STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6023428	A. BUILDING: _____ B. WING _____	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERS SENIOR HOMES (THE) 4560	4560 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 Licensure Survey Violations: 295.2050a)b) 295.3000b) 295.3040 955.145a) 295.8000a) Technical Infraction: 295.4060 h)6) During this survey, it was identified that the establishment did not have an appropriate number of staff for its resident population. 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 295.1040 a) b). No violation imposed.	A 000		
A2050	Section 295.2050 Incident and Accident Reporting 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	A2050		

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A2050	Continued From page 1 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. This requirement was not met, as evidenced by: Based on interview, and record review the facility failed to report accidents/incidents within 24 hours to the Department. This applies to 1 of 4 (R4) reviewed for accident/incidents in the sample of 4. The findings include: The facility provided Assisted Living and Shared Housing Incident and Accident Report dated 7/8/2025 shows R4 had an unwitnessed fall, with a bump on the right cheek and right elbow. R4 was sent out via 911 to a [local area hospital]. The facility provided fax confirmation shows the incident from 7/8/2025 regarding R4's fall was reported to the Department on 7/17/2025 at 1:33PM. On 12/1/2025 at 1:30PM, E2 (Director of Nursing - DON) said reportable incidents are sent in within 24 hours. E2 said she is unsure why it didn't get sent in sooner.	A2050		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng	A3000		

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A3000	Continued From page 2 This Regulation is not met as evidenced by: General 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. This requirement was not met, as evidenced by: Based on interview, and record review the facility failed to maintain CPR coverage 24/7. This has the probability to affect all residents residing in the establishment. The finding include: The facility provided staffing schedule dated 11/2/2025 to 11/15/2025 shows E6 (Care Partner) was working nights (11p-7a) on 11/2/2025, 11/3/2025, 11/6/2025, 11/9/2025, 11/12/2025 and is the only staff member listed for that building on those nights. The facility provided CPR card for E6 lists [an online CPR provider]. The [online CPR providers] website was accessed on 12/1/2025 at 12:07PM and shows the online CPR certification doesn't include a hands-on demonstration. On 12/1/2025 at 2:51PM, E2 (Director of Nursing - DON) said the facility should always have CPR	A3000		

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A3000	Continued From page 3 coverage, at least one person. E2 said she has become a CPR certified instructor so she can do the return demonstration portion with staff. E2 said the night shift staff are the priority.	A3000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: General 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 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee and each contracted or subcontracted worker no less than annually. (Section 33(i) of the Act) This requirement was not met, as evidenced by: Based on interview, and record review the facility failed to update the demographic information for an employee (E5 - Assistant Manager). This has the probability to affect all residents residing in the establishment.. The findings include:	A3040		

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A3040	Continued From page 4 On 12/1/2025 12:06PM, the Healthcare Worker Registry was accessed for E5. The registry showed E5's last employment verification was completed on 8/30/2024. On 12/1/2025 at 2:55PM, E1 (Executive Director - ED) said she updates the Healthcare Worker Registry once a year.	A3040		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: General 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 observation, interview, and record review the facility failed to follow the Food Service Sanitation Code by not labeling opened food in the resident refrigerator. This has the probability to affect all residents residing in the establishment. The findings include: On 12/1/2025 at 3:10PM, chocolate cake	A8000		

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A8000	Continued From page 5 wrapped in plastic cling wrap on a small plate was observed in the refrigerator undated. Additionally, there was a small container of soup sitting in the refrigerator that was also not dated with an opened date or expiration date. On 12/1/2025 at 3:20PM, E4 (Culinary Manager) said the undated food could be staff lunches. E4 said they should be placed in a lunchbox in the large refrigerator. E4 said they date leftover food that is put into the refrigerator. The facility provided Food Storage & Leftover Handling Policy, not dated, states . . . all food must be obtained from approved sources . . . leftovers must be labeled with: food name, date prepared, date/time stored, staff initials . . . unlabeled or improperly labeled leftovers must be discarded . . .	A8000		