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	ASL510178	A. BUILDING: _____ B. WING _____	12/18/2025

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GREENFIELDS OF GENEVA	ON801 FRIENDSHIP WAY GENEVA, IL 60134

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A 000	Initial Comment Annual Licensure Survey 295.4000 a) Repeat 295.4010 a)b)1-3)c)g)1)A-C)2)h) Repeat 295.4060 i)2)A)i-v) Complaint Investigation IL00198669 - No Violations	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: TYPE 3 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. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that physician assessments were completed for residents. This failure involves 7 of 8 residents reviewed for this requirement (R1, R3, R4, R5, R6, R7, & R8).	A4000		

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A4000	Continued From page 1 Findings include: During record review on 12/16/2025 at 9:30 AM it was found that the establishment last had an annual survey on 12/9/2024. During this annual survey, the establishment was cited for violation of 295.4000- Physician Assessment. During record review on 12/18/2025 at 10:08 AM it was found that R3, with an admission date of 4/1/2023 did not have a physician assessment in their chart. During record review on 12/18/2025 at 10:25 AM it was found that R4, with an admission date of 3/30/2024, had not had a physician assessment completed since 3/25/2024. R4 passed away on 11/13/2025 but still should have had a physician assessment on or before 3/25/2025. It was found that R4 did have a physician assessment completed on 3/10/2025 but it was completed and signed by Z1(Family Nurse Practitioner) and not a physician. During record review on 12/18/2025 at 10:35 AM it was found that R8's 6/30/2025 physician assessment was completed and signed by Z1(Family Nurse Practitioner) and not a physician. During record review on 12/18/2025 at 10:50 AM it was found that R1's physician assessment was completed and signed by Z1(Family Nurse Practitioner) and not a physician. During record review on 12/18/2025 at 11:01 AM it was found that R5's only physician assessment was completed on 8/19/2021. During record review on 12/18/2025 at 11:06 AM	A4000		

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A4000	Continued From page 2 it was found that R6's physician assessment was completed and signed by Z1(Family Nurse Practitioner) and not a physician. During record review on 12/18/2025 at 11:14 AM it was found that R7, with an admission date of 5/20/2023 did not have a physician assessment. During an interview with E1 (Administrator) and E2 (LPN AL & MC Director) on 12/18/2025 at 11:45 AM they were asked if they were aware that physician assessments had to be signed by a physician. They both responded "Okay." During an interview with E2 on 12/18/2025 at 11:48 AM when asked about R3's physician assessment they stated, "I may have not put that in the chart." During an interview with E1 on 12/18/2025 at 11:50 AM they stated that they did not see R4, R5, or R7's physician assessment in the paperwork and would look for them.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 REPEAT VIOLATION Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and	A4010		

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A4010	Continued From page 3 the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; h) The service plan shall include all support services provided or arranged for by the establishment. These requirements were not met, as evidenced by:	A4010		

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A4010	Continued From page 4 Based on record review and interview, the establishment failed to ensure service plans were developed and signed by a registered nurse or the resident/ resident representative. The establishment also failed to ensure that service plans addressed activities of daily living and the health related services needed by the resident. These failures involve 8 of 8 residents reviewed for these requirements (R1-R8). This failure has the substantial probability to cause harm to a resident or residents. Findings include: During record review on 12/16/2025 at 9:30 AM it was found that the establishment last had an annual survey on 12/9/2024. During this annual survey, the establishment was cited for violation of 295.4010- Service Plan. During record review on 12/16/2025 at 10:45 AM the establishment provided a list of residents currently receiving physical therapy services. R1 and R8 were listed. During record review on 12/16/2025 at 10:56 AM the establishment service plan policy was reviewed. The policy states, "2. The service/ care plan and any revisions shall include a signature or other authentication by AL/MC and by the resident, or resident's representative, documenting agreement on the services to be provided." During record review on 12/17/2025 at 2:49 PM it was found that R3's service plan, dated 11/11/2025, did not include a registered nurse signature. During record review on 12/18/2025 at 10:15 AM	A4010		

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A4010	Continued From page 5 it was found that R2's service plan, dated 12/18/2025, did not include a registered nurse signature. During record review on 12/18/2025 at 10:25 AM it was found that R4's service plan, dated 10/16/2025, did not include a registered nurse signature and did not address toileting, ambulation, or transferring. During record review on 12/18/2025 at 10: 40 AM it was found that R8's 12/16/2025 service plan did not address R8's physical therapy. During record review on 12/18/2025 at 10:50 AM it was found that R1's 11/18/2025 service plan did not address R1's physical therapy. During record review on 12/18/2025 at 10:59 AM it was found that R5's 11/19/2025 service plan did not include a registered nurse signature. During record review on 12/18/2025 at 11:10 AM it was found that R6's 9/16/2025 service plan was not signed by anyone. During record review on 12/18/2025 at 11:14 AM it was found that R7's 7/13/2025 service plan did not include any signatures and did not address transferring or eating. The following interview with E1 (Administrator) and E2 (LPN, AL & MC Director) took place on 12/18/2025 at 11:45 AM: ... Surveyor: "Can you show me where [R1]'s service plan addresses her physical therapy? E1: "No. We will get this fixed immediately." Surveyor: "Where are the signatures on [R1]'s service plan?	A4010		

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A4010	Continued From page 6 E1: "They are supposed to be right here on the service plan." E2: "[R1] is in transition to memory care so I am going to have a service plan meeting with the memory care additions." Surveyor: "There are no signatures on [R2]'s service plan?" E2: [R2] is currently admitted to our health center. I had a service plan meeting with the family 2 weeks ago. When she returns, I will update the service plan with the signatures." Surveyor: "[R4]'s service plan is missing signatures and does not address toileting, ambulation or transferring. E2: "We will look into that." Surveyor: [R6]'s service plan is missing signatures." E2: "The family did not agree to sign it. I have a follow up after the holidays." Surveyor: "[R7]'s service plan is missing signatures, transferring, and eating." E2: "Yeah. I don't have anything with dining in there. Since she is d/c'd I'd have to do a little more digging to find the signature paper." During an interview with E2 on 12/18/2025 at 12:53 PM, "I am having a hard time obtaining the signature pages for people who have moved out."	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	A4060		

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A4060	Continued From page 7 i) Training requirements for individuals working in a special program: 2) Staff training: 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. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that staff members received, 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. This failure involves 1 of 8 employees reviewed for this	A4060		

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A4060	Continued From page 8 requirement (E5). Findings include: During record review on 12/16/2025 at 1:02 PM it was found that E5 did not have documentation of the required 4 hours of dementia training in their employee file. During an interview with E1 (Administrator) on 12/18/2025 at 12:54 PM they stated, "I called [E5]. She's going to be doing the dementia training immediately. She is off the schedule until it is completed."	A4060		