STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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TLC LIVING COMMUNITY	508 ROOSEVELT ROAD MACHESNEY PARK, IL 61115

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A 000	Initial Comment Annual Licensure Survey conducted. 295.2000c-e), g-h) 295.3020a)1-6), b)1-6), c)1-6) 295.4000a), b) 295.4010d), g)1)A, g)1)C), g)2), g)3) 295.4050 Section 696.130 Responsibilities of Health Care Settings a)b) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a)2)A-C)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness ... 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: ... d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment ...	A2040		

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A2040	Continued From page 1 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 ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to conduct at least two drills at night while residents were asleep. They failed to ensure each drill included and evacuated residents. They failed to ensure drill evaluations included the date and time of the drill and residents who received assistance for evacuation. This has the potential to affect all residents that reside in the establishment. This 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 and residents did not practice how to respond, lack of preparedness may increase the risk of injury or death.	A2040		

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A2040	Continued From page 2 The findings include: On 12/10/25, an Annual Licensure Survey was initiated, and establishment drills were reviewed. Drills were documented on an In-Service/Training Sing-in Sheet. The in-services Training Description showed, Employees Fire and Tornado. The in-service Purpose showed, To educate either the employee or resident of the Fire and Tornado drill procedure. The in-services documented the date, but the Duration and Shift boxes were left blank. It could not be determined if two drills were conducted during the night when residents are sleeping. It could not be determined if a tornado drill was conducted on each shift. On 12/10/25 at 1:02 PM, E1 (Executive Director - ED) indicated, there are three shifts, 6:00 AM-2:00 PM, 2:00 PM-10:00 PM, and 10:00 PM-6:00 AM. The in-services did not document residents were involved and evacuated in each drill. The in-services did not document residents who received assistance for evacuation during the drill. On 12/10/25 at 9:22 AM, E16 (Maintenance Director) indicated, all residents are not made to evacuate with each drill and some are told to shelter in place. E16 indicated, residents were not involved in night drills. E16 acknowledged times	A2040		

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A2040	Continued From page 3 were not documented for drills. On 12/11/25 at 4:20 PM, concerns were reviewed and confirmed with E1 (ED). E1 confirmed, it is E1's responsibility to know and follow assisted living regulation.	A2040		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 2 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.	A3020		

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A3020	Continued From page 4 b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 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. c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights; 2) Disaster procedures; 3) Hygiene and infection control; 4) Assisting residents in self-administering medications;	A3020		

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A3020	Continued From page 5 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure employees completed all the required orientation and continuing education topics required. This applies to 6 of 9 employees (E2, E3, E4, E5, E6, E7) reviewed for this requirement. This failure has the potential to affect all residents that reside in the community and creates a substantial probability of harm to a resident or residents, as the required training ensures staff have the skills and knowledge critical to resident safety and well-being. The findings include: On 12/10/25, an Annual Licensure Survey was initiated. New employee orientation was reviewed, and the following employees did not complete the required training topics for 10- and 30-day orientation: Continuing education was reviewed for the 12-month period from the start date, and the following employees did not complete the required hours and/or topics for continuing education:	A3020		

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A3020	Continued From page 6 -E2 (Nurse Manager) - Date of Hire (DOH) 3/20/20 - Review period of 3/20/24-3/19/25 Course Completion History showed a total 4 hours of the required 8 hours of training completed and there was no documentation to show E2 completed the following required course topics: Disaster Procedures Hygiene Assisting residents in self-administering medications Abuse and neglect prevention and reporting requirements Assisting residents with activities of daily living -E3 (Director of House Operations) - DOH 11/25/19 - Review period of 11/25/24-11/24/25 Course Completion History was reviewed and there was no documentation to show E3 completed the following required course topics: Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights Hygiene and Infection Control Abuse and neglect prevention and reporting requirements Ten and 30-day Orientation was reviewed from the start date, and the following employees did not complete the required topics:	A3020		

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A3020	Continued From page 7 -E4 (Resident Assistant) - DOH 5/15/25 Within 10 days = 5/25/25 Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights Abuse and neglect prevention and reporting requirements Within 30 days = 6/14/25 Orientation to the characteristics and needs of the establishment's residents The significance and location of resident service plans CPR and emergency procedures for medical events Training in assistance with activities of daily living appropriate to the job -E5 (Certified Nursing Assistant) = DOH 8/20/25 Within 30 days = 9/15/25 The significance and location of resident service plans -E6 (Housekeeping) = DOH 9/25/25 Within 10 days = 10/5/25 Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights Abuse and neglect prevention and reporting requirements Within 30 days = 10/25/25 Orientation to the characteristics and needs of the establishment's residents The significance and location of resident	A3020		

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A3020	Continued From page 8 service plans -E7 (Activities) = 10/8/25 Within 10 days = 10/18/25 Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights Abuse and neglect prevention and reporting requirements Within 30 days = 11/7/25 Orientation to the characteristics and needs of the establishment's residents On 12/10/25 at 1:02 PM, E1 (Executive Director) was give the opportunity to provide additional training documentation. On 12/11/25 at 4:00 PM, the establishment Employee Handbook that was provided was reviewed. The handbook did not cover the above required topics. On 12/11/25 at 4:20 PM, concerns were reviewed and confirmed with E1. E1 confirmed, it is E1's responsibility to know and follow assisted living regulation.	A3020		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment	A4000		

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A4000	Continued From page 9 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. 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 the physician's assessment was completed and/or signed by a physician. This applies to 5 of 6 residents (R1, R2, R5, R6, R7) reviewed for this requirement. This creates a substantial probability of harm to a resident or residents, in that the physician did not ensure the resident is appropriate for or continues to be appropriate for the assisted living setting. The findings include: On 12/10/25, an Annual Licensure Survey was initiated. During the survey, resident records were reviewed.	A4000		

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A4000	Continued From page 10 The following residents had a comprehensive assessment that was not signed by a physician, or had missing date and signature of completion: R1 - Move in date 6/27/25 - Physician's Medical Evaluation for Assisted Living, dated 6/15/25, was signed by Z2 (Advanced Practice Registered Nurse - APRN). R2 - Move in date 1/17/25 - The establishment provided a Physician's Medical Evaluation for Assisted Living, but the second page was missing, which included the date and who it was completed by. R5 - Move in date 5/26/20 - Provider Note, dated 10/28/25, was signed by Z3 (APRN) R6 - Move in date 3/11/25 - Provider Note, dated 3/11/25, was signed by Z3. R7 - Move in date 10/14/25 - Physician's Medical Evaluation for Assisted Living, dated 9/29/25, was signed by Z1 (APRN/Director of Nursing). On 12/11/25 at 8:31 AM, Z1 indicated, Z1 was recently made aware of the requirement and is working with the physician, going forward, to make sure assessments are signed by the physician. On 12/11/25 at 4:20 PM, concerns were reviewed and confirmed with E1 (Executive Director). E1 confirmed, it is E1's responsibility to know and follow assisted living regulation.	A4000		

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A4010	Continued From page 11	A4010		
A4010	Section 295.4010 Service Plan	A4010		

This Regulation is not met as evidenced by:
Type 2 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) ...

g) Service plans shall address:

1) The level of service the resident 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 ....

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A4010	Continued From page 12 This requirement was not met, as evidenced by: Based on interviews and record review, the establishment failed to follow their policy and state regulation when they did not ensure resident service plans addressed all areas of needs and services. This applies to 6 of 6 residents (R1, R2, R3, R5, R6, R7) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, in that it cannot be determined that the establishment is aware of and addressing the needs and safety concerns of the residents. The findings include: On 12/10/25, an Annual Licensure Survey was initiated. During the survey, resident records were reviewed. 1. R1's medical record showed R1 moved into the establishment on 6/27/25, is on hospice, and has multiple diagnoses, including congestive heart failure, depression, atrial fibrillation, orthopedic aftercare, fracture of nasal bones, contusion of left periorbital area and eye, compression fracture of first lumbar vertebrae, long term use of anticoagulants, and repeated falls. R1's Service Plan, dated 9/13/25, did not address the use of psychotropics and related behaviors/moods, and opioids. The plan showed R1 takes an antidepressant but did not indicate the reason for use. R1's Medication List, printed 12/11/25, showed R1 takes scheduled Duloxetine (antidepressant), scheduled and as needed (PRN) lorazepam (antianxiety) for agitation and restlessness, scheduled mirtazapine (antidepressant) for dementia, scheduled	A4010		

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A4010	Continued From page 13 quetiapine (antipsychotic) for depression, and PRN morphine (analgesic opioid) for pain and shortness of breath. The service plan did not address the level of assist for evacuation, activities, and transfers. R1's Face Sheet Notes/Alerts Evacuation Status showed R1 requires wheelchair for evacuation. 2. R2's medical record showed R2 moved into the establishment on 1/17/25 and has multiple diagnoses, including acute kidney failure, adult failure to thrive, history of falling, major depressive disorder, dysphagia, vertebral fractures, atrial fibrillation, and reduce mobility. R2's Service Plan, dated 9/13/25, addressed the use of sertraline (antidepressant) bud did not address the reason and use of other psychotropics and related mood/behaviors and blood thinners. R2's Medication List, printed 12/12/25, showed R2 takes scheduled trazadone (antidepressant) daily for depression and scheduled Eliquis (blood thinner) for atrial fibrillation. The service plan did not address the level of assist for activities and evacuation. R2's Face Sheet Notes/Alerts Evacuation Status showed R2 requires physical assist - one person. 3. R3's medical record showed R3 moved into the establishment on 9/13/25 and has multiple diagnoses, including abdominal aortic aneurysm, anxiety disorder, atherosclerotic health disease. R3's Service Plan, dated 9/23/25, did not address the use of psychotropics and related	A4010		

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A4010	Continued From page 14	A4010		

behaviors/moods. R2's Orders showed scheduled Xanax (antianxiety) for anxiety disorder.

The service plan did not address the level of assist for activities and evacuation. R3's Face Sheet Notes/Alerts showed R3 must be physically taken to nearest exit.

4. R5's medical record showed R5 moved into the establishment on 5/6/20 and has multiple diagnoses, including atherosclerotic heart disease, chronic kidney disease, diabetes mellitus, major depressive disorder, and osteoarthritis.

R5's Service Plan, last updated 10/7/25, did not address the use of psychotropics and related behaviors/moods, blood thinners, and opioids. R5's Medication List, printed 12/12/25, showed R5 took scheduled and PRN hydroxyzine (antianxiety) for itching, scheduled and PRN lorazepam (antianxiety) for anxiety, Eliquis (blood thinner) for congestive heart failure, and PRN morphine (analgesic opioid) for pain and shortness of breath.

R5's service plan did not address who is responsible to administer injections. R5's medication list showed R5 takes scheduled Lantus (long acting insulin) injections and Skyrizi (monoclonal antibody) injections. On 12/11/25 at 1:02 PM, E2 indicated R5 self administers Lantus with guidance, and Skyrizi injects are administered by the nurse.

The service plan did not address the level of assist for evacuation, activities, and transfers. R5's Face Sheet Notes/Alerts Evacuation Status showed R5 is ambulatory and requires verbal

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A4010	Continued From page 15 assist. On 12/11/25 at 1:02 PM, E2 (Nurse Manager - NM) indicated, R5 is independent with activities and transfers. R5's service plan did not address the reason for and frequency of outside services. On 12/11/25, E2 confirmed R5 receives hospice services. 5. R6's medical record showed R6 moved into the establishment on 5/17/23, and has multiple diagnoses, including diabetes mellitus, atrial fibrillation, and essential tremor. R6's Service plan, dated 9/13/25, did not address the use of blood thinners. R6's Medication List, printed 12/12/25, showed R6 takes Xarelto (blood thinner) for atrial fibrillation. R6's service plan did not address the level of assist for evacuation, transfers, mobility, and activities. R6's Face Sheet Notes/Alerts Evacuation Status showed R6 is ambulatory and requires verbal assist. On 12/11/25 at 1:02 PM, E2 indicated, R6 is independent with transfers, mobility, and activities. 6. R7's medical record showed R7 moved into the establishment on 10/14/25, and has multiple diagnoses, including atrial fibrillation, cardiovascular accident, and vascular dementia. R7's Service Plan, last updated 12/1/25, did not address the use of psychotropics and related moods/behaviors and blood thinners. R7's Medication List, dated 12/12/25, showed R7 takes scheduled Bupropion (antidepressant) for major depressive disorder, hydroxyzine (antidepressant) for allergic rhinitis, and Eliquis	A4010		

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	ASL510539	A. BUILDING: _____ B. WING _____	12/11/2025

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A4010	Continued From page 16 (blood thinner) for atrial fibrillation and flutter. R7's service plan did not address the level of assist for evacuation, mobility, and activities. F7's Face Sheet Notes/Alerts Evacuation Status showed R7 must be physically taken to nearest exit. On 12/11/25 at 1:02 PM, E2 indicated, R7 is independent with mobility and activities. On 12/11/25 at 1:02 PM, resident concerns were reviewed and confirmed with E2 (NM). E2 agreed, establishment policy and state regulation should be followed. On 12/11/25 at 4:20 PM, concerns were reviewed and confirmed with E1 (Executive Director). E1 confirmed, it is E1's responsibility to know and follow assisted living regulation. The establishment policy titled Care Plan/Service Plan Agreement (No date) showed: Each resident's care plan/service plan agreement should address all possible areas of needed and preferred services, including resident care services, health-related services, hospitality services (meals, housekeeping, activitie, etc.) and special services (pet care).	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 Violation Section 295.4050 Tuberculin Skin Test Procedures	A4050		

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A4050	Continued From page 17 Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.130 Responsibilities of Health Care Settings a) TB Risk Assessment. Every health care setting shall conduct initial and ongoing evaluation of the risk for transmission of M. tuberculosis, regardless of whether patients with suspected or confirmed active TB disease are expected to be encountered in the setting. The TB risk assessment shall address administrative, environmental and respiratory-protection controls needed for the health care setting and shall be reviewed at least annually. b) Written Plans. A written TB infection control plan shall be developed that includes: protocols for the screening and management of latent TB infection (LTBI) among health care workers and clients; protocols for the screening, diagnosis and management of active TB disease among health care workers and clients; data collection; evaluation of data; reporting of persons with suspected or confirmed active TB disease to the local TB control authority; and a health care worker education program. All components of the plan shall reflect compliance with this Part. The plan shall include the name of the person or persons responsible for the TB prevention and control program at each health care setting; procedures to protect health care workers and clients from contracting tuberculosis; and a referral mechanism to ensure that transmission of TB is prevented and treatment is completed for clients with TB who leave the health care settings. The written plan shall be updated at least	A4050		

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A4050	Continued From page 18 annually. (See the Guidelines for Health-Care Settings.) ... (Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024) 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 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	A4050		

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A4050	Continued From page 19 Skin Test (TST)), and an individual risk assessment. B) Evaluate symptoms for all healthcare workers when an exposure is recognized and perform a test (IGRA or Mantoux TST) for those with a baseline (preplacement) negative TB test, and no prior TB disease or LTBI. A negative IGRA or Mantoux TST shall be repeated 8-10 weeks after the most recent exposure. C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf... (Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to maintain a current TB Infection Control Plan as required and make it available for inspection by the Department. This applies to 3 of 7 residents (R5, R6, R7) and 5 of 9 employees (E1, E2, E3, E8, E9) reviewed for this requirement. This creates a substantial probability of harm to a resident or residents, in that it poses an undue risk of infection.	A4050		

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A4050	Continued From page 20 The findings include: On 12/10/25, an Annual Licensure Survey was initiated. Written TB plan: The establishment TB plan was requested on 12/10/26 at 11:00 AM. On 12/10/25 at 12:12 PM E2 (Nurse Manager - NM) the Nursing Policies and Procedure Binder was provided. On 12/10/25 at 1:02 PM, E1 (Executive Director - ED) indicated, E1 would look further for a TB policy, after E1 was informed the provided binder did not have one. On 12/11/25 at 4:20 PM, E2 provided the policy titled Policy and procedure for TB Screening a (establishment community) [No date]. The policy addressed TB screening for new admissions and employees but did not address all the required components for written plans. In email communication on 12/12/25 1:19 PM, after exit, E2 provided the establishment Tuberculosis Skin Testing and Follow Up (Residents (and) Employees) [No date]. The policy addressed TB screening for new admissions and employees but did not address all the required components for written plans. There was no documentation to show the policies provided were reviewed on an annual basis. Annual Risk Assessment/Screening:	A4050		

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A4050	Continued From page 21 There was no documentation to show Annual Signs and Symptoms checklist, or the Department TB Risk Assessment, was completed for the following residents or the: R5's Face Sheet showed last TB Questionnaire completed on 5/26/20. R6's Face Sheet showed last TB Questionnaire completed on 5/17/23. On 12/10/25 at 2:27 PM, E2 indicated, annual risk assessments are not done for residents. There was no documentation to show Annual Signs and Symptoms checklist, or the Department TB Risk Assessment, was complete for the follow employees: E1 (ED) - Date of Hire (DOH) 7/31/19 E2 (NM) - DOH 3/2/20 E3 (Director of House Operations) - DOH 11/25/19 E8 (Reception) - DOH 5/19/23 E9 (Marketing and Activities) - DOH 3/3/23 On 12/10/25 at 11:00 AM (E1) indicated, annual risk assessment is not done for employees. On 12/11/25 at 4:20 PM, E1 confirmed, it is E1's responsibility to know and follow assisted living regulation. The establishment policy titled, Policy and procedure for TB Screening a (establishment community) [No date] showed: Requirements for TB screening in assisted living facilities in (state): ...assisted living facilities are required to conduct TB screening for residents and staff in	A4050		

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A4050	Continued From page 22 accordance with the (state) Administrative Code. The establishment policy titled, Tuberculosis Skin Testing and Follow Up (Residents (and) Employees) [No date] showed: Policy: ...C) A signs and symptoms checklist will be completed upon admission and annually for resident and upon hire and annually for employees.	A4050		