

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER CEDAR LAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 777 CHURCH STREET LAKE ZURICH, IL 60047		
(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 4/3/2025. 295.3030 Cited	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Level 3 Violation (REPEAT) Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The	A3030		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER CEDAR LAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 777 CHURCH STREET LAKE ZURICH, IL 60047		
(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
A3030	Continued From page 1 test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. This requirement is not met as evidenced by: Based on record review and interview the facility failed to ensure that employee initial health evaluations were conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. The facility also failed to ensure that employee TB testing was completed no more than 90 days prior to the date of initial employment in the establishment; or the test was commenced no more than ten days after the date of initial employment in the establishment. Findings include: During record review on 4/3/2025 at 9:30 AM it was found that at the facility's last annual survey, conducted on 2/26/24-2/27/2024, they were cited for not ensuring that employees had their TB testing done within the requirements of PART 295 ASSISTED LIVING AND SHARED HOUSING ESTABLISHMENT CODE. During record review on 4/03/2025 at 11:48 AM it was found that E3 (RN), with a hire date of 1/24/2025, had a TB skin test that was administered on 2/5/2025 and commenced on 2/13/2025. This is outside of the 10 days after employment required window.	A3030		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER CEDAR LAKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 777 CHURCH STREET LAKE ZURICH, IL 60047		
(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
A3030	Continued From page 2 During record review on 4/03/2025 at 12:00 PM it was found that E4 (LPN), with a hire date of 1/24/2025, had a TB test on 4/15/2022 and a health evaluation on 4/14/2022. E4's TB test is outside of the 90 days prior to employment required window. E4's health evaluation is outside of the 30 days prior to employment required window. During record review on 4/03/2025 at 12:15 PM it was found that E5 (Resident Assistant), with a start date of 1/13/2025, had their health evaluation on 11/26/2024. E5's health evaluation was outside of the 30 days prior requirement window. During record review on 4/03/2025 at 12:25 PM it was found that E6 (Server), with a hire date of 5/5/2024, had their TB test administered on 5/16/2024 and commenced on 5/25/2024. E6's TB skin test is outside of the 10 days after initial employment required window. During interview with E7 (Business Office) on 4/03/2025 at 1:07 PM they stated, "E4 transferred from another Spectrum managed facility so that's why their physical and TB are from there. E4 came to our building in January. E5 was hired back in November. They kept pushing out their start date so they didn't end up starting until January. I have no answer as to why E3 and E6's TB tests were late."	A3030		