STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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 Facility Reported Incident : #199842-Substantiated; no deficiencies written. #200171-295.6000a)1) Complaint Investigation Survey: #200196- 295.2000a)1) 295.4060a)b)c) 295.6000a)1) 295.6010a)1)2)b) #200224- 295.2000a)1) 295.4060a)b)c) 295.6000a)1) 295.6010a)1)2)b) #200378-Substantiated. Refer to FRI#200171 exited 2.18.26.295.6000a)1)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: TYPE 1 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)	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A2000	Continued From page 1 1) The person poses a serious threat to himself or herself or to others; This requirement was NOT MET as evidenced by: Based on observation, record review and interview, the establishment failed to ensure that a resident met the requirements for admission or continued residency (R4). This involves 2 of 3 residents reviewed (R3,R4). This failure resulted in R3 being physically abused under reasonable suspicion, by R4. This failure has the substantial probability to affect all residents. This failure creates a substantial probability of severe harm to a resident or residents. Findings Include: R3's Record review done on 2/17/26 at 2:00 PM showed R3 was an 83 years old female admitted on 5/2/25 with diagnoses to include Parkinson's disease, dementia, orthostatic hypotension and hypothyroidism. R3's service plan dated 10/10/25 showed R3 is on hospice care and that she required total assist for ADLs. R4's record review done on 2/17/26 at 2:45 PM showed R4 was an 84 year old female admitted on 1/13/26 with diagnoses to include Alzheimer's disease, dementia, anxiety, depression and osteoporosis. R4's service plan dated 1/13/26 showed R4 required one person stand-by assist for ADLs. On 2/17/26 at 12:20 PM E11 (RA) stated E11 and E13 (RA) were in the hallway and at about 10:45 PM they both heard R4 screaming and saying	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A2000	Continued From page 2	A2000		

something like 'how am I supposed to get her (R3) up'. R4 at that time was in the common area of the apartment. E11 stated when E11 and E13 entered R3's room, they found a pillow on R3's face, halfway. At this time, R3 had only one pillow under her head. E11 (RA) stated she had done her rounds about an hour ago and had placed three pillows under R3's head. E11 stated R3 was not capable of removing a pillow from under her head and placing it on herself. E11 stated when R3 saw E11 R3 reported that someone tried to kill her. E11 stated she reported the matter to the nurse on duty (E12-LPN). E11 stated R4 was capable of standing on the floor mat next to R3's bed and placing that pillow on R3. E11 stated R4 often forgets to use her walker and walks without any assistive devices. E11 stated, R3 and R4 were placed in separate rooms for that night. E11 stated R4 has 'sundowning symptoms' and R4 gets more agitated in the evenings than during days. E11 stated last week, E11 witnessed R4 pushed her walker at another resident.

On 2/18/26 at 12:30 PM E5 (RA) stated R3 was not able to pull a pillow from under her head on her own. R3 cannot move her hand like that. If there was a pillow on her chest or mouth or face, someone else put it there.

On 2/14/26 at 10:54 AM, E7 (RA) stated she heard from co-workers that R4 attempted to smother R3 with a pillow.

On 2/14/26 at 11:23 AM E3 (NDMC-Nursing Director for Memory Care) stated a day or two after admission R4 was walking around and saying out loud "I'll hurt myself, I'll hurt you". E3 stated R4 had lot of adjustment issues in the initial couple weeks of her admission and this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A2000	Continued From page 3 happened during that time. E3 stated R4 does not know what she is doing. R4 was angry that she was in this establishment and not home. E3 stated during the initial days of admission, R4 would stand near the exit most of the time. E3 stated she did not document the allegation because there was no witness to the action of 'smothering'. E3 stated if nobody saw we cannot prove that the incident happened. On 2/18/26 at 2:30 PM, E1 (Executive Director) and E2 (Resident Care Director) during an interview, the above findings were confirmed.	A2000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.4060 Alzheimer's and Dementia Programs (a) of the Act) b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident 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 150(b) of the Act) c) No persons shall be accepted for residency or remain in residence if the person's mental or	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A4060	Continued From page 4 physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the Act) This requirement was NOT MET as evidenced by: Based on observation, record review and interview, the establishment failed to ensure that resident (R3) was safe from another resident (R4). This involves 2 of 3 residents reviewed (R3,R4). This failure resulted in R3 being physically abused under reasonably suspicion, by R4. This failure has the substantial probability to affect all residents. This failure creates a substantial probability of severe harm to a resident or residents. Findings Include: R3's Record review done on 2/17/26 at 2:00 PM showed R3 was an 83 years old female admitted on 5/2/25 with diagnoses to include Parkinson's disease, dementia, orthostatic hypotension and hypothyroidism. R3's service plan dated 10/10/25 showed R3 is on hospice care and that she required total assist for ADLs. R4's record review done on 2/17/26 at 2:45 PM showed R4 was an 84 year old female admitted on 1/13/26 with diagnoses to include Alzheimer's	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A4060	Continued From page 5	A4060		

disease, dementia, anxiety, depression and osteoporosis. R4's service plan dated 1/13/26 showed R4 required one person stand-by assist for ADLs.

On 2/17/26 at 12:20 PM E11 (RA) stated E11 and E13 (RA) were in the hallway and at about 10:45 PM they both heard R4 screaming and saying something like 'how am I supposed to get her (R3) up'. R4 at that time was in the common area of the apartment. E11 stated when E11 and E13 entered R3's room, they found a pillow on R3's face, halfway. At this time, R3 had only one pillow under her head. E11 (RA) stated she had done her rounds about an hour ago and had placed three pillows under R3's head. E11 stated R3 was not capable of removing a pillow from under her head and placing it on herself. E11 stated when R3 saw E11 R3 reported that someone tried to kill her. E11 stated she reported the matter to the nurse on duty (E12-LPN). E11 stated R4 was capable of standing on the floor mat next to R3's bed and placing that pillow on R3. E11 stated R4 often forgets to use her walker and walks without any assistive devices. E11 stated, R3 and R4 were placed in separate rooms for that night. E11 stated R4 has 'sundowning symptoms' and R4 gets more agitated in the evenings than during days. E11 stated last week, E11 witnessed R4 pushed her walker at another resident.

On 2/18/26 at 12:30 PM E5 (RA) stated R3 was not able to pull a pillow from under her head on her own. R3 cannot move her hand like that. If there was a pillow on her chest or mouth or face, someone else put it there.

On 2/14/26 at 10:54 AM, E7 (RA) stated she heard from co-workers that R4 attempted to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A4060	Continued From page 6 smother R3 with a pillow. On 2/14/26 at 11:23 AM E3 (NDMC-Nursing Director for Memory Care) stated a day or two after admission R4 was walking around and saying out loud "I'll hurt myself, I'll hurt you". E3 stated R4 had lot of adjustment issues in the initial couple weeks of her admission and this happened during that time. E3 stated R4 does not know what she is doing. R4 was angry that she was in this establishment and not home. E3 stated during the initial days of admission, R4 would stand near the exit most of the time. E3 stated she did not document the allegation because there was no witness to the action of 'smothering'. E3 stated if nobody saw we cannot prove that the incident happened. On 2/18/26 at 2:30 PM, E1 (Executive Director) and E2 (Resident Care Director) during an interview, the above findings were confirmed.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: . TYPE 1 VIOLATION Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6000	Continued From page 7	A6000		

account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights:

1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect;

This requirement was NOT MET as evidenced by:

Based on observation ,record review and staff interview, the establishment failed to ensure that residents were free from abuse.
This failure involves 3 of 3 residents (R2,R3,R4) reviewed.
This failure resulted in R3 being physically abused , under reasonable suspicion by R4 and R2 being physically abused by E8.
This failure has the substantial probability to affect all residents.
This failure creates a substantial probability of severe harm to a resident or residents.

Findings Include:

R2's Record review done on 2/18/26 at 1:30 PM showed R2 was an 85 years old female admitted on 11/12/25 with diagnoses to include arthritis and depression. R2's service plan dated 2/6/26 showed she needed one person partial assist for ADLs. Incident report dated 1/28/26 showed R2 was knocked down onto the couch with a bruise on the dorsum of left hand.. R2's progress notes dated 1/29/26 at 4:17 PM showed documentation of a new bruise on the dorsum of left hand.

R3's Record review done on 2/17/26 at 2:00 PM showed R3 was an 83 years old female admitted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6000	Continued From page 8 on 5/2/25 with diagnoses to include Parkinson's disease, dementia, orthostatic hypotension and hypothyroidism. R3's service plan dated 10/10/25 showed R3 is on hospice care and that she required total assist for ADLs. There was no documentation of this incident anywhere in the progress notes. An incident report was not created. There was no record of the establishment reporting this suspected incident to the Department. R4's record review done on 2/17/26 at 2:45 PM showed R4 was an 84 year old female admitted on 1/13/26 with diagnoses to include Al Zheimer's disease, dementia, anxiety, depression and osteoporosis. R4's service plan dated 1/13/26 showed R4 required one person stand-by assist for ADLs. 1) On 2/14/26 at 10:45 AM, observed R3 sitting in the DR (dining room) on her WC (wheelchair) continuously moaning and groaning loudly. There were other residents in the DR. R3 did not want anything in particular. R3 does not remember anything from the incident on 1/8/26. On 2/14/26 at 10:30 AM observed R4 use the washroom and come out on her own and walk into her bedroom. R4 not in a mood to talk. On 2/14/26 at 10:30 AM E4 (LPN-Licensed Practical Nurse) stated R4 is bothered by R3's continuous groaning and moaning. E4 stated, R4 was alert and confused. E4 (LPN) stated R4 uses derogatory words with other residents. There have been incidents when R4 attempted to throw her walker at others. E4 stated she being in the same apartment with another resident is a danger to the other resident.	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6000	Continued From page 9 On 2/14/26 at 10:54 AM, E7 (RA) stated she heard from co-workers that R4 attempted to smother R3 with a pillow. On 2/14/26 at 11:23 AM E3 (NDMC-Nursing Director for Memory Care) stated a day or two after admission R4 was walking around and saying out loud "I'll hurt myself, I'll hurt you". E3 stated R4 had lot of adjustment issues in the initial couple weeks of her admission and this happened during that time. E3 stated R4 does not know what she is doing. R4 was angry that she was in this establishment and not home. E3 stated during the initial days of admission, R4 would stand near the exit most of the time. On 2/17/26 at 12:00 PM, E12 (LPN) stated R3 reported to E12 that R3's room-mate tried to kill her with a pillow. E12 stated she observed a pillow next to R3's arm on the side of the wall. E12 stated R3 was on hospice care and required total assist for all ADLs (activities of daily living). On 2/17/26 at 12:20 PM E11 (RA) stated E11 and E13 (RA) were in the hallway and at about 10:45 PM they both heard R4 screaming and saying something like 'how am I supposed to get her up'. R4 at that time was in the common area of the apartment. E11 stated when E11 and E13 entered R3's room, they found a pillow on R3's face, halfway. At this time, R3 had only one pillow under her head. E11 (RA) stated she had done her rounds about an hour ago and had placed three pillows under R3's head. E11 stated R3 was not capable of removing a pillow from under her head and placing it on herself. E11 stated when R3 saw E11 R3 reported that someone tried to kill her. E11 stated R4 was capable of standing on the floor mat next to R3's bed and placing that pillow on R3. E11 stated R4 often forgets to use	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6000	Continued From page 10	A6000		

her walker and walks without any assistive devices. E11 stated, R3 and R4 were placed in separate rooms for that night. E11 stated R4 has 'sundowning symptoms' and R4 gets more agitated in the evenings than during days. E11 stated last week, E11 witnessed R4 pushed her walker at another resident.

On 2/18/26 at 12:30 PM E5 (RA) stated R3 was not able to pull a pillow from under her head on her own. R3 cannot move her hand like that. If there was a pillow on her chest or mouth or face, someone else put it there.

2) On 2/14/26 at 11:10 AM observed R2 sitting on her sofa, slouched sideways. She was moderately groomed and dressed. R2 stated there used to be a girl (E8-RA-Resident Assistant) who was rough with her. R2 stated E8 (RA) was not working there anymore. E8 gave R2 a push from her wheelchair to the couch. R2 stated she don't remember all the details. R2 stated she was up after finishing dinner and E8 (RA) came into her room to toilet her. E8 closed the window blinds. R2 asked E8 to leave one window open. R2 stated E8 got mad and elbowed R2. R2 stated R2 pushed E8 and E8 pushed R2 back and R2 fell from her WC (wheelchair) onto the couch. R2 stated R2 wanted to move out of the building because she was afraid E8 wound come back and hurt her.

On 2/18/26 at 10:09 AM, E9 (RA) stated the following morning when she came to work, R2 relayed everything that happened the previous night to E9. E9 stated R2 has good memory and can remember things well. E9 stated she saw the bruise on the dorsum of her left hand. E9 stated R2 looked very scared. R2 also told E9 that she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6000	Continued From page 11 wants to move out because she was afraid that E8 (RA) would come back and hurt her. R2 said she could not sleep that night. E9 stated she has witnessed E8 talk rashly with residents. On 2/18/26 at 10:20 AM E10 (EC-Engagement Coordinator) stated on the day of the incident she was walking down the hallway and heard E8 yelling at R2. When E10 tried to peep inside the room, the door was slammed on her face from inside. On 2/18/26 at 11:30 AM, R5 stated E8 was 'abrasive'. E8's facial expression and mannerisms were unpleasant. On 2/18/26 at 1:10 PM R5 stated E8 ruined one of her beautiful jackets. R5 stated, just talking about E8 makes her nauseous. On 2/18/26 at 2:30 PM, E1 (Executive Director) and E2 (Resident Care Director) agreed with the above findings.	A6000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: . TYPE 1 VIOLATION Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6010	Continued From page 12 victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following: 1) Dates, times, and description of the alleged abuse, neglect or financial exploitation; 5) A list of individuals and agencies interviewed or notified by the establishment; 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; This requirement is NOT MET as evidenced by: Based on interviews and record review, the establishment failed to document and notify the Department when the establishment had a reasonable suspicion that a resident had been	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6010	Continued From page 13 the victim of alleged physical abuse. This applies to 2 out of 3 residents (R3,R4) reviewed. This failure resulted in an investigation of alleged abuse under reasonable suspicion, was not conducted. 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: R3's Record review done on 2/17/26 at 2:00 PM showed R3 was an 83 years old female admitted on 5/2/25 with diagnoses to include Parkinson's disease, dementia, orthostatic hypotension and hypothyroidism. R3's service plan dated 10/10/25 showed R3 is on hospice care and that she required total assist for ADLs. There was no documentation of this incident anywhere in the progress notes. An incident report was not created. There was no record of the establishment reporting this suspected incident to the Department. R4's record review done on 2/17/26 at 2:45 PM showed R4 was an 84 year old female admitted on 1/13/26 with diagnoses to include Al Zheimer's disease, dementia, anxiety, depression and osteoporosis. R4's service plan dated 1/13/26 showed R4 required one person stand-by assist for ADLs. On 2/17/26 at 12:20 PM E11 (RA) stated E11 and E13 (RA) were in the hallway and at about 10:45 PM they both heard R4 screaming and saying something like 'how am I supposed to get her up'.	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6010	Continued From page 14 R4 at that time was in the common area of the apartment. E11 stated when E11 and E13 entered R3's room, they found a pillow on R3's face, halfway. At this time, R3 had only one pillow under her head. E11 (RA) stated she had done her rounds about an hour ago and had placed three pillows under R3's head. E11 stated R3 was not capable of removing a pillow from under her head and placing it on herself. E11 stated when R3 saw E11 R3 reported that someone tried to kill her. E11 stated she reported the matter to the nurse on duty (E12-LPN). E11 stated R4 was capable of standing on the floor mat next to R3's bed and placing that pillow on R3. E11 stated R4 often forgets to use her walker and walks without any assistive devices. E11 stated, R3 and R4 were placed in separate rooms for that night. E11 stated R4 has 'sundowning symptoms' and R4 gets more agitated in the evenings than during days. E11 stated last week, E11 witnessed R4 pushed her walker at another resident. On 2/18/26 at 12:30 PM E5 (RA) stated R3 was not able to pull a pillow from under her head on her own. R3 cannot move her hand like that. If there was a pillow on her chest or mouth or face, someone else put it there. On 2/14/26 at 10:54 AM, E7 (RA) stated she heard from co-workers that R4 attempted to smother R3 with a pillow. On 2/14/26 at 11:23 AM E3 (NDMC-Nursing Director for Memory Care) stated a day or two after admission R4 was walking around and saying out loud "I'll hurt myself, I'll hurt you". E3 stated R4 had lot of adjustment issues in the initial couple weeks of her admission and this happened during that time. E3 stated R4 does not know what she is doing. R4 was angry that she	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL 510546	A. BUILDING: _____ B. WING _____	C 02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE HIGHLAND PARK	1000 CENTRAL AVENUE HIGHLAND PARK, IL 60035

(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
A6010	Continued From page 15 was in this establishment and not home. E3 stated during the initial days of admission, R4 would stand near the exit most of the time. E3 stated she did not document the allegation because there was no witness to the action of 'smothering'. E3 stated if nobody saw we cannot prove that the incident happened. On 2/18/26 at 2:30 PM, E1 (Executive Director) and E2 (Resident Care Director) stated it was wrong on the part of the employees to not have documented the allegation.	A6010		