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 _____	02/18/2026

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

(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 295.2040 a) b) 1) 5) g) 295.3000 a) b) 295.3020 c) 295.4000 a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: TYPE 1 VIOLATION 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: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also: 5) Orient each resident to the emergency and evacuation plans within 10 days	A2040		

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 _____	02/18/2026

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

(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
A2040	Continued From page 1	A2040		

after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.

g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.

These requirements are not met as evidenced by:

Based on record review and interview, the Establishment failed to indicate the assistance required and provided to residents that need assistance during fire drills, maintain documentation that the Establishment is in compliance with the acceptable evacuation time of 13 minutes or less in accordance with the Life Safety Code, and that orientation to the Establishment's Emergency Plan was conducted within 10 days for one (R1) of five residents reviewed for orientation. This deficient practice has the probability of affecting all residents. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:
On 02/18/26 an onsite annual survey was conducted. The Establishment's fire drills were reviewed, and lacked documentation that the

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 _____	02/18/2026

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

(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
A2040	Continued From page 2	A2040		

13-minute requirement was met:

09/03/25	3:00 PM - 3:30 PM	1st floor
09/03/25	3:08 PM - 3:34 PM	2nd floor
09/03/25	3:00 PM - 3:30 PM	1st floor
09/03/25	3:08 PM - 3:30 PM	2nd floor
09/09/25	10:55 PM - 11:15 PM	1st floor
10/03/25	8:52 AM - 9:07 AM	2nd floor
10/03/25	8:35 AM - 9:04 AM	1st floor
11/25/25	9:40 AM - 10:20 AM	1st floor
11/25/25	9:50 AM - 10:20 AM	3rd floor
11/25/25	9:50 AM - 10:22 AM	1st floor
11/25/25	9:50 AM - 10:20 AM	2nd floor
12/21/25	6:20 AM - 7:06 AM	1st floor
12/21/25	6:22 AM - 6:38 AM	2nd floor
12/21/25	6:22 AM - 6:38 AM	3rd floor
12/21/25	6:20 AM - 6:40AM	2nd floor
12/21/25	6:20 AM - 6:38 AM	3rd floor
01/01/26	2:04 AM - 2:48 AM	2nd floor
01/02/26	1:11 AM - 2:00 AM	1st floor
01/02/26	1:11 AM - 2:00 AM	2nd floor
01/02/26	2:04 AM - 2:48 AM	1st floor
01/21/26	3:00 PM - 3:22 PM	1st floor
01/21/26	3:00 PM - 3:18 PM	2nd floor
01/21/26	3:03 PM - 3:20 PM	1st floor
01/21/26	3:00 PM - 3:17 PM	2nd floor
02/02/26	1:10 PM - 1:30 PM	1st floor
02/02/26	1:13 PM - 1:32 PM	2nd floor
02/02/26	1:15 PM - 1:30 PM	1st floor
02/02/26	1:14 PM - 1:30 PM	2nd floor
02/12/26	11:05 PM - 11:20 PM	1st floor

All drills conducted from 07/17/25 to 02/12/26 indicated below, and those indicated above lacked documentation from the residents that required assistance during the evacuations:

07/17/25	11:00 AM - 11:13 AM	1st floor
07/17/25	11:00 AM - 11:13 AM	2nd floor
09/09/25	11:18 PM - 11:30 PM	2nd floor
09/09/25	11:37 PM - 11:47 PM	3rd floor
10/03/25	9:00 AM - 9:06 AM	1st floor

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 _____	02/18/2026

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

(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
A2040	Continued From page 3 10/03/25 9:00 AM - 9:09 AM 2nd floor 12/21/25 6:20 AM - 6:38 AM 1st floor On 2/18/2026, R1's Health Record was reviewed and contained a move-in date of 12/02/25. The form titled, "Resident Emergency and Evacuation Plan Orientation" was signed by R1 on "1/9/26". The Established failed to conduct orientation of their Emergency Plan within 10 days. On 02/18/26 at 1:37 PM an interview was conducted with E9 (Business Office Manager) that identified herself as the contact person for the Establishment's fire drills, that stated "All employees participate with the drills... We don't indicate who needs assistance during a fire drill." On 2/18/2026 at 2:50PM, During an interview with E1 (Executive Director) and E2 (Homecare RN) the above findings were confirmed.	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 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 residents' population. (Section 35(a)(3) of the Act)	A3000		

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 _____	02/18/2026

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

(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
A3000	Continued From page 4	A3000		

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.

This requirement was not met as evidenced by:

Based on interview and record review, the establishment failed to ensure 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, was on duty at all times. This applies to all residents who reside in the establishment. This failure creates a substantial probability of severe harm to a resident or residents, in that staff who did not demonstrate the ability to perform CPR may not perform it adequately or correctly in an emergency. This failure creates a substantial probability of severe harm to a resident or residents.

The findings include:

During the annual licensure survey, the establishment nurse and caregiver schedules were reviewed from December 1, 2025, to February 19, 2026, and compared with CPR certified staff. The review showed there was no direct care staff on duty with (CPR) training specific to adults, which included a demonstration of the individual's ability to perform CPR, or who had current certification in CPR. There are three shifts per day, For the month of December 2025's second shift there were a total of 22 days and for

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 _____	02/18/2026

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

(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
A3000	Continued From page 5 the third shift there was a total of 31 days without staff with CPR. For the month of January 2026's second shift there were a total of 23 days and for the third shift there were a total of 31 days without staff with CPR. For February 2026's second shift there were a total of 10 days, and for the third shift there were a total of 18 days without staff with CPR. On 2/19/2026 at 2:55PM, E1 (Executive Director) said that in person CPR was required for the first time upon hired then for recertification Online CPR was accepted thereafter.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: General 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 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.	A3020		

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 _____	02/18/2026

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

(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
A3020	Continued From page 6 4) Assisting residents in self-administering medications. 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. These requirements were not met as evidenced by: Based on interview and record review, the establishment failed to ensure employees completed 8 hours of ongoing training for two (E1, E3) of a sample of eight employees reviewed for training. This failure has the probability to affect all residents in this establishmnet. Findings include: On 2/18/2026 Employee Files were reviewed, and during this review the following occurred: 1. E1 (Executive Director) hire date 8/8/2017 a) Missing ongoing training 2. E3 (Restaurant Manager) hire date 11/13/2006 a) Missing ongoing training On 2/18/2026 at 2:15PM, E1 (Executive Director said) that he does not have any yearly training, only the training he goes on his own, like the Dementia Training Certificate. E1 said that E3 does the training she needs for the kitchen such as Serv Cert.	A3020		
A4000	Section 295.4000 Physician/s Assessment	A4000		

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 _____	02/18/2026

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

(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
A4000	Continued From page 7 This Regulation is not met as evidenced by: Type 3 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. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure Physician Assessment was completed by a Physician as required affecting one (R4) of five residents reviewed for this requirement. Findings include: An onsite visit was conducted on 2/18/26. R4's document titled "Physician Assessment" dated 12/18/25, was completed and signed by an APRN (Advanced Practice Registered Nurse). On 2/18/26 1:37PM, E2 (Homecare Nurse) said, some Physician Assessments are done by physician, some are by APRN.	A4000		