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A 000	Initial Comment Annual Licensure: 295.4010, 295.4060 cited Complaint investigation: IL189489 295.4010 cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General 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 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.	A4010		

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A4010	Continued From page 1 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) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). 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; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the	A4010		

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A4010	Continued From page 2 establishment. This requirement was not met as evidenced by: Based on record review and interview the establishment failed to review and revise the service plan with interventions to address: -the history and actual falls for 2 residents (R1, R4). R1 experienced a recent unwitnessed fall that resulted in a compression fracture to T3. R4 fell and sustained a wound over her right eye; -the amount, type and frequency of home health care for treatment of pressure ulcers and DTI (deep tissue injury) for 2 residents (R1 and R4); -pressure ulcer and DTI for 2 residents (R1 and R4). R1 has a stage 2 pressure ulcer to the sacrum and a DTI to the left great toe. R4 has a wound to the coccyx and a DTI to the left heel; -exit seeking behaviors and actual elopement for 1 resident (R5) and inappropriate elimination behaviors for one resident (R1). These failures have the probability to affect all residents who reside in Assisted Living and the Memory Care unit. Findings include: 1. R1 is a 97 year old who moved into the establishment on 10/11/24. R1 has diagnoses including Unspecified dementia, Prostate cancer, BPH (benign prostatic hypertrophy) Conductive hearing loss and Constipation/diarrhea. R1 also has a history of multiple falls.	A4010		

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A4010	Continued From page 3 The progress notes from December 2024 through April 2025 were reviewed and show R1 had a total of 10 unwitnessed falls (12/22/24, 2/6/25, 2/18/25, 2/23/25, 3/7/25, 3/24/25, 4/7/25, 4/9/25, 4/17/25, 4/28/25). It's not clear exactly when the last fall occurred, however the progress note dated 4/28/25 shows a nurse from the hospital called to inform the establishment nurse that R1 sustained a compression fracture to T3 and can be treated with pain management. The most recent service plan was not revised with interventions to address the compression fracture to T3 and pain management. -The progress note dated 2/8/25 shows R1 was admitted to (Local Hospital) for treatment of a stage 2 pressure ulcer on his sacrum and a DTI (deep tissue injury) on the left big toe. The most recent service plan was not revised with interventions to address the home health care duration & frequency for the wound treatments the to sacrum and left big toe. On 5/2/25 at 12:40pm, E10 (assisted living nursing director) said R1 has a caregiver that comes in on Monday, Wednesday and Friday to assist with showers, dressing and meals. The service plan does not address the caregiver. 2. R4 is a 79 year old resident who moved into the establishment 8/12/24. R4 currently lives in the memory care unit. R4 has diagnoses including Alzheimer's disease, Hypertension, and Chronic kidney disease. R4 has bee receiving hospice care since 9/13/24.	A4010		

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A4010	Continued From page 4	A4010		

The progress note dated 8/28/24 indicates R4 has an ongoing wound to the coccyx and a DTI to the left heel.

The most recent service plan was not revised with interventions to address the home health care duration & frequency for the wound treatments the to R4' sacrum and left heel. The coccyx wound and DTI to the left heel are not addressed in the service plan as well.

-The progress note dated 8/26/24 shows R4 was found on the floor sitting between her bed and her closet. R4 was sitting with her right leg bent behind her. Primary physician gave orders to send R4 out to the hospital for evaluation.

The progress note dated 9/2/24 shows the nurse was informed by a RA (resident aide) that R4 fell before the nurse's shift began. R4 was observed lying face down in her bedroom floor. Noted old dark purple bruising to right shoulder and left and right buttocks. Documentation does not indicate R4 was sent to the hospital for evaluation.

The most recent service plan does not show it was revised with interventions to address these unwitnessed fall incidents.

3. R5 is a 79 year old resident who moved into the establishment 11/11/24. R5 has diagnoses including Alzheimer's disease and Hereditary and idiopathic neuropathy. R5 resides in the memory care unit.

The progress notes dated 2/10/25 though 3/28/25 show R5 verbalizing needing and wanting to leave to either go to her previous home or to go visit her mom and dad (they are still alive).
The progress note dated 3/30/25 (1:15pm) shows

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A4010	Continued From page 5 the egress alarm for memory care door 2 activated. Nurse and housekeeping staff in the memory care unit responded. R5 was outside. The housekeeper was able to redirect R5 back inside. The most recent service plan dated 2/19/25 was not revised with interventions to address R5's exit seeking behavior as well as actual elopement outside of the establishment. On 5/2/25 during the exit conference, these concerns were shared with E10 and E 11 (associate executive director). No explanation was given why these behavior were not addressed on R 5's service plan.	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 a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall:	A4060		

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A4060	Continued From page 6 1) Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act; 2) Ensure that a resident's representative is designated for the resident; 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: A) May wander; and B) May need supervision and assistance when evacuating the building in an emergency; 4) Provide coordination of communications with each resident, resident's representative, relatives and other persons identified in the resident's service plan; 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section; 11) Have a supervisor of the program with training as outlined in subsection (i)(1) of this Section.	A4060		

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A4060	Continued From page 7 i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: A) The manager of an establishment providing Alzheimer care or the supervisor of an Alzheimer program must be 21 years of age and have: i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or ii) at least two years of management experience with persons with dementia. B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. 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	A4060		

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A4060	Continued From page 8 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. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living;	A4060		

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A4060	Continued From page 9 ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans; ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination;	A4060		

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A4060	Continued From page 10 vi) care of elderly persons with physical, cognitive, behavioral and social disabilities This requirement was not met as evidence by: Based on personnel file review and interview, the establishment failed to ensure: -eight newly hired staff members must received four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision; -five newly hired direct care staff received 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation; -the memory care director completed six hours of annual continuing education regarding dementia care. These failures have the probability to affect reside care services. Findings include: On 4/30/25 the personnel files of 8 newly hired staff were reviewed with E11 (associate executive director) and showed the following: E1 (RN), DOH (date of hire) 8/26/24, only 1 of the 4 required hours E2 (Resident Aide), DOH 11/6/24, 1.5 of the 4 required hours	A4060		

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A4060	Continued From page 11 E3 (LPN), DOH 8/26/25, zero of the 4 required hours E4 (Server) DOH 6/5/24, zero of the 4 required hours E5 (Resident Aide) DOH 10/27/23, zero of the 4 required hours E6 (CNA, Resident Care Manager), DOH 9/9/24, zero of the 4 required hours E7 (Life Enrichment), DOH 9/16/24, 1.0 of the 4 required hours E8 Housekeeping, DOH (8/26/24), zero of the 4 required hours E9 (LPN, Memory Care Director), no documentation to show E9 completed 6 hours of dementia training over the last 12 months The establishment was not able to present evidence that E1, E2, E3, E5 and E6 received 16 hours of the required dementia training with direct supervision. E11 could not explain why the the newly hired direct care employees did not complete the required hours of dementia training.	A4060		