STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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A 000	Initial Comment Annual Licensure Survey conducted on May 30, 2025 The following violations were cited: 1. Section 295.2050 Incident and Accident Reporting- a) b) c) 2. Section 295.3000 Personnel Requirements, Qualifications and Training - a) h) 1) 2) 3)7) 3. Section 295.4010 Service Plan - a) b) d) e) g) A) C) 2) 3) 5) h) 4. Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage - a) b) 1) 2) 3) c) 1) 2) 3) 4) 5) 6) 7) d)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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A2050	Continued From page 1	A2050		

of the incident or accident.
c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident.

These requirements are not met as evidenced by:

Based on observation, interview and record review, the facility failed to document and investigate an unwitnessed incident of R1.

This failure resulted in R1 sustaining a skin tear on the left leg that requires treatment and services from outside provider.

Findings include:

Medical record documents R1 is 93 years old and admitted to the facility on 3/1/24 with diagnosis including cellulitis, hypertension, and metabolic encephalopathy. R1 ambulates with her wheelchair independently. Service plan dated 2/21/25 assesses R1's cognition as confused and forgetful at times as well as alert and oriented.

Observation notes written by E3 (home care manager, caregiver) dated 5/14/25 at 11 AM state "cna noticed skin tear on left leg. Resident (R1) doesn't know what happened. I reached out to home health nurse and she is sending someone to check it out."

E2 (nurse) stated on 5/20/25 at 2:40 PM that she did not know what caused R1's the skin tear. E2 stated she spoke with E3 and E3 said she also did not know what happened to cause the skin tear to R1's left lower leg. E2 stated no incident report had been completed. Consequently, no investigation was conducted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) h) The establishment shall have sufficient personnel to provide the following for its current resident population: 1) All mandatory services; 2) Services established in each resident's service plan; 3) Service to meet the needs of each resident, including 24 hour scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis; 7) Any optional services to be provided by the establishment as stated in the service plan. Based on observation, interview and record review, the facility failed to: 1. Have qualified staff to conduct a preadmission assessment for residency requirements. 2. Administer medications requiring monitoring for the effectiveness, side effects and to obtain	A3000		

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	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A3000	Continued From page 3	A3000		

required base line assessment prior to medication administrations.
3. Development and implementations of an individualized interventions based on the identified needs of the residents.
4. Submit a complete incident report to the Department to include findings/ diagnosis and to submit 2nd and final report to the Department within 14 days.

These failures resulted in:
- Unqualified staff (Care Givers/Resident Assitants) providing services to residents.
- Noncompliance with the regulatory requirements in reporting and investigating unwitnessed incidents.

The findings include:

Medical record documents R1 is 93 years old and admitted to the facility on 3/1/24 with diagnosis including cellulitis, hypertension, and metabolic encephalopathy. R1 ambulates with her wheelchair independently. Service plan dated 2/21/25 assesses R1's cognition as confused and forgetful at times as well as alert and oriented. Observation notes written by E3 (home care manager, caregiver) dated 5/14/25 at 11 AM state "cna noticed skin tear on left leg. Resident (R1) doesn't know what happened. I reached out to home health nurse and she is sending someone to check it out."

E2 (nurse) stated on 5/20/25 at 2:40 PM that she did not know what caused R1's the skin tear. E2 stated she spoke with E3 and E3 said she also did not know what happened to cause the skin tear to R1's left lower leg. E2 stated no incident report had been completed. Consequently, no investigation was conducted. There was no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A3000	Continued From page 4	A3000		

further documentation in R1's medical record related to the injury including appearance and treatment of the skin tear. When asked what type of care and services are provided when a resident exhibits a change in condition, E2 stated there is not appropriate staff to render clinical care other than to call home health for evaluation or call the family. Of course, 911 would be called in the event of emergency or fall, said E2.

E4 (Lead care giver) stated on 5/21/25 at 2:15pm that if a resident has any type of fall, injury or change in condition they cannot assess any kind, including taking vital signs. E4 stated they would have to have a physician order to take a blood pressure or pulse. 'We cannot be involved in providing any type of medical care. We would call 911' said E4.

E2 (nurse) is the only nurse employed at the facility and works on a part time basis, 3days/week, 7 hrs/day.

- On May 22nd, 2025, at 2:00 PM, E3 (Home care Director/Care Giver), explain the preadmission assessment process of the establishment. E3 stated, "myself and/or my assistant (E4/ Lead CNA) will go to the hospital or to the rehab center to see the condition of the potential resident and we determine whether they qualify for our community or not. No, we are not nurses! We only have one part time Nurse that comes three times a week."

- On May 22, 2025, at 3:03 PM, E2 (Part time Nurse) stated, "if a resident go out for an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A3000	Continued From page 5 appointment, comes back with a new order or changes in treatment/services, no one will know that. That's why our residents and families are educated to bring back paper works after outside visits. If I am not here, that order will wait until I come back (Monday's, Wednesday's and Friday's). - E2 (Part time Nurse) also confirmed that the Resident Assistant's does not take vitals for residents on cardiac medication because the Resident Assistants are not clinicians. E4 (Lead CNA) express, "we are not clinical!" - The reportable incidents submitted to the Department for 3 months (January- April 2025) shows these reports does not identify the type of injury/injuries residents sustained and failed to conduct an investigation and submit the second/final report to the Department.	A3000		
A4010	Section 295.4010 Service Plan 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.	A4010		

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	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A4010	Continued From page 6 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. 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: A) assistance with activities of daily living. 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. 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 establishment. Based on interview and record review, the facility failed to:	A4010		

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	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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A4010	Continued From page 7 1. Identify the risk factors and to develop and implement interventions specific to the need of the residents. 2. Identify the frequency of the services provided and to include an interdisciplinary team approach with the residents plan of care. 3. Implement a coordinated services with the outside provider. The findings include: - Medical record documents R1 is 93 years old and admitted to the facility on 3/1/24 with diagnosis including cellulitis, hypertension, and metabolic encephalopathy. Observation notes written by E3 (home care manager, caregiver) dated 5/14/25 at 11 AM state "cna noticed skin tear on left leg. Resident (R1) doesn't know what happened. I reached out to home health nurse and she is sending someone to check it out." Home health wound note dated 5/15/25 identifies a left medial leg wound from trauma measuring 4,0cm x2.0 cm x 0.1cm with a small amount of serous drainage. The subsequent wound note dated 5/19/25 documents the same wound to be 3.3cm x 2.3 x 0.1cm with small amount of serous drainage. The accompanying home health assessment dated 5/19/25 documents R1 is high risk for falls, has muscle weakness, poor balance, unsteady gait, and fatigue/weakness. R1 was observed to be alert and oriented on 5/21/25PM sitting in her wheelchair. A 4 x 4 gauze dressing was observed on the left lower shin. When asked how she obtained the injury, R1 stated she fell outside on the patio.	A4010		

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	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A4010	Continued From page 8 R1's service plan dated 2/21/25 has not been revised to identify R1's high fall risk with interventions nor does the service plan identify R1's recent skin tear and the services provided by home health. - R5 moved in the establishment on April 10, 2025, with diagnosis to include end stage renal disease, diabetes mellitus type 2 and osteoarthritis. On May 21, 2025, at 11:10 AM, R5 was identified as a "dialysis" resident. R5's Service plan dated April 18, 2025, read: On dialysis two days a week and receive transportation via the establishment bus. R5 Service plan does not include any interventions to address the possible complications, safety and emergency interventions and coordination of services from the outside provider. These finding were discussed and confirmed by E2 (Nurse) and E1 (Executive Director) on May 22, 2025 at 3:30 PM.	A4010		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: General Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage a) An establishment may provide medication	A5000		

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	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A5000	Continued From page 9	A5000		

reminders, supervision of self-administered medication, and medication administration as an optional service.
b) Medication reminders include:
1) Reminding residents to take pre-dispensed, self-administered medication.
2) Observing the resident; and
3) Documenting whether or not the resident took the medication.

c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional.

1) Reminding residents to take medication.
2) Confirming that residents have obtained and are taking the dosage as prescribed.
3) Reading the medication label to residents.
4) Checking the self-administered medication dosage against the label of the medication.
5) Opening the medication container for a resident who is physically unable to do so
6) Confirming that residents have obtained and are taking the dosage as prescribed; and
7) Documenting in writing that the resident has taken (or refused to take) the medication.

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 staff may not administer any medication.
(Section 70 of the Act)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A5000	Continued From page 10 Based on observation, interview and record review, the facility failed to: 1. Develop a policy and procedures to address and define the different types of medication administration and the procedures corresponding to the specific system. 2. Conduct a comprehensive medication assessment prior to placing residents in specific program. 3. Have a system in place in monitoring resident's compliance. 4. Have qualified staff in providing/assisting residents with their medications. These failures resulted in: a. Residents receiving medications to include narcotics through an unqualified staff (Resident Assistants). b. A base line assessment (residents on cardiac meds) not conducted, medication side effects and possible medication complications and residents' compliance unmonitored. The establishment identified: - Nine (9) residents (R5, R6 and R21 through R27) doing self-medication administration. - Fourteen (14) residents on medication reminder (residents with "Kodo pack" (R3, R7 through R20)." The findings include: On May 21, 2025, at 11:10 AM, upon request (Executive Director) presented a blank Physician assessment form. Under Medication section (page 2 of 4) shows the following: - Independent, - Needs assistance.	A5000		

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	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERS OF SHOREWOOD	1100 N RIVER RD SHOREWOOD, IL 60404

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A5000	Continued From page 11 - Needs medication box set up. E1 (Executive Director) was unable to present medication policy and procedure as well as a self-administration medication assessment to ensure safety, compliance, and independence with the task. E1 explained "we do not have policy and procedures or any assessment! (prior to placing residents on specific program)." E1 stated, "they have a doctors order upon admission." No actual assessment or form to identify the cognitive or functional ablity of each resident. On May 21, 2025, at 11:46 AM, E3 (Home Care Director/Resident Assistant) stated, "we do not have a full time, Nurse. There's only one part time Nurse (E4) that comes in three times a week but, the Resident Assistants basically assist and remind residents in regard to their medications." The establishment identified the following: 1. Self-medication administration, with nine (9) residents (R21 through R27, R5 and R6). 2. Medication reminders (residents with "Kodo Pack") consist of fourteen residents (R7 through R20 and R3). 3. R3 on insulin and R13 on narcotic medication. On May 21, 2025, at 2:00 PM, E4 (Lead Resident Assistant- 1st shift) showed and explained the establishment process in assisting residents with their medications. - Self-Medication Administration/ "medication planner". Nine (9) residents (R21 through R27, R5 and R6). "The medications of the residents that administer their own are kept in an unlocked cabinet. Some of them the family or the Nurse will organize the pill box. We do not know what medications they are on. No, we are not sure if they are taking their	A5000		

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A5000	Continued From page 12	A5000		

medications. We do not do anything for them."
- Medication reminders.

There are 14 residents identified. They are listed as residents with "kodo packs." The medications are supplied by the pharmacy. The medications were in the residents locked kitchen drawer. The medications are packed in a sealed plastic bag, labeled with the medication name and administration time; the packs include varying numbers of medications (one or more).

E4 stated, "the supply is usually good for two to three weeks!"

E4 continued to explain, "We unlocked the cabinet (where the medications are kept), bring out all the medications due, we open the sealed medication pouches, we pour the medications to a medication cup, hand to the resident the medications and a cup of water."

On May 22, 2025, at 2:52 PM, E2 (RN- Part Time) stated, "I only work three times a week (Monday's, Wednesday's, and Friday's), seven hours from 8:00 AM to 3:00 PM. No, I do not administer medications, the Resident Assistant's do that!" The medication administration records were requested but were not provided for this survey

E2 explained that the establishment has a resident (R13) receiving narcotics for pain management. Hydrocodone- Acetaminophen (Norco 10-325 mg) to be administered every eight hours is prescribed. E2 explained that the Narcotic box is in E3's office (Home care Director/Resident Assistant), then it's stored in another locked cabinet and the Resident Assistant's Supervisors (non license staff) will administer it."

E2 also confirmed that the Resident Assistant's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510371	A. BUILDING: _____ B. WING _____	05/30/2025

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A5000	Continued From page 13 does not take vitals for residents on cardiac medication because the Resident Assistant's are not clinicians; There's no periodic or scheduled assessment that the establishment is conducting to verify the continued level of residents medication assistance or independence.	A5000		