a resident orientation to emergency exits and we don't have them sign anything. E5 said she does monthly fire drills and rotates which shift they are done on. E5 said she has not included residents in the third shift fire drills. The facility provided Fire Drill Log from 12/11/24 at 5:30AM, 3/12/25 at 4:15AM, 6/25/25 at 6:00AM, 9/25/25 at 5:40AM have "No" checked for did residents exit the building in a timely manner and was the specified escape route used. The facility failed to provide proof of resident orientation for residents residing in the facility.	A2040		
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,	A3000		

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A3000	Continued From page 3 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. These requirements are not met as evidenced by: Based on interview and record review the facility failed to ensure 24/7 CPR coverage for all buildings. This has the potential to affect all residents residing in the facility. This failure creates a substantial probability of severe harm to a resident or residents The findings include: On 11/3/2025 at 9:57AM and 2:55PM, E2 (Director of Nursing - DON) said the caregivers aren't certified, some of them are, but we have never made them. E2 said during the day there are two nurses for four buildings, each covering two buildings. E2 said there is only one nurse at night for all four buildings. On 11/4/2025 at 2:10PM, E1 (Executive Director) did confirm the facility didn't have proof of CPR certification for the caregivers. E1 said staff told him they did complete CPR training months ago, but he didn't have the CPR cards to prove that at the time of the survey. E1 said he wasn't employed at the facility during that time. The facility failed to provide copies of CPR certifications for caregivers during the survey.	A3000		

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A3020	Continued From page 4	A3020		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 3 Violation Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents;	A3020		

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A3020	Continued From page 5 2) The significance and location of resident service plans; 3) Internal establishment requirements and the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. This REQUIREMENT was not met as evidenced by: Based on interview and record review the establishment failed to provide new employee orientation within 10 and 30 days for one (E8) employee. This deficient practice affected one of four employees reviewed for new employee orientation. The findings include: The Staff Roster shows that E8 was hired on 8/18/25. E8's New Employee General Orientation Program Checklist shows that it was done on 10/2/25. On 11/4/25 at 11:08 AM, E3 (Business Office Manager) said orientation is typically done during the first week of employment. E3 said that E8's orientation was late due to a scheduling conflict and availability issue. The facility's New Employee Orientation Policy	A3020		

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A3020	Continued From page 6 shows, "New employees are expected to attend general orientation on their first day of employment ...General orientation must be initiated on the first day of employment, but may extend over a period of several days."	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Repeat Violation Type 2 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign	A3030		

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A3030	Continued From page 7 to the employee. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings. 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	A3030		

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A3030	Continued From page 8 Detention Facilities: Recommendations from CDC. A) Health care workers and workers in other residential care settings shall have baseline (preplacement) TB symptom evaluation, TB test (Interferon Gamma Release Assay (IGRA) blood test or Mantoux Tuberculin Skin Test (TST)), and an individual risk assessment. This REQUIREMENT was not met as evidenced by: Based on interview and record review, the establishment failed to complete the initial health evaluation for two (E6, E8) employees, and Tuberculosis (TB) testing for two (E6, E7) employees. This deficient practice has affected three of four employees reviewed for new employee requirements. This failure creates a substantial probability of harm to a resident or residents Findings include: An onsite visit was conducted on 11/3/25 and 11/4/25. Selected employee files were reviewed. There was no initial health evaluation of the following employees on the files reviewed. E6 (Licensed Practical Nurse) was hired on 3/13/25. TB Test was completed on 6/14/25. E8 (Caregiver) was hired on 8/18/25. Found on the individual employee file was a document titled "Pre Placement Post-Offer Physical Function Observation" form completed and signed by Physical Therapy.	A3030		

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A3030	Continued From page 9 The following employee did have an initial health evaluation, but it did not include the employees immunization status. E7 (Caregiver) was hired on 4/29/25. TB Test was completed on 6/4/25. On 11/4/25 at 11:08 AM, E3 (Business Office Manager) said, new employees are no longer assessed by a physician but the onsite Rehab Therapist does an assessment during the hiring process. E3 said that it does not include a complete physical because that would be out of their scope of practice. E3 said that they do not track staff members immunization status unless they had the immunization at the facility. E3 said that they follow the TB Testing Policy and staff should have a TB Test within 10 days of hire. The facility's Screening and Vaccinations Policy shows, "At the point of hire or transfer into a clinical position, HCP should have baseline TB screening that includes an individual risk assessment, symptoms evaluation and (for those without TBPI or TB disease) a test for M. tuberculosis infection..." The facility's Employee Health Policy shows, "After an applicant has received a conditional job offer, the human resources designee will determine which physical examination the position requires, if any, either according to company policy or State regulations, and will provide the forms necessary to obtain the examination ...Preplacement physicals will be designed to indicate the following: That the applicant is free of communicable diseases ...That the applicant can perform the essential function of the job."	A3030		

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A3040	Continued From page 10	A3040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Repeat violation Type 2 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. Section 955.220 Health Care Employer Files b) If the Health Care Worker Registry indicates that the employee had no disqualifying criminal offenses or administrative findings at the time of hire, or had received a waiver as described in Section 40 of the Act and Section 955.260 or Section 955.275, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file. This REQUIREMENT was not met as evidenced by: Based on interview and record review the establishment failed to comply with the Health Care Worker Background Check Act by not checking the Health Care Work Registry before	A3040		

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A3040	Continued From page 11 staff start date. This applies to all residents in the establishment. This failure creates a substantial probability of harm to a resident or residents The findings include: 1. The establishment provide a document titled An Employee Roster: Employee Roster Report dated 11/03/25 that showed E4's (Lifestyle Director) had a start date of 05/14/25. E4's Illinois Department of Public Health Health Care Work Registry check was dated for 7/18/25 (over two months after E4's start date). 2. The establishment provided a document titled An Employee Roster: Employee Roster Report dated 11/03/25 that showed E7's (Caregiver) had a start date of 04/29/25. On 11/4/25 at 11:57 AM, E3's (Business Office Manager) was unable to provide E7's Health Care Worker Registry checks done before E7's start date. E3 said she did an audit and noted E7's Health Care Worker Registry checks were missing. On 11/3/25 at 2:38 PM, E3's said the Health Care Work Registry checks are done during the pre-employment process, and it should be done before the employee starts. The establishment's Criminal History Check policy (undated) showed all applicants who are offered employment will undergo a criminal background check. Job offers are made contingent on successful completion of criminal background checks and other preemployment checks and policies.	A3040		

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A400	Continued From page 12	A400		
A400	Section 295.400 License Requirement This Regulation is not met as evidenced by: Type 1 Violation Section 295.400 License Requirement a) No person may establish, operate, maintain, or offer an establishment as an assisted living establishment or shared housing establishment as defined by the Act within this State unless and until he or she obtains a valid license, which remains unsuspended, unrevoked, and unexpired. These requirements are not met as evidenced by: Based on interview and record review the facility failed to apply for their license prior to expiration. This has the potential to affect all residents residing in the facility. The findings include: On 11/4/2025 at 12:09PM, E1 (Executive Director) said we follow IDPH guidelines for license renewal, but they don't have a policy on it. E1 said the license should be applied for before the expiration date. On 11/4/2025, the facility provided license lists an expiration date of 11/1/2025.	A400		
A4000	Section 295.4000 Physician/s Assessment	A4000		

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A4000	Continued From page 13 This Regulation is not met as evidenced by: Type 1 Violation REPEAT 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. 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. These requirements are not met as evidenced by: Based on interview and record review the facility failed to have a residents physician assessment completed by a physician. This applies to 1 of 3 (R2) reviewed for physician assessment in the sample of 3. This failure creates a substantial probability of severe harm to a resident or residents The findings include: On 11/4/2025 at 10:35AM, E2 (Director of Nursing - DON) said the facility has two physicians that complete physician assessments on the residents or some residents see an outside provider. R2's pre-admission Physician's Assessment	A4000		

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A4000	Continued From page 14 Form dated 3/28/2025 lists a signature from Z1 (Nurse Practitioner - NP) with no physician signature present.	A4000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination; These requirements are not met as evidenced by: Based on interview and record review the facility failed to have activities listed for resident residing in the facility. This applies to 3 of 3 (R1 - R3) reviewed for Alzheimer's and dementia programs. This failure creates a substantial probability of	A4060		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/04/2025
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(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
A4060	Continued From page 15 harm to a resident or residents The findings include: 11/4/2025 at 10:35AM, E2 (Director of Nursing - DON) said activities is not a prompted category on the service plan. E2 said she sometimes adds it to the service plan. R1 - R3's Service Plans don't list an activities section and does not list activities to maximize cognitive functioning of the residents. The facility provided Service Planning - Illinois policy dated 5/2025 states, . . . Service plans shall address: a. the level of service the resident is receiving, such as assistance with activities of daily living . . . and special accommodations for the resident . . .	A4060		