STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510211	A. BUILDING: _____ B. WING _____	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE BARRINGTON WOODS	22320 CLASSIC CT LAKE BARRINGTON, IL 60010

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A 000	Initial Comment Change of Ownership (CHOW) survey conducted. Violations: Section 295.2040 Disaster Preparedness c)3), e), g) Section 295.3000 Personnel Requirements, Qualifications and Training b), f)1) Investigation of Complaint 2613085 / IL200727 - unsubstantiated. Technical Infractions: Section 295.4050 Tuberculin Skin Test Procedures (Section 696.130 Responsibilities of Health Care Settings) - Did not have TB Infection Control Plan that addressed all required elements and reviewed annually. Some elements of TB were included in separate policies - regulation provided to DON and ED for policy update. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding these events. While the surveyor was onsite, the establishment has taken steps to correct the situations, including prevention from reoccurrence, as listed in 295.1040a)b). No violations were imposed.	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation	A2040		

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A2040	Continued From page 1 Section 295.2040 Disaster Preparedness ... c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: ... 3) Evaluate the effectiveness of disaster plans, procedures and training ... 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 ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure residents were involved and/or evacuated to exits with each drill, including those conducted during hours of sleep. This applies to all residents that reside in the establishment. The failure to not include, and evacuate residents with drills, creates a substantial probability of severe harm or death to a resident or residents in that emergency situations can occur during any time of the day,	A2040		

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A2040	Continued From page 2 and if staff and residents did not practice how to respond, lack of preparedness may increase the risk of injury or death. The findings include: On 4/27/26, a Change of Ownership survey was initiated. Drills held from the effective date of change, 2/20/26, were reviewed. Fire Drill Reports, dated 2/20/26 at 3:00 PM and 3/10/26 at 5:45 AM, showed: Were Residents Evacuated? No, Number of Residents Evacuated: 0. The 2/20/26 drill Observations/Comments showed residents were involved but were not evacuated to exits and "went behind door". The 3/10/26 Observations/Comments showed discussion was held with staff on "what we do when fire alarm is set off." On 4/28/26 at 9:33 AM, E9 (Director of Facilities) confirmed residents were not evacuated to exits, as they have fire doors. E9 confirmed residents were not involved in the 10:30 PM-7:00 AM drill.	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 ...	A3000		

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A3000	Continued From page 3 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 ... f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1) Current certification in CPR, if applicable; ... (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure direct care employee files contained a copy of current CPR certification. They failed to ensure direct care staff's CPR training included a demonstration of the individual's ability to perform CPR. They failed to show a direct care staff person with current CPR was on duty at all times. This applies to 2 of 17 employees (E11, E12) reviewed for this requirement and has the probability to affect all residents that reside in the establishment. This failure creates a substantial probability of severe harm to a resident or residents, as in the event of a medical emergency it cannot be ensured that there is a qualified direct care staff person on duty to adequately or correctly provide CPR.	A3000		

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A3000	Continued From page 4 The findings include: On 4/27/26 a Change of Ownership survey was initiated. During entrance, the establishment was asked to provide CPR Certification cards and schedules for all direct care staff, to verify a CPR certified direct care staff person was on duty at all times. Direct care employee files did not contain documentation of current CPR certification: On 4/27/26, E2 (Director of Nursing - DON) indicated some employee files did not contain documentation of current CPR certification, as a certification class was held with the local fire department, prior to change of ownership, and CPR cards were sent to the employees' old email addresses, which could no longer be accessed. E2 was able to show documentation of attendance for some of the employees, which was used to verify coverage. Direct care staff did not have training, which included a demonstration of the individual's ability to perform CPR: E11's (Licensed Practical Nurse - LPN) certification, renew date 11/7/26, and E12's (LPN) certification, renew date 12/12/26, was completed through an online only course. The course website Frequently Asked Questions (FAQs) showed hands-on training was not part of the course certification. For this reason, E11 and E12 were not used to verify coverage. There was no documentation to show a CPR	A3000		

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A3000	Continued From page 5 certified direct care staff person was on duty at all times: On 4/27/26, valid direct care staff CPR certifications were reviewed and compared to the Nursing and Caregiver schedules from the effective date of change of ownership, 2/20/26, to current day, 4/27/26. The following dates/times could not be verified for a direct care CPR certified staff person on duty, at time of the review: 2/5/26 1st shift 2/6/26 1st shift The nursing schedule showed E10 (LPN) on duty during those shifts. On 4/27/26 at 1:47 PM, E2 indicated E10 was CPR certified but could not provide the card at time of the review. E2 obtained E10's card the following day and provided. Concerns were reviewed and confirmed with E1 (Executive Director) and E2 (DON) on 4/28/26 at 12:47 PM.	A3000		