STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510567	A. BUILDING: _____ B. WING _____	10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERS SENIOR HOME	4570 PRINCETON LANE 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 Survey conducted on 10/28/2025. Violations: 295.4010 d)e)g)1)C)2)3)h) 295.8000 a)1)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). 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;	A4010		

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A4010	Continued From page 1 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. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that service plans addressed hospice services and all activities of daily living. This failure involves 2 of 3 residents reviewed for this requirement (R1 & R3). Findings include: During record review on 10/28/2025 at 10:00 AM an establishment list of residents receiving hospice services was reviewed. R3 was on this hospice list. The list notes that R3 started with hospice in June of 2025. During record review on 10/28/2025 at 12:01 PM R1's 7/24/2025 service plan was reviewed. This service plan did not address how R1 transfers. During record review on 10/28/2025 at 12:20 PM R2's 3/3/2025 service plan was found to have 6/9/2025 addendum that was only signed by E2(Director of Health and Wellness, RN). This addendum did address hospice services but did not include the frequency of those services. During record review on 10/28/2025 at 2:50 PM the hospice binder for R3 was reviewed. This binder documented that a hospice nurse visits R3 1 time a week and PRN. This binder also	A4010		

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A4010	Continued From page 2 documented that a hospice aide visits R3 2 times a week. During record review on 10/28/2025 at 2:52 PM an "Assessment of Program of Care" documented that R1 requires a 1 person assist for transfers. During an interview with E2 on 10/28/2025 at 12:38 PM they stated, "[R3's] hospice nurse comes twice a week and the hospice aide comes twice a week. [R1] was originally very ambulatory. Now she sometimes uses the walker and when she is feeling weaker, uses the wheelchair. We are going to do an updated care plan for her. [R1] is minimal assist transferring out of the bed or a chair."	A4010		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 3 Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. This requirement was not met, as evidenced by: Based on record review and observation, the	A8000		

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A8000	Continued From page 3 establishment failed to meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements by not wearing hair coverings while preparing resident food. This failure has the probability to affect all residents, visitors, and employees that eat food prepared by the establishment. Findings include: During record review on 10/28/2025 at 11:16 AM the establishment's local health department kitchen inspection was reviewed. This inspection was dated 3/25/2025 and identified seven items that were out of compliance. Item #40 was marked out of compliance and the report stated, "Section 40 (C) Food employee is working without wearing a hair restraint. Food employees shall utilize effective hair restraints. Reference 2-402.11. Observed food employees working without a hair restraint ..." During record review on 10/28/2025 at 1:50 PM the Food and Drug Administration (FDA) Food Code was reviewed. The code states, "2-402 Hair Restraints 2-402.11 Effectiveness. (A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from FDA Food Code 2022 Chapter 2. Management and Personnel Chapter 2 - 22 contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. (B) This section does not apply to FOOD EMPLOYEES such as counter staff who only serve BEVERAGES and wrapped or PACKAGED FOODS, hostesses, and wait staff if they present a minimal RISK of contaminating	A8000		

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A8000	Continued From page 4 exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE USE ARTICLES." During observation of the establishment kitchen, E3 (Dietary) was seen making resident sandwiches at the kitchen island with no hair net or cap. E3 had their hair in a ponytail.	A8000		