

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510539</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/30/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TLC LIVING COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>508 ROOSEVELT ROAD</b><br><b>MACHESNEY PARK, IL 61115</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                        | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| A 000                                                           | Initial Comment<br><br>Complaint investigation IL200715.<br><br>Violations:<br>295.3000n)<br>295.5000c)1-7)f)4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A 000                                                                                                 |                                                                                                                          |                                                                    |
| A3000                                                           | Section 295.3000 Personnel Requirmts, Qualifns,<br>and Trng<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation<br><br>Section 295.3000 Personnel Requirements,<br>Qualifications and Training<br>n) Prior to employing any individual in a<br>position that requires a State professional license,<br>the establishment shall contact the Illinois<br>Department of Professional Regulation to verify<br>that the individual's license is active. A copy of<br>the verification shall be placed in the individual's<br>personnel file.<br><br>This requirement was not met, as evidenced by:<br><br>Based on record review and interview, the<br>establishment failed to contact the Illinois<br>Department of Professional Regulation to verify<br>that an individual employed at the establishment<br>has an active nurse's license. This failure creates<br>a substantial probability of severe harm to all<br>residents of the establishment.<br><br>Findings include:<br><br>In March of 2026, the Illinois Department of<br>Public Health (IDPH) received a complaint<br>regarding the establishment. This complaint, | A3000                                                                                                 |                                                                                                                          |                                                                    |

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| A3000                                                           | <p>Continued From page 1</p> <p>among other allegations, alleged that unqualified and untrained employees were performing nursing duties such as administering insulin.</p> <p>During an interview with E1 (Executive Director) on 3/26/2026 at 10:07 AM they stated, "[E3] is working here as a nurse. It says CNA on the roster because [E2] hasn't changed it yet. Here is a letter from the governor saying she's okay and her license is in the mail. Here are her N-Clex pass results."</p> <p>An interview with on 3/26/2026 at 1:43 PM with E3 (CNA/LPN) went as follows:<br/>Surveyor: "What is your job here?"<br/>E3: "I'm a nurse."<br/>Surveyor: "What do you do that the aides don't do?"<br/>E3: "We can do injections but the residents can all self administer. We do patches. We have a lady who has a fentanyl patch. Some residents, we set up their meds in their lock box. Some residents have pharmacy set up but we put them in their box."</p> <p>An interview on 3/26/2026 at 4:50 PM with E5 (CNA) went as follows:<br/>Surveyor: "When you call the on-call nurse. Do they answer?"<br/>E5: "Pretty much. In an emergency yes. They are pretty good about that. Most of the time we call E2. We also call E3. E3 is the other nurse. They are both in my phone if we need them."</p> <p>During record review on 3/26/2026 at 10:10 AM the establishment provided E3's LPN N-CLEX pass letter. The establishment also provided a letter from the Governor of Illinois Office that stated that E3's college transcripts will be sent to her home address. The letter was dated March 10th, 2026.</p> | A3000                                                                                                 |                                                                                                                          |                                                                    |

Illinois Department of Public Health

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| A3000                                                           | Continued From page 2<br><br>During record review on 3/26/2026 at 10:12 AM an online national nursing license database was used to look up E3's nursing license. E3's LPN license could not be verified/found by the database.<br><br>During record review on 3/26/2026 at 10:24 AM the Illinois Department of Financial and Professional Regulation (IDFPR) could not verify/find E3's nursing license.<br><br>During record review on 3/26/2026 at 6:07 PM it was found that R4's progress notes show documentation from E3 that E3 changed/applied R4's fentanyl patch. The notes show that E3 changed/applied R4's fentanyl patch on 3/2/2026, 3/5/2026, 3/12/2026, 3/16/2026, 3/19/2026, & 3/24/2026.<br><br>On 3/26/2026 at 10:35 AM E3 was observed in the nursing office of the establishment. | A3000                                                                                                 |                                                                                                                          |                                                                    |
| A5000                                                           | Section 295.5000 Medication Reminders, Supervision of Self Med<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation<br><br>Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage<br>c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed                                                                                                                                                                                                                                                                                                                           | A5000                                                                                                 |                                                                                                                          |                                                                    |

Illinois Department of Public Health

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| A5000                                                           | <p>Continued From page 3</p> <p>personnel shall be under the direction of a licensed health care professional.</p> <ol style="list-style-type: none"> <li>1) Reminding residents to take medication;</li> <li>2) Confirming that residents have obtained and are taking the dosage as prescribed;</li> <li>3) Reading the medication label to residents;</li> <li>4) Checking the self-administered medication dosage against the label of the medication;</li> <li>5) Opening the medication container for a resident who is physically unable to do so;</li> <li>6) Confirming that residents have obtained and are taking the dosage as prescribed; and</li> <li>7) Documenting in writing that the resident has taken (or refused to take) the medication.</li> </ol> <p>f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address:</p> <ol style="list-style-type: none"> <li>4) Assisting in the self-administration of medication and medication administration, as applicable; and</li> </ol> <p>This requirement was not met, as evidenced by:</p> <p>Based on record review and interview, the establishment failed to ensure that their medication policy addresses assisting in the</p> | A5000                                                                         |                                                                                                                          |  |                                                                    |

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| A5000                                                           | <p>Continued From page 4</p> <p>self-administration of medication while the establishment provides supervision of self-administered medication. This failure creates a substantial probability of severe harm to all residents of the establishment.</p> <p>Findings include:</p> <p>During record review on 3/26/2026 at 9:54 AM a list of the establishment residents that are insulin was reviewed. The resident sample was chosen from this list (R1, R2, R3, R4).</p> <p>During record review on 3/26/2026 at 10:30 AM the establishment's medication policy was reviewed. This policy did not address assisting in the self-administration of medication.</p> <p>During record review on 3/26/2026 at 12:43 PM R1's service plan, dated 2/25/2026, was found to state that R1 requires supervision of self-administration of medication.</p> <p>During record review on 3/26/2026 at 12:50 PM the establishment provided documentation of R1's medication reminders via task charting sheets.</p> <p>During record review on 3/26/2026 at 1:18 PM R2's service plan, dated 9/13/2025, was found to state, "Med set up by nursing; med reminders AM and PM, needs reminders about meal time insulin and observe resident administer insulin."</p> <p>During record review on 3/26/2026 at 1:27 PM R3's service plan, dated 9/13/2025, was found to state that R3 is to receive supervision of self-administration of medication.</p> <p>During record review on 3/26/2026 at 1:35 PM</p> | A5000                                                                         |                                                                                                                          |  |                                                                    |

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| A5000                                                           | <p>Continued From page 5</p> <p>R4's service plan, dated 11/19/2025, was found to state that R4 is to receive supervision of self-administration of medication.</p> <p>During record review on 3/26/2026 at 1:51 PM the establishment provided documentation of R2's medication reminders and insulin cueing via task charting sheets.</p> <p>During record review on 3/26/2026 at 2:05 PM R4's preadmission physician assessment was found to state that R4 requires medication reminders.</p> <p>During record review on 3/26/2026 at 2:10 PM the establishment provided documentation of R4's medication reminders and insulin cueing via task charting sheets.</p> <p>During record review on 3/26/2026 at 2:20 PM the establishment provided documentation of R3's medication reminders and insulin cueing via task charting sheets.</p> <p>An interview on 3/26/2026 with E4 (Resident Assistant) at 10:17 AM went as follows:<br/>Surveyor: "Do you work weekends?"<br/>E4: "Every other weekend."<br/>Surveyor: "Do you administer insulin?"<br/>E4: "No. I assist the residents. Hand over hand."</p> <p>An interview with E1 (Executive Director) on 3/26/2026 at 4:24 PM went as follows:<br/>Surveyor: "Can you please bring me or email me the training that the aides get regarding medication reminders/cueing/supervision?"<br/>E1: "They use on the job training with guidelines of the medication policy put in place."<br/>Surveyor: "The medication policy that you gave me did not address these. Is there another one</p> | A5000                                                                                                 |                                                                                                                          |                                                                    |

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| A5000                                                           | Continued From page 6<br><br>perhaps?"<br>E1: "That's the only policy we have."<br><br>An interview with E5 (CNA) on 3/26/2026 at 4:50<br>PM went as follows:<br>Surveyor: "Do you administer medications to<br>residents?"<br>E5: "We do reminders."<br>Surveyor: "How do you assist residents with self<br>medication?"<br>E5: "We do reminders. We do hand over hand if<br>they are having trouble getting something open or<br>something."<br>Surveyor: "What training have you received<br>regarding medications?"<br>E5: "When I started I was shown to help them<br>open the packages. They take the medications<br>themselves though." | A5000                                                                                                 |                                                                                                                          |                                                                    |