STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108235	A. BUILDING: _____ B. WING _____	C 03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF WOODSTOCK	10511 ROUTH 14 WOODSTOCK, IL 60098

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A 000	Initial Comment Facility Reported Incident IL00200450-No deficiencies cited. However, during the course of the investigation, deficiencies were discovered unrelated to the reported incident. The followong deficiencies were noted and cited. 295.2040a)b)5) 295.4000a) 295.4010c)e) 295.4050	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: GENERAL 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: 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.	A2040		

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A2040	Continued From page 1 This requirement is not met as evidenced by: Based on record review and interview the establishment failed to ensure that residents are oriented to the emergency and evacuation plans within 10 days of admission to the establishment for three (R1, R3, and R4) of four residents reviewed. The establishment failed to obtain resident or resident representative signature on documentation of orientation for one (R2) of four residents reviewed. This failure has the probability to affect R1,R3,R4 and other residents. Findings include: No resident orientation was provided to surveyor for R1, R3, and R4. Resident orientation provided for R2 has no signature of resident or resident representative. On 3/3/2026, at 11:35 am, E2 Director of Nursing/DON stated for resident orientation they never did this prior to December of 2025 so R1, R3 and R4 will not have one. R2 is the only one that will have one of the four residents you picked.	A2040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.4000 Physician's Assessment	A4000		

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A4000	Continued From page 2 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 record review and interview the establishment failed to ensure that physician assessment for one (R1) of four residents reviewed was completed by a physician. Findings include: R1 is a 91-year-old resident admitted to establishment on 9/1/22 with diagnoses including but not limited to vascular dementia and major depressive disorder. R1's physician assessment signed 8/4/22 was completed by a physician assistant and not a physician. On 3/3/2026, at 2:54 pm, E2 Director of Nursing/DON stated regarding physician assessments the nurse practitioner or doctor can sign them. Surveyor notified E2 DON that only physician can sign unless co-signed by physician. E2 stated I will make sure going forward they are signed by the physician.	A4000		

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A4010	Continued From page 3	A4010		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: GENERAL 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: 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	A4010		

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A4010	Continued From page 4 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 is not met as evidenced by: Based on record review and interview, the establishment failed to ensure that resident service plans were signed by all required individuals and include all aspects of activities of daily living, four (R1, R2, R3, and R4) of four residents reviewed. The establishment also failed to updated service plans for resident condition changes for three (R1, R3, and R4) of four residents reviewed. This failure has the probability to affect R1,R2,R3,R4 and other residents. Findings include: R1 is a 91-year-old resident admitted to establishment on 9/1/2022 with diagnoses including but not limited to vascular dementia and major depressive disorder.	A4010		

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A4010	Continued From page 5 R2 is a 90-year-old resident admitted to the establishment on 12/23/2025 with diagnoses including but not limited to hypothyroidism and autoimmune thyroiditis. R3 is an 81-year-old resident admitted to establishment on 11/12/2024 with diagnoses including but not limited to dementia and pure hypercholesterolemia. R4 is a 76-year-old resident admitted to establishment on 9/5/2024 with diagnoses including but not limited to Type 2 Diabetes Mellitus and essential hypertension. R1's service plan dated 2/12/2026 does not have manager or manager designee's signature. Same service plan does not document incident dates of 1/31/2026, 12/15/2025, 11/25/25, 11/16/25, 11/02/25, 7/24/25, 7/15/25, 6/7/25, and 5/9/25 for falls and service plan is not updated for those dates with new interventions to prevent falls. Service plan does not address if R1 needs assistance with activities. Service plan does not document that R1 is receiving physical therapy services only occupational therapy services. R2's service plan dated 12/26/2025 does not have manager or manager designee's signature. Service plan does not address if R2 needs assistance with activities. R3s service plan dated 1/27/26 does not have manager or manager designee's signature. Service plan does not document incident dates of 11/4/25, 10/14/25, 10/7/25, 4/12/25, and 4/11/25 for falls and service plan is not updated for those dates with new interventions to prevent falls. Service plan does not address if R3 needs assistance with mobility.	A4010		

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A4010	Continued From page 6 R4's service plan dated 11/13/2025 does not have manager or manager designee's signature. Service plan does not document fall incident date of 9/4/2025 and service plan is not updated for that date with new interventions to prevent falls. Service plan does not address if R4 needs assistance with activities. On 3/3/2026, at 11:35 am, E2 Director of Nursing/DON stated I sign the service plans and the resident Power of Attorney/POA or resident signs the service plan. The Executive Director/ED or another manager does not sign the service plan. I am a registered nurse. R1 is no longer on OT. I am unsure why it is still on service plan. I would have to go through files to see when she came off. I probably forgot. There is one of me and a lot of them. When asked where falls and interventions were on service plan for R1, E2 stated I am not updating any of the resident service plans with each fall and putting a new intervention each time a resident has a fall. Activities is not on the service plan as there is no place to put on the service plan if the resident needs help with activities. We put on there if they need escorts, but we do not put on there if they need help with activities themselves. On 3/3/2026, at 2:54 pm, E2 DON stated regarding service plans we are not updating the falls and interventions right now. I do change some things, but I am not necessarily putting dates of falls and always putting a new intervention, but I am trying to prevent falls. The Executive Director/ED does not sign service plans; I am unsure why. Since I have been here, no ED has signed service plans. The activity service plan is not a populated area but going forward I will use the escort area to address the	A4010		

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A4010	Continued From page 7 activity needs of the residents. I am not sure why activities is not listed for R2. We also do not have an option for mobility on the service plan, so we consider transfers to cover transfers and mobility. Going forward I will make sure to differentiate both transfers and mobility under transfer tab. On 3/3/2026, at 3:43 pm, E2 DON stated For R1 she started home health on 1/26/26 and has not stopped with home health, current certification period is till 3/27/26. R1 sees an outside home health vs the outpatient therapy and home health that participate in our meetings on Wednesday. R1 is receiving PT/OT.	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 is not met as evidenced by: Based on record review and interview, the establishment failed to provide documentation of tuberculin/TB skin tests done upon admission for two (R1 and R3) of four residents reviewed. Findings include:	A4050		

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A4050	Continued From page 8 R1 is a 91-year-old resident admitted to establishment on 9/1/22 with diagnoses including but not limited to vascular dementia and major depressive disorder. R3 is an 81-year-old resident admitted to establishment on 11/12/2024 with diagnoses including but not limited to dementia and pure hypercholesterolemia. Tuberculin test provided for R1 was dated 1/29/26. Tuberculin test provided for R3 was dated 1/28/25. On 3/3/2026, at 11:35 am, E2 Director of Nursing/DON stated for R1 I do not have an initial TB test for her as there was a previous DON, actually multiple DONs and it was not in the file. I did a file audit and anyone who did not have an initial TB test in the file, we retested them. That is why R1's TB test was done on 1/29/2026. There may be other residents like this as well in the residents you picked. On 3/3/2026, at 2:54 pm, E2 DON stated I am aware TB should be done within a week to 10 days for residents and upon hire for employees.	A4050		