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A 000	Initial Comment Annual Licensure Survey conducted Violations: 295.400 a) 295.2040 b) 5) c) 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) 295.4010 g) 1) 2) 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: Type 1 Violation Repeat Violation Section 295.2040 Disaster Preparedness ...	A2040		

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A2040	Continued From page 1 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. All drills shall be held under varied conditions to: ... 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 ...	A2040		

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A2040	Continued From page 2 This requirement was not met, as evidenced by: Based on interview and record review, the following concerns were found with disaster preparedness: -The establishment failed to ensure residents were oriented to the emergency and evacuation plans within 10 days after arrival. This applies to 1 of 3 residents (R9) reviewed for this regulation. -The establishment failed to follow their policy and state regulation when they did not include and evacuate residents in drills conducted during the night when residents were sleeping. -The establishment failed to identify residents who received assistance for evacuation during drills. Thes failures have the potential to affect all residents that reside in the establishment. The failure to orient residents, and include and evacuate residents with drills conducted during hours of sleep, creates a substantial probability of severe harm to a resident or residents, in that emergency situations can occur during any time of the day, and if staff did not practice how to respond to and manage cognitively and mobility impaired residents, awakened out of sleep, lack of preparedness may increase the risk of injury or death. This failure creates a substantial probability of severe harm to a resident or residents. The findings include: On 11/3/25, an Annual Licensure Survey was	A2040		

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A2040	Continued From page 3 initiated for building 579. This establishment provides only memory care. The establishment did not orient residents to the emergency and evacuation plan within 10 days of arrival: R9's record showed R9 moved into the establishment on 9/18/25. There was no documentation of orientation. On 11/3/25 at 2:39 PM E3 (Business Office Manager); 11/4/25 at 10:35 AM E2 (Director of Nursing); and 11/4/25 at 11:23 AM E5 (Environmental Service Director - ESD) all indicated they did not orient new residents or their representatives to the emergency and evacuation plans. There was no documentation to show the following drills, conducted during hours of sleep, involved or evacuated residents: Fire drills: 3/12/25 5:30 AM 3rd shift 6/25/25 4:30 AM 3rd shift 9/25/25 5:30 AM 3rd shift Tornado drills: 2/28/25 5:30 AM 3rd shift On 11/3/25 at 10:31 AM, E2 (ESD) indicated, residents were not involved in night drills or evacuated, because it is kind of hard with memory care residents. There was no documentation found to identify	A2040		

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A2040	Continued From page 4 residents who received assist with evacuation, for the following drills: Tornado drills: 2/18/25 1:50 PM 1st shift 2/24/25 3:45 PM 2nd shift On 11/3/25 at 10:31 AM, E2 (ESD) indicated, all residents need some type of assist. On 11/4/25 at 1:25 PM, the above findings were reviewed and confirmed with E1 (Executive Director) and E2. The establishment policy titled Fire/Disaster Drill Protocols - Appendix A (Original Date 05/2025) showed: Purpose ...Drills must be as realistic as possible to fully test the employees' responses to an emergency without compromising resident care and safety ...Scheduling: All communities must complete a fire drill each month on every shift for a total of 36 drills per year ...Employee Response: ...Minimum actions include removing them from the immediate area of the fire and out of the hallways. Secondary actions include relocating resident above, below and beside the fire room ...Reports: ...These reports must show the exact location of the fire, the room(s) evacuated, residents relocated, times to relocate resident and employees participating ...	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by:	A3000		

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A3000	Continued From page 5 Type 1 Violation Section 295.3000 Personnel Requirements, 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	A3000		

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A3000	Continued From page 6 certifications for caregivers during the survey.	A3000		
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:	A3020		

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A3020	Continued From page 7 1) Orientation to the characteristics and needs of the establishment's residents; 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	A3020		

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A3020	Continued From page 8 and availability issue. The facility's New Employee Orientation Policy 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 3 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	A3030		

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A3030	Continued From page 9 include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign 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	A3030		

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A3030	Continued From page 10 Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and 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	A3030		

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A3030	Continued From page 11	A3030		

Physical Function Observation" form completed and signed by Physical Therapy.

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

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A3030	Continued From page 12 ...That the applicant can perform the essential function of the job."	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Repeat 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	A3040		

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A3040	Continued From page 13 establishment failed to comply with the Health Care Worker Background Check Act by not checking the Health Care Work Registry before 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 it all applicants who are offered employment will undergo a criminal background check. Job offers are made contingent on successful completion of criminal	A3040		

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A3040	Continued From page 14 background checks and other preemployment checks and policies.	A3040		
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		

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A4010	Continued From page 15	A4010		
A4010	Section 295.4010 Service Plan	A4010		

This Regulation is not met as evidenced by:
Type 2 Violation

Section 295.4010 Service Plan ...

g) Service plans shall address:

1) The level of service the resident is receiving, including: ...

C) special accommodations for the resident;

2) The amount, type, and frequency of health-related services needed by the resident; ...

This requirement was not met, as evidenced by:

Based on interview and record review, the establishment failed to follow their policy and state regulation when thy failed to ensure service plans addressed evacuation needs and the amount and frequency of health-related services. This applies to 2 of 3 residents (R7, R8) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents.

The findings include:

On 11/3/25, an Annual Licensure Survey was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510321	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUBERGE AT LAKE ZURICH #579	570 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
A4010	Continued From page 16 initiated for building 579. This establishment provides only memory care. 1. R7's medical record showed R7 moved into the establishment on 12/18/20 and has a colostomy. R7's Service Plan, dated 4/3/25, showed home health services provided for colostomy care but did not show the amount and frequency of services. 2. R8's medical record showed R8 moved into the establishment on 6/2/19 and has multiple diagnoses, including dementia and Alzheimer's disease. R8's Service Plan, dated 10/9/25, showed R8 is full assist with transfers and mobility, but did not address evacuation needs, in case of an emergency. On 11/4/25 at 2:02 PM, E2 (Director of Nursing) confirmed frequency and evacuation was not on the service plan and would need to be added.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation REPEAT VIOLATION Section 295.4060 Alzheimer's and Dementia	A4060		

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A4060	Continued From page 17 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; ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure resident service plans addressed activities. This applies to 3 of 3 residents (R7, R8, R9) reviewed for this requirement, but has the potential to affect all residents that reside in the establishment. This creates a substantial probability of harm to a resident or residents, in that it cannot be determined if the establishment is aware of the residents' individual backgrounds and developed cognitive, social, and physical stimulation to maximize functioning and prevent isolation. This failure creates a substantial probability of harm to a resident or residents.	A4060		

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A4060	Continued From page 18 The findings include: On 11/3/25, an Annual Licensure Survey was initiated for building 579. This establishment provides only memory care. Service plans did not address activities that provide appropriate cognitive stimulation and activities to maximize functioning: 1. R7's medical record showed R7 moved into the establishment on 12/18/20, and has multiple diagnoses, including aphasia, chronic kidney disease, angina, atherosclerosis, hypertension, chronic obstructive pulmonary disease, bipolar, depression, aphasia, and dementia. R7's Service Plan, dated 4/3/25, showed R7 has impairment with orientation and awareness; is independent with mobility and transfers, with cuing and guidance; has episodes of agitation; and will maintain and/or maximize current level of functioning. 2. R8's medical record showed R8 moved into the establishment on 6/2/19, is on hospice, and has multiple diagnoses, including anxiety disorder, depression, dementia, and Alzheimer's disease. R8's Service Plan, dated 10/9/25, showed R8 has impairment with communication, long term memory, and orientation; requires full assist with transfers and mobility; and will maintain and/or maximize current level of functioning.	A4060		

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A4060	Continued From page 19 3. R9's medial record showed R9 moved into the establishment on 9/18/25, and has multiple diagnoses, including hypertension, epilepsy, and anxiety disorder. R9's Service Plan, dated 9/22/25, showed R9 has impairment with orientation; is independent with mobility and transfers; and will maintain and/or maximize current level of functioning. On 11/4/25 at 10:35 AM, E2 (Director of Nursing) indicated, activities were not addressed on the service plan, unless requested by the family, because the program they use did not prompt activities as a category. On 11/4/25 at 1:25 PM, the above findings were reviewed and confirmed with E1 (Executive Director) and E2.	A4060		