STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510545	A. BUILDING: _____ B. WING _____	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELODY LIVING OF LAKE IN THE HILLS	525 HARVEST GATE ROAD 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 Annual Licensure Survey Conducted. Section 295.2050 a), b) Section 295.4000 a), b) Section 295.4010 g)1)A, g)1)C), g)2-3), h) Section 295.4060 i)2)A)i-v) Section 295.6000 a)1) PART 389 AUTHORIZED ELECTRONIC MONITORING IN LONG-TERM CARE FACILITIES CODE Section 389.110 Authorized Electronic Monitoring a-c), e) Section 389.115 Consent of the Resident a, c)1-6), d)1)e) Section 389.130 Signage a) b) c1-3) TECHNICAL INFRACTION: Section 295.2040 Disaster Preparedness The establishment failed to involve and evacuate residents in all drills. The establishment had a Life Safety survey in September 2025 and following, started making corrections. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040a)b). No violation imposed. Investigation of complaint 25111370 / IL198673 - Unsubstantiated - No violations written.	A 000		
A2050	Section 295.2050 Incident and Accident Reporting	A2050		

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A2050	Continued From page 1	A2050		

This Regulation is not met as evidenced by:
Type 3 Violation

Section 295.2050 Incident and Accident Reporting

a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident.

b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident ...

(Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023)

This requirement was not met, as evidenced by:

Based on interview and record review, the establishment failed to ensure serious incidents and accidents were reported to the Department within 24 hours of the occurrence. This applies to (R2) reviewed for this requirement.

The findings include:

During resident record review, there was no

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A2050	Continued From page 2 documentation to show the following serious incidents/accidents were reported to the Department: -R2's 72 Hour Observation, dated 9/4/25 at 10:46 AM, showed R2 complained of headache and presented with discoloration to the forehead and under the left eye after a self-reported fall that occurred the previous night. -R4's Progress Note dated 3/30/25 at 23:07 (11:07 PM), showed R4 had a fall that resulted in a four inch by half inch skin tear to the back of the left hand. On 12/4/25 at 1:05 PM, E1 (Director of Health and Wellness) indicated, they do not report to the Department if it is not a serious injury. E1 clarified, they consider serious injury to be something that cannot be treated in-house.	A2050		
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. The physician's assessment shall include documentation of the	A4000		

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A4000	Continued From page 3 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. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician ... (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 residents had a completed comprehensive assessment signed by the physician. This applies to 5 of 9 residents (R2, R3, R4, R8, R9) reivewed for this requirement. The findings include: During resident record review, the establishment was asked to provide the annual or prior to move-in physician's comprehensive assessment. The following residents did not have a comprehensive assessment signed by a physician: R2's medical record showed R2 moved into the establishment on 6/24/22. The establishment provided a Physician/NP/PA/CNS Progress Note, dated 10/23/25 at 9:11 (AM), signed by Z1 (Advanced Practice Nurse - APN). R3's medical record showed R3 moved into the	A4000		

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A4000	Continued From page 4 establishment on 8/22/25. The establishment provided a Discharge Record, dated 5/15/25, that included a History of Present Illness, signed by Z2 (APN). R4's medical record showed R4 moved into the establishment on 3/16/25. The establishment provided a Progress Note, dated 2/7/25, that included a history of present illness, signed by Z3 (APN). R8's medical record showed R8 moved into the establishment on 2/24/23. The establishment provided a Physician/NP/PA/CNS Progress Note, dated 7/29/25 at 13:53 (1:53 PM), signed by Z1. R9's medical record showed R9 moved into the establishment on 8/4/22. The establishment provided a Physician/NP/PA/CNS Progress Note, dated 11/21/25 at 9:55 (AM), signed by Z1. On 12/4/25 at 2:54 PM, the above concerns were reviewed and confirmed with E1 (Director of Health and Human Services).	A4000		
A4010	Section 295.4010 Service Plan 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	A4010		

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A4010	Continued From page 5 is receiving, including: A) assistance with activities of daily living; ... C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; ... h) The service plan shall include all support services provided or arranged for by the establishment ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure service plans addressed all the needs and safety concerns of the resident. This applies to 6 of 9 residents (R1, R3, R4, R5, R6, R8) reviewed for this requirement. This creates a substantial probability of harm to a resident or residents, in that it cannot be determined if the establishment is aware of or addressed the needs and safety concerns of the resident. The findings include: During resident record review, the following needs and safety concerns were not addressed in the residents' service plan: 1. R1's medical record showed R1 moved into the establishment on 7/28/25, and has multiple	A4010		

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A4010	Continued From page 6 diagnoses, including adult failure to thrive, anxiety disorder, chronic kidney disease stage 3, history of falling, repeated falls, dementia, weakness, long term use of anticoagulants, generalized osteoarthritis, and asthma. R1's medical record showed a history of pressure ulcers to the right butt. R1's Service Plan, last updated 11/24/25, did not address the use of pressure relieving devices. R1's Orders, dated 10/29/25, showed orders for pressure relief seat cushion, pressure relieving support surface, and to offload lower extremities. R1's Progress Note, dated 11/21/25 showed an order for a low air loss mattress. R1's Service Plan, did not address the reason and use of blood thinners, narcotics, and psychotropics, which increase the risk of falls and injury with falls. R1's Orders showed R1 takes scheduled Eliquis (blood thinner) / diagnosis - long term use of anticoagulants; as needed Norco (analgesic opioid) for pain; and mirtazapine / diagnosis for severe protein-caloric malnutrition. 2. R3's medical record showed R3 moved into the establishment on 8/22/25, is on hospice, and has multiple diagnoses, including chronic obstructive pulmonary disease, congestive heart failure, atrioventricular block, anxiety disorders, bradycardia, need for assist with personal care and depression. R3's Service Plan, last updated 11/19/25, did not address the use of a family installed electronic monitoring devise. R3 was on a list or residents with an electronic monitoring device provided by the establishment. R3's Progress Note, dated 9/20/25 at 10:54 AM, showed the use of a camera.	A4010		

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A4010	Continued From page 7 R3's Service Plan, did not address the reason and use of blood thinners and psychotropics, which increase the risk of falls and injury with falls. R3's Orders showed R1 takes Eliquis (blood thinner) for atrial fibrillation; scheduled Vilazodone (antidepressant) for depression; scheduled and as needed olanzapine (antipsychotic) for agitation; and as needed clonazepam (antianxiety) for agitation. 3. R4's medical record showed R4 moved into the establishment on 3/16/25, is on hospice, and has multiple diagnoses, including hypertension, long term use of anticoagulants, and depression. R4's Service Plan, last updated 11/19/25, did not address the use of a family installed electronic monitoring devise. R4 was on a list or residents with an electronic monitoring device provided by the establishment. R4's Progress Note, dated 9/21/25 at 19:33 (9:33 PM) showed the use of a camera. R4's Service Plan did not address a physician's order to hold medications. R4's Orders showed, "Hold all medications, keep resident NPO (nothing by mouth) and notify the MD (medical doctor) and hospice whenever the resident is non arousable." R4's Service Plan, last updated 11/24/25, did not address the use of narcotics and psychotropics, which increase the risk of falls. R4's Orders showed R4 takes as needed morphine for shortness of breath and pain; scheduled escitalopram for depression; scheduled olanzapine for agitation; and as needed lorazepam for anxiety.	A4010		

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A4010	Continued From page 8 4. R5's medical record showed R5 moved into the establishment 10/25/24, and has multiple diagnoses, including chronic heart failure, atherosclerotic heart disease, coronary angioplasty, and chronic kidney disease. R5's Service Plan, last updated 10/28/25, did not address the use of blood thinners and psychotropics, which increases the risk of fall or injury with falls. R5's Orders showed R5 takes Plavix (blood thinner) and scheduled sertraline (antidepressant) for depression. R5's Service Plan did not address outside psychiatric services. R5's Progress Note, dated 11/25/25 at 8:35 AM, showed, psychiatric services were initiated for R5. R5's Service Plan did not address additional weight checks. R5's Orders showed three times a week weight, start date 3/7/25. 5. R6's medical record showed R6 moved into the establishment 2/1/21, is on hospice, and has multiple diagnoses, including hypertension, psychosis, Alzheimer's disease, congestive heart failure, and chronic kidney disease. R6's Service Plan, last updated 11/4/23, did not address the use of narcotics and psychotropics. R6's Orders showed R6 takes as needed tramadol for pain and as needed lorazepam intensol every five minutes up to three doses for seizure activity. 6. R8's medical record showed R8 moved to the establishment on 2/24/23 and has multiple diagnoses, including chronic obstructive pulmonary disease, dementia, and depression.	A4010		

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A4010	Continued From page 9 R8's Service Plan, last updated 9/6/25, did not address the use of psychotropics. R8's Orders showed R8 takes scheduled sertraline (antidepressant) for depression and scheduled Impriam HCL (antidepressant) for depression. On 12/4/25 at 2:54 PM, concerns were reviewed and confirmed with E1 (Director of Health and Wellness). The establishment policy titled Service Plan (Last Modified: October 31, 2022) showed: A) Purpose: A service plan is key to quality care and serves as a communication tool for team members who assist in providing individualized care to residents. The service plan: 1) Gives a clear understanding each resident's needs and preferences. 2) Communicates guidelines for team members to deliver consistent quality care and service. 3) Guides team members in recognizing physical or mental condition changes ...	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Violation Section 295.4060 Alzheimer's and Dementia Programs ... i) Training requirements for individuals working in a special program: ... 2) Staff training:	A4060		

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A4060	Continued From page 10 A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights ... (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 all new employees received four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision. This applies to 3 of 9 employees (E7, E8, E10) reviewed for this requirement.	A4060		

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A4060	Continued From page 11 The findings include: During the survey, employee records were reviewed. There was no documentation to show the following new employees completed the required four hours of dementia-specific orientation training: E7 (Dining Services) - Date of Hire (DOH) 1/29/25 E8 (Maintenance) - DOH 5/21/25 E10 (Sales and Marketing) - DOH 10/16/25 On 12/2/25 at 9:33 AM, E1 (Director of Health and Wellness) and E2 (Assistant Executive Director for Independent Living) confirmed there was no documentation and indicated, only direct care staff did the four hours of dementia-specific orientation.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: General 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	A6000		

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A6000	Continued From page 12	A6000		

that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;

PART 389 AUTHORIZED ELECTRONIC MONITORING IN LONG-TERM CARE FACILITIES CODE

Section 389.110 Authorized Electronic Monitoring

a) A resident shall be permitted to conduct authorized electronic monitoring of the resident's room through the use of electronic monitoring devices placed in the room pursuant to the Act and this Part. (Section 10(a) of the Act)

b) A facility that houses dementia residents may allow electronic monitoring devices only in rooms that are located in a building that is entirely dedicated to dementia care; or that are located in a building wing that is solely dedicated to dementia care. (Section 10(c) of the Act)

c) Authorized electronic monitoring may begin only after a notification and consent form prescribed by the Department has been completed and submitted to the facility. (Section 20(a) of the Act) ...

e) A copy of the completed notification and consent form shall be placed in the resident's and any roommate's clinical record and a copy shall be provided to the resident and his or her roommate, if applicable. (Section 20(c) of the Act) ...

Section 389.115 Consent of the Resident

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A6000	Continued From page 13 a) A resident, a resident's plenary guardian of the person, or the parent of a resident under the age of 18 must consent in writing on a notification and consent form prescribed by the Department to the authorized electronic monitoring in the resident's room ... c) If the resident has not affirmatively objected to the authorized electronic monitoring and the resident's physician determines that the resident lacks the ability to understand and appreciate the nature and consequences of electronic monitoring, the following individuals may consent on behalf of the resident, in order of priority: 1) A health care agent named under the Illinois Power of Attorney Act; 2) A resident's representative; 3) The resident's spouse; 4) The resident's parent; 5) The resident's adult child who has the written consent of the other adult children of the resident to act as the sole decision maker regarding authorized electronic monitoring; or 6) The resident's adult brother or sister who has the written consent of the other adult siblings of the resident to act as the sole decision maker regarding authorized electronic monitoring. (Section 15(a) of the Act) d) Prior to another person, other than a resident's plenary guardian of the person, consenting on behalf of a resident 18 years of	A6000		

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A6000	Continued From page 14	A6000		

age or older in accordance with subsection (b) of this Section, the resident must be asked by that person, in the presence of a facility employee, if he or she wants authorized electronic monitoring to be conducted. The person must explain to the resident:

1) The type of electronic monitoring device to be used;

2) The standard conditions that may be placed on the electronic monitoring device's use, including those listed in Section 389.110(d)(7);

3) With whom the recording may be shared according to Section 45 of the Act and Section 389.145; and

4) The resident's ability to decline all recording. (Section 15(a-5) of the Act)

e) For the purposes of this Section, a resident affirmatively objects when he or she orally, visually, or through the use of auxiliary aids or services declines authorized electronic monitoring. The resident's response must be documented on the notification and consent form. (Section 15(a-5) of the Act) ...

Section 389.130 Signage

a) If a resident of a facility conducts authorized electronic monitoring, a sign shall be clearly and conspicuously posted at all building entrances accessible to visitors. The notice must be entitled "Electronic Monitoring" and must state, in large, easy-to-read type, "The rooms of some residents may be monitored electronically by or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510545	A. BUILDING: _____ B. WING _____	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MELODY LIVING OF LAKE IN THE HILLS	525 HARVEST GATE ROAD 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
A6000	Continued From page 15 on behalf of the residents." (Section 30(a) of the Act) This sign shall be a minimum of 8.5 inches x 11 inches. b) A sign shall be clearly and conspicuously posted at the entrance to a resident's room where authorized electronic monitoring is being conducted. The notice must state, in large, easy-to-read type, "This room is electronically monitored.". (Section 30(b) of the Act) This sign shall be a minimum of 5 inches x 7 inches. c) Signs posted at the entrance to the building and at the entrance to residents' rooms shall also state that electronic monitoring equipment may be turned off only by the resident or the person who consented on behalf of the resident or, if by the facility, under the following conditions: 1) When a resident does not turn off in the instance of no consent from the roommate and the resident does not make an effort to turn off the electronic monitoring equipment, or 2) When directed by the resident or the resident's representative. 3) The facility is responsible for installing and maintaining the signage required in this Section. (Section 30(c) of the Act) This requirement was not met, as evidenced by: Based on observation and interview, the establishment failed to ensure residents' right to dignity, privacy, and choice when they allowed	A6000		

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A6000	Continued From page 16	A6000		

residents, or their representative, that reside in assisted living to install electronic monitoring in the resident's apartment. They failed to ensure authorized electronic monitoring only began after a notification and consent form prescribed by the Department was completed and submitted to the establishment. They failed to ensure signage was clearly and conspicuously posted at all building entrances accessible to visitors and the resident's room using electronic monitoring. This applies to 6 of 14 residents (R3, R4, R10, R11, R13, R14) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, as it cannot be determined if the resident was aware of the monitoring and given the opportunity to consent, refuse, or set guidelines for its use.

The findings include:

Review of resident Progress Notes showed a resident in Assisted Living with electronic monitoring in their room. The establishment was asked to provide a list of residents with electronic monitors, their policy, and consents.

The following assisted living residents had electronic monitors in their room:

R4, R10, R11, R13

The following memory care residents had electronic monitor in their room:

R3 and R14. R3's Progress Note, dated 9/30/25 at 14:21 (2:21 PM), showed the use of a camera while R3 was a resident in assisted living. R3's medical record showed R3 moved into the establishment on 8/22/25 in assisted living and

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A6000	Continued From page 17 moved to memory care on 10/27/25. The establishment was not able to provide a Department approved consent form for each of the above residents. Observation of the establishment entryway, on 12/3/25 at 11:44 AM, showed no signage to indicating, "Electronic Monitoring. The rooms of some residents may be monitored electronically by or on behalf of the residents." Observation of the above resident rooms, on 12/3/25, showed the rooms were posted to indicate, "This room is electronically monitored." There was no signage at the establishment entrance or resident's rooms to also indicate, by whom and for what reasons electronic monitoring could be turned off. On 12/4/25 at 1:05 PM, E1 (Director of Health and Wellness) indicated, resident did not sign a consent for camera use. E1 was not aware of the regulation for use of electronic monitoring. E1 indicated, the cameras were used per family request to monitor for falls. The establishment policy titled Resident Rights (Last Modified 1/1/25) showed: A) Purpose: To protect resident privacy. B) Policy Statement: If applicable law allows for in-room electronic monitoring, surveillance instruments such as a fixed position video camera or an audio recording device (or combination thereof) may be installed in a resident's apartment subject to the following: 1) The resident must consent in writing prior to	A6000		

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A6000	Continued From page 18 the installation of any electronic monitoring equipment ...	A6000		