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	6023903	A. BUILDING: _____ B. WING _____	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE AT EVENGLOW	1200 EVENGLOW LN CAYUGA, IL 61764

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A 000	Initial Comment Annual Licensure Survey Violations cited. 295.2040a)1)A)5)e)g)h) 295.3030c)e)1)2) 295.4010c) 295.9000a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: 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: A) provide for the temporary relocation of residents for any disaster requiring relocation;	A2040		

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A2040	Continued From page 1 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. e) Drills shall include residents, establishment personnel, and other persons in the establishment. 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. 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. TYPE 1 VIOLATION Based on observation, interview and record review the establishment failed to complete resident orientation for five (R1-R5) of five residents reviewed for resident orientation in a sample of five, failed to involve residents and	A2040		

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A2040	Continued From page 2 evacuate residents during fire drills, identify residents involved and timing of evacuation on the drill reports, complete written evaluations of each drill, and state an evacuation assembly point and temporary relocation in their written disaster policy. This could affect all 56 residents residing in the establishment and creates a substantial probability of severe harm to resident or residents. Findings include: 1. On 3/10/26, at 11:05am, R4 was lying on a couch in R4's apartment with a cane nearby. R4's clinical record documents R4 moved in on 10/20/25 and does not include resident orientation to emergency and evacuation plans. On 3/10/26, at 11:14am, R5 sat in a lift chair in R5's apartment with an electric scooter nearby. R5's clinical record documents R5 moved in on 10/22/22 and does not include resident orientation to emergency and evacuation plans. On 3/11/26, at 10:07am, R1 sat in a lift chair in R1's apartment. R1's clinical record documents R1 moved in on 4/7/24 and does not include resident orientation to emergency and evacuation plans. On 3/11/26, at 10:05am, R3 was lying on a couch in R3's apartment with a walker nearby. R3's clinical record documents R3 moved in on 5/15/25 and does not include resident orientation to emergency and evacuation plans.	A2040		

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A2040	Continued From page 3 On 3/11/26, at 10:31am, R2 sat in a recliner in R2's apartment with a walker nearby. R2's clinical record documents R2 moved in on 11/25/25 and does not include resident orientation to emergency and evacuation plans. On 3/10/26, between 10:41am and 10:53am, E5 Director of Marketing & Development and E6 Marketing & Media Outreach Specialist were unable to produce any documentation of resident orientation completed for R1-R5. 2. The establishment's undated Fire policy and Fire Watch policy dated 6/9/22 document what to do during an actual fire in the building and when to implement a fire watch. Neither policy includes fire drill procedures or disaster preparedness including evacuation assembly point or temporary relocation if needed in the event of a disaster. The establishment's Fire Alarm/Drill Reports, dated 3/7/25, 4/30/25, 6/29/25, 6/30/25, 9/28/25, 10/29/25, and 12/31/25, do not document any resident involvement or how long an evacuation takes. All of the Fire Alarm/Drill Reports are marked "no" to "Was there evacuation of residents?" On 3/11/26, at 2:08pm, E4 Director of Environmental Services stated the following: We do not do actual evacuations, and the residents do not participate in our fire drills; only staff show up. We do not do evaluations of the fire drills and E4 was unable to produce any written evaluations. E4 confirmed their emergency policy does not include an evacuation designation or temporary relocation if needed during a disaster. E4 stated they do not have a fire drill procedure/policy. E4 confirmed their fire drill	A2040		

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A2040	Continued From page 4 reports do not include resident participation or the amount of time an evacuation may take. E4 also confirmed the reports document evacuations did not occur. The establishment's Resident Roster, dated 3/10/26, documents there are 56 residents currently residing in the establishment.	A2040		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees c) The initial health evaluation shall include the employee's immunization status. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. Type 1 Violation Based on interview and record review, the establishment failed to ensure employee immunizations were a part of the pre-employment	A3030		

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A3030	Continued From page 5 health evaluations for five (E2, E3, E7-E9) and failed to complete TB (tuberculin) testing for two (E3 and E8) of five employees reviewed for health evaluations and TB testing. This could affect all 56 residents currently residing in the establishment. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: The establishment's pre-employment health evaluations filed for E2 Health & Wellness Coordinator, E3 Food Service Director, E7 Licensed Practical Nurse, E8 Certified Nursing Assistant/CNA, and E9 Dietary Aide do not include their immunization status. On 3/11/26, at 1:17pm, E1 Executive Director confirmed the files do not include immunizations. The establishments' personnel files for E3 Food Service Director and E8 CNA do not include completion of TB testing upon hire. On 3/11/26, at 1:20pm, E10 Human Resource Director confirmed that E3 and E8's files do not include TB testing completion. The establishment's Resident Roster, dated 3/10/26, documents 56 residents currently reside in the establishment.	A3030		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 6 This Regulation is not met as evidenced by: 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. c) The service plan shall be signed and dated by all individuals involved in its development. TYPE 3 VIOLATION Based on interview and record review the establishment failed to ensure Service plans were signed by all individuals involved for two (R2 and R3) of five residents reviewed for Service Plans in a sample of five. Findings include: R2's current Service Plan includes a signature page dated 12/3/25. This signature page does include any signatures by R2 or R2's responsible party. R3's current Service Plan includes a signature page with dates of 6/11/25 and 12/4/25. Neither date includes a signature by R3 or R3's responsible party. On 3/10/26, at 2:45pm, E2 Health and Wellness Coordinator confirmed that R2 and R3's Service Plans were not signed by R2, R3, or their responsible parties.	A4010		

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A9000	Continued From page 7	A9000		
A9000	Section 295.9000 Physical Plant	A9000		

This Regulation is not met as evidenced by:
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.

TYPE 1 VIOLATION

Based on interview and record review, the establishment failed to complete the proper documentation regarding fire drills. This failure has the probability to affect all 56 residents in the establishment. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

On 3/11/26, at 2:08pm, E4 Director of Environmental Services stated the following: We do not do actual evacuations, and the residents do not participate in the fire drills; only staff show up. E4 confirmed their fire drills do not include resident participation nor the amount of time an evacuation may take. We did not do evaluations of the fire drills and E4 was unable to produce any written evaluations.

1. The facility failed to provide documentation demonstrating the facility is maintaining the

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A9000	Continued From page 8 building's acceptable Evacuation Capability Determination with a slow evacuation having an evacuation time of 13 minutes or less in accordance with the NFPA 101, 2012 Edition Sections 33.7.1, 33.7.2, 33.7.3 and 3.3.76. The Fire Drill Evaluation Worksheet documentation failed to include the following: A. Evaluation drill time frame of 13 minutes or less for residents to evacuate from their rooms to the exit doors and to be prepared to go outside into the weather elements. B. Evacuation drill record, demonstrating all residents attended and those residents that did not attend due to illness. Evacuation Drills Records demonstrating all residents attended, unless the residents were unable based on allowable exceptions of the Licensure code listed below. A list of room numbers indicating the resident attended, or the room is vacant, or resident is out of the building, a hospice patient meeting the requirements of Section 2905.2000(f), or the resident is quadriplegic or paraplegic, or individuals with neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, or other chronic diseases and conditions meeting the requirements of Section 2905.2000(g). or a temporary illness that would prevent the resident from self-evacuation. C. Normal staffing that attended the evacuation drill for the overnight shift to demonstrate the least number of staff that would normally be present during an overnight evacuation. D. Evacuation records indicating all residents received exit training to use all exits and to use the alternate exit when the primary exit is blocked.	A9000		

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A9000	Continued From page 9 E. A tracking record to demonstrate all residents received the exit training for each of the required 2-month periods. Residents that miss one of the evacuation drills can be individually trained in exiting and that date would be added to the tracking record. The establishment's Resident Roster, dated 3/10/26, documents there are 56 residents currently residing in the establishment.	A9000		