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AUTUMN FIELDS ADULT COMMUNITY	325 E ORANGE ST HOOPESTON, IL 60942

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A 000	Initial Comment Annual Licensure Survey 295.2000 a) 295.2040 c) 1-3) d) 295.3000 a) 2) B) 3) 4) m) 295.3020 a) 1-6) b) 1-6) c) 2) 295.3040	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type One Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) Based on observation, interview, and record review the establishment failed to ensure adequate staffing to meet the the needs of one (R2) of three residents reviewed for residency requirements. This failure caused severe harm to R2 and creates a substantial probability of continued harm to R2. Findings include:	A2000		

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A2000	Continued From page 1	A2000		

R2's service plan dated 11/19/25 documents admission to the establishment on 1/19/22.

R2's medical record documents diagnoses of a history of stroke, Type II Diabetes Mellitus, Dementia, and Falls with injuries.

The establishment provided fall log documents R2's falls dated: 3/31/25, 8/11/25, 9/22/25, 10/13/25, 11/1/25, 11/2/25 and again on 11/2/25.

R2's incident and accident report dated 3/31/25 documents R2 fell in his bedroom and did not know how it occurred.

R2's incident and accident report dated 8/11/25 documents R2 became unresponsive and was assisted to the floor in his bedroom.

R2's incident and accident report dated 9/22/25 documents R2 fell in the shower because he did not use the non-slip mat. No pendant use.

R2's incident and accident report dated 10/13/25 documents that R2 fell trying to move something and hit the recliner as he was going down. No pendant use.

R2's local hospital notes dated 10/21/25 document that R2 was treated for fractured ribs.

R2's incident and accident report dated 11/1/25 documents that R2 fell in his bathroom . No use of pendant.

R2's incident and accident report dated 11/2/25 documents that R2 fell at 12:00AM and R2 was on the floor in his bedroom. No use of pendant.

R2's incident and accident report dated 11/2/25 at

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A2000	Continued From page 2	A2000		

8:45PM R2 was found laying on his bedroom floor. R2 was sent to the local hospital.

R2's local hospital notes dated 11/5/25 to 11/13/25 document R2 was admitted post fall with a subarachnoid hemorrhage and cognitive changes.

E2 Licensed Practical Nurse confirmed that R2 has recently had a brain bleed and broken ribs due to falls at different times.

On 1/20/25 at 1:25PM, R2 was sitting in his room. R2 speaks very little, but is pleasant. R2 has a strong odor of urine.

On 1/20/26 at 2:30PM, R2 was asked where his call button/pendant was located and he stated that he did not know. R2 looked around the room with confusion. E1 Executive Director showed R2 that his call pendant was around his neck. R2 could not answer basic questions nor recall safety measures. R2's walker was not readily available.

On 1/20/26 at 2:50PM, E1 Executive Director stated, "He can't remember to press his button or even choose to do it. He has declined a lot."

On 1/20/26 at 2:20PM, E2 Licensed Practical Nurse stated that she has had discussions with R2 and his daughter about his decline but they both want to remain in the establishment.

On 1/20/26 at 2:15PM, E2 Licensed Practical Nurse stated that with the staffing that the facility provides, including one staff member for 35 residents at night, they cannot keep R2 safe and R2 continues to fall and injure himself.

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A2040	Continued From page 3	A2040		
A2040	Section 295.2040 Disaster Preparedness	A2040		

This Regulation is not met as evidenced by:
Type Two 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:

1) Ensure that all personnel on all shifts are trained to perform assigned tasks;

2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;

3) Evaluate the effectiveness of disaster plans, procedures and training.

d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.

Based on interview and record review the establishment failed to conduct six bimonthly fire drills and a tornado drill on each shift during February. These failures create a substantial probability of harm to all 35 residents.

Findings include:

The establishment provided fire drill documentation for the past twelve months include drills on 1/22/25 at 11:34AM, 3/12/25 at 6:38AM,

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A2040	Continued From page 4 3/12/25 at 12:59PM, 5/27/25 at 9:00AM, 5/27/25 at 1:30PM, 8/15/25 at 2:00PM, 10/3/25 at 1:30PM, 11/26/25 at 11:00AM, 12/22/25 at 9:15PM and 12/22/25 at 11:15PM. The establishment provided tornado drill was documented on 2/25/25 at 1:00PM. No other tornado drills on other shifts were provided. On 1/20/26 at 3:00PM, E1 Executive Director confirmed that every other month fire drills, nor tornado drills on every shift in February were completed over the past twelve months.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type Two 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) 2) Documentation of: B) Employee orientation; and f) In addition to the information required in subsection (e) of this Section, the file for each	A3000		

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A3000	Continued From page 5 direct care employee shall contain documentation of: 3) Compliance with the Health Care Worker Background Check Act; and 4) Documentation that the employer has checked the status of the employee with the Nurse Aide Registry. m) The establishment shall check the status of all applicants with the Nurse Aide Registry prior to hiring. The establishment is prohibited from hiring any individual who has a finding of abuse, neglect, or misappropriation of property on the Nurse Aide Registry. Based on interview and record review the establishment failed to ensure that health care worker background checks, nurse aide registry checks, employee orientations, and fire extinguisher/disaster training were completed for five (E1, E2 License Practical Nurse, E3 Cook, E4 and E5 Certified Nursing Assistants) of five employees reviewed for personnel requirements, qualifications, and training. These failures create a substantial probability of harm to all 35 residents. Findings include: The establishment provided employee roster documents E1 Executive Director was hired on 8/14/23, E2 Licensed Practical Nurse was hired on 12/3/21, E3 Cook was hired on 10/16/25, E4 Certified Nursing Assistant was hired on 8/22/25, and E5 Certified Nursing Assistant was hired on 9/8/25. Employee files were reviewed for E1 Executive	A3000		

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A3000	Continued From page 6 Director (ED), E2 Licensed Practical Nurse (LPN), E3 Cook, E4 and E5 Certified Nursing Assistants (CNA). During this review, health care worker background checks and health care worker registry checks could not be located for E3, E4, nor E5. Additionally, employee orientations were not available for E2 LPN, E4 CNA and E5 CNA and fire extinguisher/disaster training was not available for E1 ED, E2 LPN, E3 Cook, E4 nor E5 CNAs. On 1/20/26 at 2:00PM, E1 Executive Director (ED) confirmed that no background checks nor health care worker registry checks were completed for E3 Cook, E4 and E5 Certified Nursing Assistants (CNAs). E1 ED then confirmed that no employee orientation could be located for E2 LPN, E4 CNA, nor E5 CNA. Finally, E1 confirmed that no fire/disaster training during orientation was completed for E1 ED, E2 LPN, E3 Cook, E4 CNA, nor E5 CNA.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type Two Violation Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and	A3020		

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A3020	Continued From page 7 goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents; 2) The significance and location of resident service plans; 3) Internal establishment requirements and the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. 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 8 ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 2) Disaster procedures; Based on interview and record review the establishment failed to ensure that employee orientations, and fire extinguisher/disaster training were completed for five (E1, E2 License Practical Nurse, E3 Cook, E4 and E5 Certified Nursing Assistants) of five employees reviewed for employee orientation and ongoing training. These failures create a substantial probability of harm to all 35 residents. Findings include: Employee files were reviewed for E1 Executive Director (ED), E2 Licensed Practical Nurse (LPN), E3 Cook, E4 and E5 Certified Nursing Assistants (CNA). During this review, employee orientations were not available for E2 LPN, E4 CNA and E5 CNA and fire extinguisher/disaster training was not available for E1 ED, E2 LPN, E3 Cook, E4 nor E5 CNAs. The establishment provided employee roster documents E1 Executive Director was hired on 8/14/23, E2 Licensed Practical Nurse was hired on 12/3/21, E3 Cook was hired on 10/16/25, E4 Certified Nursing Assistant was hired on 8/22/25, and E5 Certified Nursing Assistant was hired on 9/8/25. On 1/20/26 at 2:00PM, E1 Executive Director (ED) confirmed that no employee orientation could be located for E2 LPN, E4 CNA, nor E5 CNA. Finally, E1 confirmed that no fire/disaster	A3020		

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A3020	Continued From page 9 training during orientation was completed for E1 ED, E2 LPN, E3 Cook, E4 CNA, nor E5 CNA and that these documents should have been completed.	A3020		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type Two Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. Based on interview and record review the establishment failed to obtain health care worker background checks for three (E3 Cook, E4 and E5 Certified Nursing Assistants) of five staff reviewed for health care worker background checks. These failures create a substantial probability of harm to all 35 residents. Findings include: The undated establishment provided resident roster documents: 1. E3 Cook was employed by the establishment on 10/16/25. 2. E4 Certified Nursing Assistant was employed by the establishment on 8/22/25. 3. E5 Certified Nursing Assistant was employed by the establishment on 9/8/25.	A3040		

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A3040	Continued From page 10 A review of E3, E4 and E5's personnel files did not document any document health care worker background checks. On 1/20/26 at 2:00PM, E1 Executive Director confirmed that no health care worker background checks were completed for E3 Cook, E4 or E5 Certified Nursing Assistants and that they should have been done for resident safety.	A3040		