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A 000	Initial Comment ANNUAL LICENSURE SURVEY 295.2040 b) 5) 295.3000 b) e) 2) c) 295.4010 a) b) 1) 2) 3) c) d) e) g) 1) 2) 295.4050 295.8000 a) 295.9000 a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.2040 Disaster Preparedness b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days 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. This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure documentation for resident orientation was dated within 10 days of admission for one (R1) of four residents reviewed. Findings include: R1 is a 93-year-old resident admitted to the	A2040		

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A2040	Continued From page 1 establishment on 11/15/2023 with diagnoses including but not limited to atrial fibrillation and essential hypertension. Fire & Disaster Drill Orientation and Evacuation Orientation form for R1 is signed by R1 and not dated. Orientation provider space is left blank and not dated. On 2/24/2026, at 11:20 am, E1 Executive Director/ED stated I am in charge of resident fire safety orientation. Typically, on the day the resident moves in, I do the paperwork, I go over with the resident. It is usually less than 24 hours from moving in. The date was probably not on R1's orientation because I was going over paperwork with R1 and her husband at the same time and was just accident that I did not sign and date and I missed R1 not signing the document.	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 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.	A3000		

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A3000	Continued From page 2 e) A file shall be maintained for each employee containing the following: 2) Documentation of: C) Ongoing training; This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure to have on duty at all times at least one direct care staff person that had correct cardiopulmonary resuscitation training and failed to maintain a file for employees containing documentation of ongoing training for six (E3, E4, E5, E6, E7, and E8) of eight employees reviewed. This failure has the substantial probability to affect all residents. This failure creates a substantial probability of severe harm or death to residents. Findings include: CPR certificates for E9 Licensed Practical Nurse/LPN and E19 Certified Nursing Assistant/CNA are noted to be from online only courses. On 2/23/2026, at 2:39 pm, Surveyor reviewed staffing schedules cross-referencing CPR certified staff. Noted on 2/14/2026 that there were no correctly CPR certified staff in the establishment. Schedule documents that E9 LPN with online only CPR certification worked, E5 CNA worked, and E10 Task Aide worked and were not CPR certified. No certified staff in establishment from 6:00 am-2:30 pm. No ongoing training was provided to surveyor	A3000		

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A3000	Continued From page 3 during survey for E3 Dietary Manager, E4 LPN, E5 CNA, E6 CNA, E7 Cook, and E8 Task aide. On 2/23/2026, at 2:13 pm, E1 Executive Director/ED stated for the six staff members that you requested ongoing training for, they just have not logged into the computer program to do it. I do not have any documentation of any training for them. We do not accept online CPR. I am in charge of keeping track of CPR and the CPR scheduling. On 2/24/2026, at 11:20 am, E1 ED stated regarding CPR certified staff on 2/14/2026, that happened because I did not understand that E9's CPR was an online only class.	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 REPEAT 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. b) The service plan shall be developed by:	A4010		

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A4010	Continued From page 4 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. c) The service plan shall be signed and dated by all individuals involved in its development. 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: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; 2) The amount, type, and frequency of health-related services needed by the resident; This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure a change of	A4010		

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A4010	Continued From page 5	A4010		

condition service plan for one (R1) of four residents reviewed was signed and dated by individuals involved in its development and failed to update service plans/cardex service plan summaries to reflect correct plan of care for four (R1, R2, R3, and R4) of four residents reviewed. This failure has the substantial probability to affect all residents.
This failure creates a substantial probability of harm to residents.

Findings include:

R1 is a 93-year-old resident admitted to the establishment on 11/15/2023 with diagnoses including but not limited to atrial fibrillation and essential hypertension.

R2 is an 86-year-old resident admitted to the establishment on 11/6/25 with diagnoses including but not limited to depression and nonrheumatic aortic stenosis.

R3 is a 74-year-old resident admitted to the establishment on 1/28/25 with diagnoses including but not limited to peripheral vascular disease and hyperlipidemia.

R4 is an 85-year-old resident admitted to the establishment on 9/3/24 with diagnoses including but not limited to atherosclerotic heart disease of native coronary artery with unspecified angina pectoris and essential hypertension.

R1's service plan documents update to service plan initiated on 1/20/2026 that Hospice to provide baths/showers twice weekly. This service plan is not signed by anyone.

R1's cardex summary of service plan does not

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A4010	Continued From page 6 document hospice care, documents R1 is on occupational therapy 2 times per week and physical therapy 2 times per week. Service plan signature page attached to cardex summary of service plan with latest signature dates of 11/24/2025. Hospice note dated 1/20/2026 documents hospice initial assessment date 1/20/2026. No signature page provided for service plan that documents change to R1 receiving hospice care. Email documenting reportable fall with injury to R1 documents R1 had a fall with injury on 8/24/25. R1's fall with injury dated 8/24/25 not documented on service plan. No interventions noted reflecting this date. R2's medication part of service plan with initiation date of 11/8/2025 documents staff administers medications. No signatures on this document. R2's cardex summary of service plan document documents resident is independent with self-administration of medications. Attached service plan signature page is signed with date of 11/6/2025. No updated signed service plan or updated signed service plan page provided for R2's updated changes to services provided by establishment. R3's service plan documents R3 being on physical therapy/PT for 2 sessions per week with date initiation of 4/29/2025. No signatures on this document.	A4010		

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A4010	Continued From page 7 R3's cardex summary of service plan documents resident is on physical therapy 2 sessions per week. Service plan signature page attached to this document is last signed on 7/22/25. No updated service plan or cardex summary of service plan reflecting R3 not being on physical therapy provided to surveyor. R4's service plan documents physical therapy twice weekly related to current falls with initiation date of 5/14/2025. This document does not have any signatures. R4's cardex summary of service plan documents R4 receiving physical therapy twice a week. Attached to this document is service plan signature page with latest signature date of 9/11/25. No updated service plan or cardex provided reflecting R4 not being on physical therapy provided to surveyor. On 2/23/2026, AT 11:13 am, E2 Director of Nursing/DON stated Cardex to the service plan is what staff goes by for cares. It is based on the service plan. The service plan is gone over with family and shown how it relates to cardex and then signatures are attached to cardex document. R1 is on hospice. I updated the service plan, but it is not yet current with cardex. R1's Service Plan documents that medications will be managed by Hospice (with initiation date of 1/20/2026). E2 stated that is around the date R1 went on hospice. Latest signature on Service plan signature page attached to cardex is 11/24/2025. No more recent signatures noted. Cardex document still documents resident receiving occupational	A4010		

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A4010	Continued From page 8	A4010		

therapy/OT and physical therapy/PT and does not document resident receiving hospice services.

On 2/23/2026, at 11:23 am, E2 DON stated I just have not printed off new cardex. I updated service plan. That is the most recent signature page on the cardex. When R1 went on hospice, I updated service plan but did not meet with family and get service plan signatures. I feel an acceptable amount of time to get signatures and go over service plan is 1-2 weeks. It has been over a month since R1 has been on hospice.

On 2/23/2026, at 11:34 am E2 DON stated it was 1/20/2026 that R1 was put on hospice and provided document from hospice company with date.

On 2/23/2026, at 11:56 am E2 DON stated the reason for R2 service plan not matching cardex, is that it could be that cardex pulled old medication care plan as the signature date is 2 days before the updated medication care plan. I probably met with family, got signatures and then went in and made changes and forgot to update cardex and get new signatures.

On 2/23/2026, at 12:24 pm, E2 DON stated for R3 he got terminated for PT, he is just getting home health for catheter at this time. R3 was on home health for PT but it resolved only receiving catheter services at this time. Service plan does document resident being on PT. When they come off PT I do not get notified. He is not currently on PT services.

On 2/23/2026, at 12:57 pm, E2 DON stated R4 is not on PT/OT/home therapy. R4 was just resolved around last week. I usually just put it in the service plan note. I do not get new service

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A4010	Continued From page 9 plan signatures unless there is a big change in condition. The service plan should have been updated as soon as changes are made. On 2/24/2026, at 11:28 am E2 DON joined the meeting with E1 ED. E2 DON stated we do document falls on service plans after incident report is done. When brought up R1's service plan not reflecting hospice services on service plan, E2 stated going forward I can get up to date information from the outside services weekly and I will do that going forward to make sure I am aware of what is going on with my residents at least on a weekly basis. I will update service plans at that time. The hospice and other companies have been pretty good about getting me information just one company is the one I was having trouble with. Going forward I will be getting signatures on actual service plans and not on cardex documents. With R1 significant change, I just forgot and probably got sidetracked with other things. On 2/24/2026, at 12:02 pm, E2 DON stated I do not see the fall with injury on service plan for R1 for 8/24/25. I am sure with that one she got admitted to the hospital and I forgot to put it in after she came back. I believe she lost her balance reaching up to the cupboard and obtained pelvic fracture. That happened in her apartment. I pinned up signs for her to not reach above her head and below her knees. Service Plan Policy provided in PowerPoint format documented in part: Frequency Admission - should be completed upon admit. Staff need the information to provide care. Discuss with resident and representative or family member and get signatures.	A4010		

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A4010	Continued From page 10 Annual update Significant change in condition - this could be a decline in an area of ADL's (activities of daily living) or an increase in the area. After every fall and/or medical change As preferences and service needs change - example are electing for hospice, change in dietary preferences, etc.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure tuberculin skin test was done within time limits for new hire for one employee (E2) of eight employees reviewed. Findings include: E2's hire date was 4/29/2024. E2's tuberculin test was initiated 8/3/2023. This was over eight months prior to hire date. On 2/23/2026, at 2:13 pm, E1 Executive	A4050		

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A4050	Continued From page 11 Director/ED stated tuberculin testing done previously for a new hire is accepted if it is no more than 30 days old. E2's was more than 30 days old. Last year we thought if it was done within the year, it was ok. I now know that is not correct.	A4050		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: GENERAL VIOLATION Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. Section 750.230 Food Handlers - Training c) Food Handlers Employed By a Food Service Establishment That Is Not a Restaurant 1) All food handlers employed by a food service establishment that is not a restaurant, other than someone holding a food service sanitation manager certificate, shall receive or obtain training in basic food handling principles, as outlined in Section 750.210. (Sections 3.05(a) and (e) of the Food Handling Regulation and Enforcement Act)	A8000		

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A8000	Continued From page 12 This requirement was not met as evidenced by: Based on record review and interviews, the establishment failed to ensure all food handlers including seven dietary aides (E11, E12, E13, E14, E15, E16, and E17) of seven dietary aides reviewed, obtained training in basic food handling principles. This failure has the probability to affect all residents. Findings include: Food Handlers certificates not provided to surveyor for seven dietary aides (E11, E12, E13, E14, E15, E16, and E17) of seven dietary aides reviewed. On 2/24/2026, at 9:27 am, Surveyor reviewed food handlers' certificates for kitchen staff cross referenced with employee list. Dietary aides E11, E12, E13, E14, E15, E16, and E17 not noted to have food handler's certificates. On 2/24/2026, at 9:31 am, E1 Executive Director/ED stated we do not have our dietary aides do the food handler course, just cooks and managers. Our dietary aides poor coffee, set out water, they do pass out food plates in the evening but not during the day. If I need them to take the course, I can do that going forward. Dietary Aide Job Description documents in part: Position Description Responsible for performing a variety of tasks in the preparation, service, and clean up for meals served to residents in the nursing center. Maintains an attractive and sanitary dining room, meal service and delivery. Principal responsibilities	A8000		

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A8000	Continued From page 13 Assists with food ordering, storage, and preparation as designated by supervisor Assists cooks as directed by the supervisor Prepares and labels nourishments according to center procedures Prepares and portions desserts, salads and other non-entrée foods into dishes: pours beverages. Completes pre-preparation as needed or assigned including washing, peeling and cutting vegetables and fruits to prepare for use; Slices meat and measures or weighs for menu compliance and nutrition accuracy. Assists in preparation of food items and tray lines; Works on meal tray serving line. Sets-up before start of meal service. Breaks down area and cleans-up at end of serving line. Reads and follows tray tickets when serving meals; Serves meal trays to resident and pours beverages for residents when assigned to dining room. Pushes food carts to appropriate resident care areas. Sets up nourishment carts and delivers to the unit. Use safe food handling techniques per company policy and procedure and state and federal codes and regulations. Handle and prepare food in a sanitary manner. Nutrition Service Responsibilities Maintains standard for food preparation and quality of food service Food Safety Responsibilities Follows food safety and sanitation guidelines per company policy and procedure and state and federal codes and regulations. General Responsibilities Attends and participates in scheduled training, educational classes, and meetings to maintain current certification as applicable; Attend and participates in in-service training as mandated by regulatory agencies and company policy.	A8000		

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A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. This requirement was not met as evidenced by: Based on record review and interviews, the establishment failed to ensure time constraints for fire drills were met. This failure has the probability of affecting all residents. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: On 2/23/2026, at 9:45 am, Surveyor reviewed Fire Drill documentation and is as follows: 3/24/25, at 11:30 pm, 3rd shift. No end time noted. Not sure if drill was completed within 13-minute time frame. 5/30/2025, at 12:50 pm, 1st shift. No end time noted. Not sure if drill was completed within	A9000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

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A9000	Continued From page 15 13-minute time frame. 7/29/2025, at 3:30 pm, 2nd shift. No end time noted. Not sure if drill was completed within 13-minute time frame. 9/30/2025, at 1:00 am, 3rd shift. No end time noted. Not sure if drill was completed within 13-minute time frame. 11/11/2025, at 9:05 am, 1st shift. No end time noted. Not sure if drill was completed within 13-minute time frame. 1/11/2026, at 10:30 pm. No end time noted. Not sure if drill was completed within 13-minute time frame. On 2/24/2026, at 11:00 am, E18 Maintenance Director stated I am in charge of Fire Drills and Tornado Drills and I work with E1 Executive Director/ED on them. I just did a Fire Drill within the last two weeks. It should be as quick as possible to evacuate the residents but it should be about less than 10 minutes. When asked how long the fire drill on 1/11/2026 took, E18 stated about 15 minutes. E18 stated the time it took for the fire drill is not documented on the fire drill form. It just documents the time of the day. I assume it should be documented on there and it is not.	A9000		