STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6020453	A. BUILDING: _____ B. WING _____	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN ROSE SENIOR LIVING	700 EAST OAK STREET LAKE IN THE HILLS, IL 60156

(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 Licensure Survey conducted. Violations: Section 295.2040 c) h) Disaster Preparedness Section 295.3000 b) Personnel Requirements, Qualifications and Training Section 295.3020 c) Employee Orientation and Ongoing Training Section 295.4050 Tuberculin Skin Test Procedures	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Annual Licensure Survey Entry 2/17/26, Exit 2/17/26 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: ... 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	A2040		

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A2040	Continued From page 1 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 follow their policy and state regulation when they did not ensure at least two of the drills were conducted during the night when residents were asleep. They failed to ensure drill evaluations noted the names of employees that participated in the drill and identified any residents who received assistance for evacuation. This has the probability to affect all residents that reside in the establishment. The failure to conduct drills during hours of sleep creates a substantial probability of severe harm to a resident or residents and staff, in that emergency situations can occur during any time of the day, and if staff did not practice how to respond to and manage cognitively and mobility impaired residents awakened out of sleep, lack of preparedness may increase the risk of injury or death. The findings include: On 2/17/26, Fire and Tornado drills were reviewed. -There was no documentation to show two drills conducted during hours of sleep. The establishment policy titled "Fire Plan" (no date) showed, "...Drills will be conducted bi-monthly, will all residents and on-site staff, no	A2040		

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A2040	Continued From page 2 less than (six) times per year, (two) of which will be at night during sleeping hours ..." -The drill evaluation for 10/24/25 did not give the names of employees that participated in the drill. -The drill evaluations for 4/14/25, 6/24/25, 8/27/25, 10/24/25, and 12/22/25 did not identify the residents who received assistance for evacuation. On 2/17/26 at 12:22 PM, E2 (Director of Operations) confirmed the findings.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training ... b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004)	A3000		

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A3000	Continued From page 3 This requirement was not met, as evidenced by: Based on interviews and record review, the establishment failed to have at least one direct care staff person, with proper CPR certification, on duty at all times. This applies to 3 of 13 employees (E10, E11, E12) reviewed for this requirement and has the probability to affect all residents that reside in the establishment. This creates a substantial probability of severe harm to a resident or residents, in that in the event of a medical emergency it cannot be ensured that there is a qualified direct care staff person on duty to adequately or correctly provide CPR. The findings include: On 2/17/25, direct care staff CPR certifications were reviewed and compared to the Nursing and Caregiver schedules for December 2025 to February 2026. E10's (Caregiver) CPR certification card, effective 5/31/23, did not indicate return demonstration was part of the course, as state regulation requires. The course website https://www.cpr.io/courses/cpr/ was reviewed and showed the course was on-line only. For this reason, E10 was not factored as part of direct staff CPR certified coverage. E11's (Caregiver) CPR certification card, effective 8/29/25, and E12's (Caregiver) CPR Certification card, effective 3/31/25, did not indicate return demonstration was part of the course, as state regulation requires. The course website https://nationalcprfoundation.com/support/ was reviewed and showed the course was on-line only. For this reason, E11 and E12 were not	A3000		

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A3000	Continued From page 4 factored as part of direct staff CPR certified coverage. The following dates/times could not be verified for a direct care CPR certified staff person on duty: December 2025 7:00 PM-7:00 AM - days 9-12, 15-26, and 29-30 January 2026 7:00 PM-7:00 AM - days 1-2, 5-9, 12-16, 19-23, and 26-31 February 2026 7:00 PM-7:00 AM - days 2-6, 9-13, and 16-17 On 2/17/26 at 3:06 PM, concerns were reviewed with and confirmed by E2 (Director of Operations) and E3 (Operations), and they were given the opportunity to provide further documentation. The above dates/times could not be verified after all documentation was presented.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 3 Violation Section 295.3020 Employee Orientation and Ongoing Training ... c) Each manager and direct care staff member shall complete a minimum of 8 hours of	A3020		

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A3020	Continued From page 5 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; 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 managers and direct care staff members completed a minimum of eight hours of ongoing training, within the 12 months after their starting date of employment or training included the required topics. This applies to 5 of 9 employees (E1, E2, E3, E7, E8) reviewed for this requirement. The findings include: On 2/17/26, employee records were reviewed. There was no documentation to show E1	A3020		

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A3020	Continued From page 6 (Administrator) completed the required eight hours of ongoing training. On 2/17/26 at 12:22 PM, E2 (Director of Operations) confirmed, there was no documentation and will be sure it is completed going forward. The following employees' ongoing training did not include the noted training topics or was not completed within the 12-month period from the date of employment: -E2 - review period 2/1/25-1/31/16: Assisting residents in self-administering medications. On 2/17/26, E2 offered certificates of completion for Medication Safety Basics, dated 2/17/26, and Medication Management - Clinical, 2/17/26, but they were not completed within the review period. -E3 (Operations) - Review period 6/15/24-6/14/25: Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights Disaster procedures Hygiene and infection control Assisting residents in self-administering medications Abuse and neglect prevention and reporting requirements Assisting residents with activities of daily living E2 provided E3's Transcript Report and certificate of completion for Medication Safety Basics, but all provided training was completed on 2/17/26, after	A3020		

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A3020	Continued From page 7 the review period. -E7 (Caregiver) - Review period 7/18/24-7/17/25: Assisting residents in self-administering medications Assisting residents with activities of daily living -E8 (Caregiver) - Review period 4/5/24-4/4/25: Assisting residents in self-administering medications On 2/18/26 at 3:06 PM, concerns were reviewed and confirmed with E2 and E3.	A3020		
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 Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease	A4050		

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A4050	Continued From page 8 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 ... 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)	A4050		

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A4050	Continued From page 9 This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to follow their policy and state regulation when they did not administer an entry TB test for a new resident. This applies to 1 of 3 residents (R3) reviewed for this requirement. This has the probability to affect all residents that reside in the establishment and creates a substantial probability of harm to a resident or residents, in that it poses an undue risk of infection. The findings include: On 2/17/26, resident records were reviewed. There was no documentation to show R3 was administered an entry TB test. R3's medical record showed R3 moved into the establishment on 8/4/25. R3's Physician Certification, dated 7/17/25, was marked that an assessment was completed as to the presence or absence of TB, with "sent order" written next it, but no TB test was attached. R3's TB Symptom Screen Questionnaire was completed on 8/4/25. No TB test was provided. On 2/17/26 at 2:51 PM, E1 (Director of Operations) confirmed R3 did not have an entry TB test. The establishment policy titled IC14 - Tuberculosis (TB) Infection Control Plan (no date) showed: Procedure: ...8) TB Screening: ...b)iii) All residents in non-acute care residential health	A4050		

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A4050	Continued From page 10 care settings serving high-risk groups shall obtain a TB screening test within seven days after admission ...	A4050		