STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5108177	A. BUILDING: _____ B. WING _____	C 12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT ALGONQUIN SENIOR LIVING	2595 HARNISH DRIVE ALGONQUIN, IL 60102

(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 Investigation of Complaint 25111174/ IL00198618 Technical Infraction: 295.4040c) During this survey, it was identified that a cluster of residents were showing signs or symptoms of respiratory illness and should have been reported to the local health department. 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 295.4040c). No violation imposed. Violations: 295.4050-696.130a)b)	A 000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: General Violation Section 295.4050 Tuberculin Skin Test Procedures 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	A4050		

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A4050	Continued From page 1 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 annually. (See the Guidelines for Health-Care Settings.) This requirement was not met, as evidenced by: Based on interview and record review the establishment failed to complete a TB test/screening for a new employee according to the establishment's policy. This was found in 2 of	A4050		

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A4050	Continued From page 2 5 (E5,E6) employees reviewed.This has the probability to affect all residents in the community. The findings include: On 12/5/2025 at 12:17PM and 1:43PM, E3 (Regional Nurse) said staff placed the first TB test, but the second TB test was right on the cusp of being positive for [E5] (Resident Assistant - RA). E3 said [E5] was then sent out for a chest x-ray. E3 said she was looking for the TB test for [E5]. E3 said she could not find the TB test for [E5] or [E6] (RA). On 12/5/2025 at 12:24PM, E5 said she was on the floor training with residents on the Saturday after being hired. E5 said when they showed the nurse and said I may be positive they requested for me to get a chest x-ray done. E5's chest x-ray was ordered on 11/19/2025 and resulted on 11/20/2025. Chest x-ray results show "No acute pulmonary findings" and "pt [patient] has a history of BCG [Bacillus Calmette-Guérin] vaccine" The establishment provided Time & Attendance - Employee Timecard Report dated 11/1/2025 to 11/15/2025 shows R5 was listed on 11/15/2025 as Resident Assistant AL from 7:13PM to 10:00PM. The establishment provided Employee Roster shows E5 with a start date of 11/12/2025. The establishment provided Employee Roster shows E6 with a start date of 7/5/2025. The establishment provided Transcript Report for E5 shows online computer training modules were	A4050		

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A4050	Continued From page 3 completed by 11/14/2025. The establishment failed to provide a new hire TB test for E5 and E6 prior to working with residents. The establishment provided Tuberculosis (TB) Testing policy revised on 2025 states, . . . Upon hire, and prior to any Resident contact, Team Members shall complete an approved tuberculin test . . . If a newly hired Team Member requires a chest x-ray for TB clearance, the Community shall cover the cost of the x-ray . . . Documentation of TB testing results . . . chest x-rays, and any symptom questionnaires shall be maintained in the Team Member's personnel or health file. . . The Executive Director or designee shall ensure compliance with all TB testing and documentation requirements in accordance with state regulations.	A4050		