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THE HALLMARK	2960 N LAKE SHORE CHICAGO, IL 60657

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A 000	Initial Comment CHOW (Change of Ownership) Licensure Survey Violations 295.2000 Residency Requirements c)e) 295.2040 Disaster Preparedneas a)b)1)A)c)3)e)g)h) 295.3030 Initial Health Evaluation a)b)c)d) 295.4000 Physician's assessment a)b)f)g) 295.4010 Service Plan a)b)1)2)3)c)d)g)1)A)2)3)h) 295.5000 Medications a)d) 295.9000 Physical Plant a)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: General Violation Section 295.2000 Residency Requirements c) A person shall not be accepted for residency if: e) Residency shall be terminated in accordance with Section 295.2010 when services available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act). These Requirements was NOT MET as evidenced by: Based on clinical record review and interview, the	A2000		

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A2000	Continued From page 1 facility admitted one hospice resident (R5) to the facility out of 7 residents reviewed for compliance with admission criteria in a total sample of 7. This failure has the probability to affect all residents. Findings include: R5's move in date to the assisted living facility based on profile was on 1/27/26. Based on interview with E2 (Acting Director of Nursing/Clinical Specialist) on 2/4/26 at 11:00 am, R5 was placed in hospice on January 19th, 2026.	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and	A2040		

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A2040	Continued From page 2 include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also: A) provide for the temporary relocation of residents for any disaster requiring relocation; 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: 3) Evaluate the effectiveness of disaster plans, procedures and training. e) Drills shall include residents, establishment personnel, and other persons in the establishment. 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	A2040		

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A2040	Continued From page 3 residents who received assistance for evacuation. These Requirements are not met as evidenced by: Based on interview, disaster preparedness plan and drill documentation, facility failed to: 1. Include documentation of relocation agreement in case of a catastrophic disaster requiring relocation; 2. Include resident participation in disaster preparedness drills in order to give them experience in identifying different emergency exits/routes; and 3. Document evaluation of the drill including names of residents who were assisted during the disaster drill evacuation. 4. Have a written disaster plan which accurately and adequately addresses disaster preparedness specific to this facility. This lack of staff experience in the completion of disaster drills which includes resident participation in disaster preparedness drills impacts both staff and resident's ability to respond correctly, efficiently and promptly to a disaster requiring evacuation and has the probability to affect all staff, residents and any visitors present in a disaster. At the time of this review, facility had a census of 69 residents. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: On entrance date of 2/3/26 facility administrator (E1) forwarded a resident roster showing 69 residents living in this assisted living facility.	A2040		

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A2040	Continued From page 4 Based on license issued by the Illinois Department of Public Health, facility has undergone ownership change with effective date of 10/1/25. E1(Interim Acting Administrator/operations specialist with new facility management company) on 2/3/26 at 8:35 am reported the facility was also under new management company with E1 arriving to facility and taking over from the former administrator in December of 2025. On 2/3/26 at 10:21 am E1(Interim Administrator/Executive Director) and E4(Maintenance Director) met to review disaster preparedness policies, procedures along with fire and tornado drills. E4 is in charge of disaster preparedness drills and was asked to remove the disaster preparedness policy and procedures as well as any fire and tornado disaster drills. No drills were presented for review. In discussing the forwarded disaster preparedness plan which includes fire pull stations, E4 acknowledged, "We don't have any pull stations. Everything is hardwired. That was a generic plan. That fire plan I gave you does not apply here. There are no pull stations here. Residents are not participating in fire drills ... Residents are not participating in the tornado drills. We do not have a reciprocal agreement for relocation. Maybe sister community maybe (alternate facility) but I don't know they have space. We have a generator good for power outage but more than 2 days we would probably have to evacuate ... All of 2025 former A.E.D (assistant executive director) Z4 uploaded to (computer program) and that's gone. No 2025 drills. Since changed ownership that wiped."	A2040		

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A3030	Continued From page 5	A3030		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: General Violation 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. These Requirements are not met as evidenced by: Based on interview and record review, Human Resources failed to include complete documentation of initial health evaluation for 5 direct care employees (E9, E10, E11, E12, E15) out of 9 reviewed for compliance with staff requirements.	A3030		

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A3030	Continued From page 6 This failure has the probability to affect all residents. Findings include: Staff requirements review was completed with E16 (Director of Human Resources). Although facility has undergone a change in ownership based on license effective date of 10/1/25, E16 has been in this position prior to the change in ownership. Review of the personnel files with E16 found E9 (Resident Assistant) with original hire date of 1/11/26, E10 (Licensed Practical Nurse) with original hire date of 1/24/25, E11 (Resident Assistant) with original hire date of 10/30/23, E12 (Resident Assistant) with original hire date of 7/18/25 and E15 (Resident Assistant) with original hire date of 9/10/25 did not have completed initial health evaluations. E11's health evaluation was missing a physician signature. E16 agreed the health evaluations were missing.	A3030		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: General Violation Section 295.4000 Physician's Assessment 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	A4000		

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A4000	Continued From page 7 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. f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed. g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment. These Requirements are not met as evidenced by: Based on interview and clinical record review, the facility failed to ensure completion of required admission or annual physician assessments for 4 residents (R1, R2, R4, R7) out of 7 reviewed for compliance with Physician assessment/certification. This failure has the probability to affect all residents. Findings include: Based on license issued by the Illinois Department of Public Health, facility has undergone ownership change with effective date of 10/1/25. E1(Interim Acting	A4000		

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A4000	Continued From page 8 Administrator/operations specialist with new facility management company) on 2/3/26 at 8:35 am reported the facility was also under new management company with E1 arriving to facility and taking over from the former administrator in December of 2025. Facility uses combination electronic clinical software program and hard copy clinical record. On entrance date of 2/3/26, requested access to electronic medical record. E1(Interim Administrator) reported that due to type of software used, user identification and password could not be created. E1 offered to print out necessary documents. Instead, requested E2(Interim Director of Nursing) access electronic record in real time and provide screen access for review. All electronic and hard copy records were reviewed in presence of E2(Acting Director of Nursing/Clinical Specialist). Based on electronic and hard copy chart review, the following residents do not have a current physician assessment/certification in place: R1 with admission date of 9/16/24; R2 with admission date of 12/17/21; R4 with admission date of 3/8/24; and R7 with admission date of 1/22/24. On 2/4/26 1:56 pm E2(Acting Director of Nursing/Clinical Specialist) who participated in clinical record review of residents was asked for the physician assessments/certification of the sampled residents. E2 responded "we do not receive MD notes."	A4000		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 9 This Regulation is not met as evidenced by: Type 2 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. 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;	A4010		

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A4010	Continued From page 10 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. These Requirements are not met as evidenced by: Based on interview and clinical record review, facility failed to: Include required resident, and or representative and or nursing signatures on active service plan for 6 residents (R1, R2, R4, R5, R6, R7) out of 7 reviewed for compliance with service plan signatures; Update fall interventions for 2 residents (R1, R2) out of 3 reviewed for falls in a total sample of 7; and Include use, schedule and responsibilities of home health to treat pressure wound acquired in the facility and repositioning recommendations of home health for one resident (R2) out of 3 reviewed for health services provided in a total sample of 7. This failure has the substantial probability to affect all residents. Findings include: Based on license issued by the Illinois Department of Public Health, facility has undergone ownership change with effective date of 10/1/25. E1(Interim Acting Administrator/operations specialist with new	A4010		

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A4010	Continued From page 11	A4010		

facility management company) on 2/3/26 at 8:35 am reported the facility was also under new management company with E1 arriving to facility and taking over from the former administrator in December of 2025.

All service plans for selected sample R1 through R7 were forwarded and identified as the current active service plans by E2(Interim/Acting Director of Nursing) and reviewed with E2(Interim/acting Director of Nursing, Regional Clinical Director) and or E1(Interim Executive Director/Administrator).

Current Facility fall assessment policy with last revised date of 8/14/25 requires "any identified interventions to prevent falls will be placed on the resident's service plan." A fall investigation worksheet is to be placed with the service plan.

Based on the review, E1(Interim Administrator) and E2 were advised service plans were missing required signatures (, identification of health care needs with associated interventions for falls, wound care, identification of the "nurse" as administering medications, and in one case (R2) incorrect identification of R2 as requiring 2-person assist for mobility and transfer instead of one person assist.

The following was found during service plan and or fall assessment/investigation review:

Based on Facility nursing notes, and incident log, R1 has had falls on 2/3/25, 11/7/25, "RCA (resident care assistant) ...was witnessed, stated she was trying to get resident up from the recliner and she suddenly loss balance and was lowered to the floor ..." and 1/3/26 "noted sliding down on rollator walker," 1/7/26, "Walker got away from

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A4010	Continued From page 12 (R1), causing (R1) to lose balance and fall." Fall assessment of 11/1/25 under history documents "3 or more falls in the past 3 months," with R1 "alert and oriented x 3," "ambulatory and incontinent," with "poor vision (with or without glasses) and having a "balance problem while standing, walking, with decreased muscular coordination," "Change in gait pattern while walking through doorway," "unstable when making turns," "requiring use of assistive device/footwear," "presence of preexisting conditions or Disease," with equipment including "oxygen tubing" and "Walker." Based on these fall risk factors, R1 is at high risk for falls with a score of 22. Despite high risk for falls designation with documented gait instability and occurrence of falls, R1 service plan does not address falls as an area requiring service planning. The facility does have an intervention R1 "will use their assistive device to ensure safe movement throughout the community," but this intervention does not address all the risk factors R1 has for falls. In addition, nursing notes on 2 different occasions, 11/7/25 and 1/3/26, describe R1 as "slightly confused and intoxicated," and "resident noted drunk and intoxicated." Both these dates are associated with falls. Service plan does not address these factors which can be contributing to falls. Only 1 fall investigation worksheet dated 1/7/26 was forwarded for review with R1's service plan. Facility policy states a fall investigation worksheet will be placed with the service plan. The fall investigation worksheet for dates 1/3/26 and 11/7/25 were not forwarded with the service plan. It is in the worksheets that the facility has	A4010		

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A4010	Continued From page 13 documentation of Fall interventions. The separation of the fall interventions from the actual service plan or failure to forward the worksheets impedes clear understanding of how the facility is intervening in falls. In addition, because this worksheet is separate from the actual service plan what has been communicated and or agreed to by the resident and or resident representative is not clear. A service plan should be clear on what is communicated to the resident/resident representative. On 2/5/26 at 11:55 am R1 was using oxygen via nasal cannula continuously. R1's service plan of 11/1/25 has "oxygen physical assistance" documented as a "need" on page 5. Under goal "(R1) will appropriately maintain and care for oxygen equipment to ensure proper functioning." The intervention is for "Associate to provide physical assistance with maintaining and caring for oxygen equipment to ensure proper functioning. Associate to assist with turning oxygen on/off and with placement of nasal cannula." Oxygen Service plan does not provide sufficient detail to ensure proper care of equipment and does not identify what level of oxygen R1 is supposed to be on. On interview date of 2/5/26 at 11:30 am R1 stated she was on a bilevel positive airway pressure (BiPAP) machine at night. R1's service plan while acknowledging the use of the BiPAP equipment does not provide sufficient detail of correct set up or care of this equipment. Generic "associate" designation is used as person responsible for set up. Oxygen delivery systems are under the responsibility of a nurse.	A4010		

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A4010	Continued From page 14 On page 9 of R1's service plan, the only signature is from the former Director of Assisted Living, E5. Facility failed to obtain the resident's signature on this document. Based on nursing notes and Fall investigation worksheet, R2 has documented falls on 10/30/25, 11/7/25, 12/3/25, 12/6/25, and 12/13/25. In the fall worksheet for the 10/30/25 fall E5(former Director of Assisted Living) recommends interventions to "refer to physical therapy/occupational therapy for Strengthening" and "Quarterly PCP (Primary Care Physician) evaluation." Requested from E2(Acting Director of Nursing/Clinical Specialist) a list of residents who had received physical therapy since October to current. R2 is not listed as having received physical therapy since October. However, along with the home health documentation, E2 did include a course of physical therapy starting with notes on 3/26/25. A functional assessment is not included with these notes which are written by a physical therapy assistant(PTA). Some of the final notes from the PTA on 8/25/25 give reason for visit as "balance, strength, fall prevention." The 9/2/25 note references "fall precautions, transfer safety, gait endurance." The last 2 therapy notes are from 9/30/25 and 10/14/25. None of this documentation includes direction on R2's physical capabilities which would assist with the development of a service plan that mitigates the risk of a fall. E2 had also been asked for physician documentation and stated on 2/5/26 there were no physician notes available for review as the residents see their own physicians or the physician's group office downstairs. None of the	A4010		

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	ASL510082	A. BUILDING: _____ B. WING _____	02/17/2026

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A4010	Continued From page 15 interventions E5 had created for R2 have documentation to support their implementation. An 11/3/25 fall investigation worksheet refers to a fall at 1:31 pm. Nursing notes do not include documentation of any fall on 11/3/25. The fall worksheet includes use of a blood thinner, "apixaban" and describes the root cause of the fall as "sleeping too close to end of bed." On the 2nd page of this fall investigation worksheet E5 documents R2 as having "2 falls in the last 30 days" and a total of 5 falls in the last 31-180 days." The 11/7/25 fall at 5:30 am is documented as caused by "Slid off bed." Interventions are to "press pendant for caregiver assistance," "see pcp (primary care physician) "inform staff of any changes in condition." The 12/3/25 fall at 3:30 pm is because R2 "slid out of chair" and "did not use pendant for assistance." The intervention is for some companionship per day 1:1, therapy for strengthening and for R2 to "use pendant for immediate assistance with tasks." There is no documentation in the service plan of the use of a companion. On 12/6/25 R2 again "slid off chair." Number of falls listed in this fall investigation worksheet is incorrectly listed as "1." Number of falls within the last 31 - 180 days is also incorrectly listed as 0. A 12/13/25 fall investigation worksheet documents R2 "slid off chair." Root cause of the fall is listed as "extremity weakness, Dementia, Balance issues." There is no presented documentation listing R2 having dementia other than this worksheet. R2's clinical profile lists	A4010		

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A4010	Continued From page 16	A4010		

diagnosis of heart failure, stage 3 chronic kidney disease, hypothyroidism, depression atrial fibrillation and as listed in service plan of 6/17/25 has macular degeneration.

The listed interventions in the fall investigation worksheet for 12/13/25 is to "use pendant for assistance" and "refer to therapy to improve and strengthen."

Requested fall assessments on R2 from E2. No fall assessments were forwarded as required by facility policy. Fall assessment assist in identifying the fall risk factors to be addressed in the service plan.

E2(Acting Director of Nursing/Regional clinical specialist) forwarded the last active service plan as 6/17/25. The service plan was compared to the fall investigation worksheet documentation and discussed with E2(Acting Director of Nursing/Clinical Specialist) on 2/4/26 at 11:45 am. E2 stated, "Doesn't have a fall assessment. Nurse is supposed to complete assessment. No fall assessment. We do fall investigation with every fall. The fall of 12/13/25 at 5:26 pm, on apixaban. Resident apartment. No injury. Slid off chair. Intervention to refer to therapy. No order for physical therapy. 12/6/25 6:15 pm slid off chair. Try to sit back in chair. There should always be intervention on fall investigation sheet. No intervention for fall. 12/3/25 3:30 pm Trying sit back in chair and slid off chair. Need for companionship 1:1. Therapy to strengthen upper and lower extremities. Companion 3x/week. Varies. Not 24 hours 7 days a week. When started with companion, don't know. Hasn't started Physical therapy. Why? Don't know ..."

The fall assessment in combination with therapy

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A4010	Continued From page 17	A4010		

notes, and fall investigation worksheet should all work together to assist with the development of a fall service plan which addresses R2's fall risk. A 6/17/25 Change in condition documents R2 as "unable to complete MMSE (mini-mental state examination)" and "require(ing) assistance with decision making."

In reviewing the fall documentation key pieces of information are missing which form standard practice in managing residents health needs and developing a service plan which addresses the residents needs.

Beginning on 11/19/25 nursing notes for R2 "new open area to R (right) hip that is one centimeter long and one centimeter wide. Resident also has a painful bruise on her left side. Resident unsure how bruise or open area occurred. Physician notified of change in condition. NOD (nurse on duty) requested an order for home health. Awaiting return fax at this time." By 11/26/25 nurses are documenting, "area to right hip covered and cleansed with gauze this shift ...request for home health refaxed to physician. Resident educated on the importance of not lying on skin area and getting up out of bed."

By 12/5/25 nurses are continuing to document need for order for home health to evaluate and treat redness on right hip. Nurses are continuing to educate on the importance of turning off the right hip with R2 "vocalize (ing) understanding. Plan of Care in place."

The 1st documentation of a home health visit by home health for the pressure sore is on 12/31/25 in the facility nursing notes. On 1/2/26 Home health writes R2 has "wound to right trochanter stage 2 ..." On 1/5/26 home health describes

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A4010	Continued From page 18 R2's skin as "very thin and fragile" with measurements of "1 x 1 x 0" and redness around (illegible). By 1/12/26 the home health nurse in the "outside services documentation" for staff to "please reposition pt (patient, R2) every 2 hours to prevent wound from increasing." Home health recommendation to reposition every 2 hours is not included as an update in last forwarded service plan of 6/17/25. On page 5 of the service plan under heading "mobility and transfers" R2 is designated as a "2 staff assist with mobility/transfers." Based on interview with E6(Certified Nursing Assistant) on 2/5/26 at 11:00 am R2 is a 1 person assist. Service plan has not been updated to correctly address R2's service needs and does not have the required signatures of the nurse based on R2's need for medication administration and does not include the residents or resident representative signature. R4 service plan dated 12/1/25 on page 6 assesses R4 as needing "complete staff assistance administering medications ..." Service plan signature page does not include R4 and or resident representative signature and nurse signature as required when staff administer medications. R5 self administers medications and is independent in activities of daily living service plan of 1/27/26 does not include R5's signature and or those of anyone else who participated in the service plan meeting. R6 service plan of 9/26/25 documents R6 as requiring "associate" to administer medications. Service plan does not include R6's and a nurse's	A4010		

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A4010	Continued From page 19 signature. R7 service plan of 9/24/25 requires "associate" to administer medications. Nurse and resident signature are not included on the service plan as required. On February 11, 2026 at 10:22 am, E1(Interim Executive Director/Administrator) in an email stated, "We are aware that all the service plans that were completed do not have signatures and we are working on that project. In addition, we are also aware that our system does not include the items on the service plan that the state of IL requires and we are working with the company to make those changes ..."	A4010		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage a) An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service. d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed	A5000		

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A5000	Continued From page 20 staff may not administer any medication. (Section 70 of the Act) These Requirements are not met as evidenced by: Based on observation, interview and record review, the facility failed to: Ensure an order for oxygen was maintained current in the facility record and provide oxygen at a physician ordered level for 1(R1) resident out of 3 residents reviewed for orders; R1 has a diagnosis of Chronic Obstructive Pulmonary Disease and has high probability of negative consequences as a result of failure to administer oxygen as ordered. This failure has the substantial probability to affect all residents. This failure creates a substantial probability of harm to a resident or residents. Findings include: Based on license issued by the Illinois Department of Public Health, facility has undergone ownership change with effective date of 10/1/25. E1(Interim Acting Administrator/operations specialist with new facility management company) on 2/3/26 at 8:35 am reported the facility was also under new management company with E1 arriving to facility and taking over from the former administrator in December of 2025. Facility uses combination electronic clinical software program and hard copy clinical record. On entrance date of 2/3/26, requested access to electronic medical record. E1(Interim	A5000		

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A5000	Continued From page 21	A5000		

Administrator) reported that due to type of software used, user identification and password could not be created. E1 offered to print out necessary documents. Instead, requested E2(Interim Director of Nursing) access electronic record in real time and provide screen access for review.

R1 was admitted to the facility on 9/16/24 with diagnoses listed in hospital continuity of care document of 9/5/25 of Chronic Obstructive Pulmonary Disease, Heart failure with preserved Ejection Fraction, Obstructive Sleep Apnea, and Cerebral Vascular Accident. Assisted Living facility profile lists additional diagnoses of Major Depression, Dysphagia, Hyperglycemia, Oxygen dependence, Hearing loss, and Hypertension.

Born on 7/30/1940 R1 is 85 years old. R1 was alert and oriented to person, place, and time throughout interview of 2/5/26 from 11:30 am to 12:00 pm remaining in a non-exertional position seated on the couch throughout the interview. Portable oxygen concentrator was set at 7 liters. R1 reported oxygen concentrator should be at 3 liters and 7 is too high. Call light was activated.

At 11:58 am, E3(nurse) responds and is asked to check the oxygen concentrator level. E3 reported the oxygen level should be at 4 liters but looks like at 7 liters. E3 continues, "it should be nurses setting oxygen level. I'm not sure how got up to 7 liters. At 6:30 am or 7:00 am, it was fine, the level." R1 commented, "1st time I saw him (nurse)."

Electronic review of service plan dated 11/1/25 has limited information on oxygen utilization. Prescribed Oxygen setting is not included under Health "need" identified as "oxygen - physical

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A5000	Continued From page 22	A5000		

assistance." Under goal "Resident will appropriately maintain and care for oxygen equipment to ensure proper functioning." The listed intervention is for "Associate to provide physical assistance with maintaining and caring for oxygen equipment to ensure proper functioning. Associate to assist with turning oxygen on/off and with placement of nasal cannula." E2 was asked what was meant by "Associate" and reported it meant nurse. E2 was advised service plans should clearly define "nurse" responsibilities by title of "nurse" as associate could mean someone other than nurse.

After the service plan review, request was made for facility physician oxygen usage order from E2(Interim Director of Nursing/Regional Clinical Specialist). On 2/5/26 at 12:50 pm E1(interim administrator) stated facility did not have a policy on oxygen usage but that E2 was going to bring down the order. E2 did not forward an order for the oxygen but did forward document titled, "Continuity of Care Document," with a created date of 9/5/2025 written by Z1(hospital, internal medicine physician).
On page 1 of the 3 page document Z1 writes in part under heading "Assessment/Plan," (Oxygen) O2 saturation at 95% on 4 liters NC(Nasal Cannula) (baseline)."

E2 was advised this was not a facility order and reminded any transferring documentation needed to be approved by facility attending physician and should be written as an order in the facility record. In response, E2 forwarded a letter from Z2(Physician for R1) dated February 6, 2026 which documents R1 should be on 3 Liters of oxygen via nasal cannula while at rest and 5 liters of oxygen via nasal cannula with exertion.

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A9000	Continued From page 23	A9000		
A9000	Section 295.9000 Physical Plant	A9000		

This Regulation is not met as evidenced by:
Type 1 Violation

Section 295.9000 Physical Plant

a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments.

These Requirements are not met as evidenced by:

Based on interview and drill documentation, facility failed to comply with the NFPA requirement for a complete evacuation in 13 minutes or less. This deficient practice has probability of affecting all (69) residents residing in the facility. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

Based on license issued by the Illinois Department of Public Health, facility has undergone ownership change with effective date of 10/1/25. E1(Interim Acting Administrator/operations specialist with new facility management company) on 2/3/26 at 8:35 am reported the facility was also under new management company with E1 arriving to facility

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A9000	Continued From page 24 and taking over from the former administrator in December of 2025. On entrance date of 2/3/26 facility administrator (E1) forwarded a resident roster showing 69 residents living in this assisted living facility. Establishment notification form dated 2/3/26 includes request for facility to documentation of "all resident evacuation." On 2/3/26 at 10:21 am E4 (Maintenance Director) in charge of disaster preparedness drills in the presence of E1(Administrator) stated, "A little over 2 years in this building ...We have not done a complete evacuation in 13 minutes or under."	A9000		