STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510217	A. BUILDING _____ B. WING _____	05/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF WATERLOO	526 LEGACY DRIVE WATERLOO, IL 62298

(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	A 000		
A2040	Section 295.2040 Disaster Preparedness This RULE: is not met as evidenced by: Violation Type 2 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: 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 and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. Based on interview and record review, the Establishment failed to ensure 1) that disaster drills/fire drills were conducted on a bi-monthly basis to include two during the hour of sleep, 2) include the residents participating in the drills and 3) document the names of residents who received/required assistance for the evacuation.	A2040		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A2040	Continued From Page 1 This failure has a substantial probability of harm to a resident. Findings include: The Establishment's resident roster identifies 76 residents residing at the facility. Upon review of the Establishment's Fire Drills on 10/30/2024 a fire drill was conducted on dayshift (11:01 AM-11:07 AM). This Fire Drill Documentation Form does not include the resident's who participated nor any residents whom required assistance. Upon Review of the Establishment's Fire Drills, the next Fire Drill was not conducted until 1/15/2025 on dayshift (11:01AM-11:22 AM). This Fire Drill Documentation Form does not include the resident's who participated nor any residents whom required assistance. On 5/1/2025 at 11:00 AM, E8, Maintenance Director, stated the Facility had not been documenting which residents participated or refused. E8 also stated he could not provide any drills that occurred on night shift as well as that there should have been a drill completed in December (2024). On 5/5/5025 at 9:42 AM, E8 stated the drills should be completed every other even month (i.e February, April, June, August, October, December). The Facility's Policy "Documentation of Drills and Training Policy and Procedures" undated, does not address the frequency or the requirement for night shift drills. The Policy does not address documenting the resident's who participated or required assistance during the drill.	A2040		

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A2040	Continued From Page 2 The Facility's Staff Inservice and Fire Safety Training Policy and Procedure" undated, documents, "Per IDPH (Illinois Department of Public Health) regulations a fire drill is required every other month, totaling 6 per year (every 2 months). Two of the six fire drills must be conducted when residents are asleep."	A2040		
A4000	Section 295.4000 Physician/s Assessment This RULE: is not met as evidenced by: Type 2 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 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. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review the facility	A4000		

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A4000	Continued From Page 3 failed to ensure a physician assessment certification was completed for a resident identified with significant change of condition. This failure creates a substantial probability of harm to residents. Findings include: On 5/1/25 at 10:10 AM, E2 (Director of Wellness) stated they have six residents (R1, R2, R3, R4, R5 and R6) who are currently on hospice services and all of them were evaluated and admitted to hospice due to significant change of condition. E2 added their level of care and change of condition were addressed in their service plans when the change of condition were identified, however, E2 admitted no physician assessment certification was done at the time. E2 stated she knows a prior-to-admission and annual physician assessments are required but she was not aware that a physician assessment has to be done when a change of condition occurs. R1's record documents move in date of 8/25/22 and significant decline in health status noted and was admitted to hospice services on 11/24/23 with terminal diagnosis of Interstitial Lung Disease R2's record documents move in date of 8/27/15 and decline in medical status which led to a significant change of condition and resulted in admission to hospice services on 4/15/24 with terminal diagnosis of Heart Failure. R3's record documents move in date of 7/9/16, evaluated and admitted to hospice services on 12/26/24, after a significant change of health condition was identified, with hospice diagnosis of Dementia	A4000		

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A4000	Continued From Page 4 R4's record documents move in date of 9/29/23 and due to significant decline in health status was admitted to hospice services on 1/21/25 with hospice diagnosis of Dementia R5's record documents move in date of 11/30/24 and admitted on 3/21/25 to hospice services due to identified progressive change of condition with hospice diagnosis of Dementia. R6 records documents move in date of 11/29/24 and was admitted to hospice services on 4/11/25 due to rapid health decline with terminal diagnosis of Congestive Heart Failure. The Facility Policy on Change of Condition, undated, documents, "Policy: A change of condition is identified when a resident experiences an alteration in their normal baseline evaluation. This may include altered mental status, or a physical, emotional, or behavioral change, and maybe short term and expected to return to their baseline, or a long term change. When a change of condition occurs, it is our policy to evaluate the resident, notify the physician and responsible parties, and intervene accordingly." Nowhere in the policy it addresses a physician assessment certification is required when a change of condition is identified.	A4000		