STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510003	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADMIRAL AT THE LAKE	933 W FOSTER AVE CHICAGO, IL 60640

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A 000	Initial Comment Annual Licensure Survey Violations 295.2000a)c)2)3)4)5) 295.2040d) 295.3040 955.145 Employment Verification 2)b)c) 295.4050 Section 696.130 Responsibilities of Health Care Settings a) Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a)C) 295.4060i)2)A)i-v),B)i-v)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 3 Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 2) The person is not able to communicate	A2000		

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their needs in any manner and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services;

3) The person requires total assistance with 2 or more activities of daily living;

4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living;

5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building;

(Source: Amended at 48 Ill. Reg. 12026, effective July 29, 2024)

These requirements are not met as evidenced by:

Based on observation, interview and record review the establishment failed to ensure residency requirements are met for one (R1) of three residents reviewed for residency requirements.

Findings include:

According to R1's Physician Certification Form, R1 is 89 years old. R1 moved into the Memory Care on 7/1/25.

R1's admission notes dated 7/1/25 documented, "Alert, oriented x1-2 ...dependent of care assisted

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A2000	Continued From page 2 by staff with two extensive assists ....hospice care ... R1's Hospice documents (certification period dated 6/26/25 through 8/24/25), indicated R1 was referred for hospice on 2/20/25, admitted with a primary diagnosis of Alzheimer's Disease with late onset. R1's Hospice Physician's narrative dated 6/18/25 documented, "FUNCTION- The patient needs extensive assistance with all ADLS's (Activities of Daily Living) including dressing, toileting, grooming, and eating. She now needs 1:1 feeding. The patient is mostly nonverbal and speaks only 1-3 words. The patient mostly sits. She needs a roller walker but is at risk of falling due to unsteady gait. The patient is unable to stand or sit without assistance. COGNITION-The patient does follow command intermittently. NUTRITION- She now takes up to 2 hours to eat a meal. She now is pocketing food ...The patient is hospice appropriate secondary to downgrading of diet ...increase in extensive assistance from 5/6 ADLS to 6/6 ADLS. R1 documents titled "Senior Living Standard Level of Care and Service Plan" R1's diagnoses include but not limited to Unspecified Dementia, Heart Disease with Heart Failure. These documents stated in part; Focus: Eating/meals/Nutrition. Intervention: Resident is unable to feed self. Requires full assistance with feeding during all meals. BB. Bowel & Bladder. Intervention: Requires assistance for: toileting activity, including transfers to and from toilet, peri-care, change of incontinent brief and use of adaptive devices ... Incontinent of bladder, Incontinent of bowels Focus: Mobility. Intervention: requires assistance	A2000		

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A2000	Continued From page 3	A2000		

with all mobility needs. Resident is able to ambulate with a walker with supervision assistance at all times. Intervention: Requires Assistance use of walker and wheelchair.

R1's "Evacuation/Safety Assessment dated 7/3/25, documented:
2. Does the resident have currently impaired mobility?
d. Full assistance needed, must be carried out of the building, wheeled out of the building or full assistance maneuvering stairs.
3. Is the resident in need of extra help?
c. Limited assistance from up to 2 staff members to transfer into a wheelchair or to up to a 2 person assist with stairs.

On 7/10/25 at 1:48pm, E13 (Care Partner) confirmed R1 is nonverbal, and R1 needs assistance in all Activities of Daily Living (ADL).

On 7/14/25 at 12:05pm, E3 (Director of Nursing) confirmed R1 is nonverbal, communicate pain through nonverbal cues. Staff will ensure to bring R1 to the dining room for meals (R1 cannot verbalized if she hunger) R1 needs two persons assist to transfer for safety. E3 said the daughter was in the establishment all the time but do not stay overnight. For evacuation needs, E3 said, "somebody has to help her, if she is on a wheelchair, just needs to be pushed out. Unable to follow instructions. When she is in bed, two persons to transfer her into the chair to be wheeled out by one person."

On 7/10/25 at 1:54pm, R1 was observed in her apartment. R1's daughter was present. E13 (Care Partner) was observed encouraging R1 to stand up from wheelchair to the walker. After a lot of encouragement, R1 was able to walk slowly the

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A2000	Continued From page 4 short distance to the bathroom using walker. After using the bathroom, E13 assisted R1 to a clean incontinence brief.	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure Tornado drills were conducted in February on all shifts. This deficient practice has the probability to affect all residents. Findings include: According to Tornado drill documents submitted for review, tornado drills were conducted on the following dates: 10/2/24 8:00am for the day shift. 5/10/25 3:00pm for the evening shift. 2/26/25 2:00am for the night shift. On 7/10/25 2:17pm E6 (Facilities Manager) said Tornado drills has not been conducted this year.	A2040		
A3040	Section 295.3040 Health Care Worker Background Check	A3040		

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A3040	Continued From page 5 This Regulation is not met as evidenced by: Type 3 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.145 Employment Verification 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act) b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act) c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Illinois State Police. (Section 33(i) of the Act) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to update the Registry Portal to include employee hire dates for four (E8, E9, E10, E12) of five employees reviewed for this	A3040		

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A3040	Continued From page 6 requirement. Findings include: E8 (Care Partner) was hired on 2/26/25. E9 (Care Partner) was hired on 3/18/25. E10 (Care Partner) was hired on 3/17/25. E12 (Care Partner) was hired on 10/1/24. The Healthcare Workers Registry forms of these employees were reviewed on 7/14/25, Registry forms did not reflect the employee hire dates. On 7/14/25 at 11:01am, E5 (Human Resources Generalist) said the portal is updated to include the date of hire within 30 days of employment. Requested documentation of update from E5. At 11:49am, E5 said, the Registry portal update to include the dates of hire were not done.	A3040		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 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). Section 696.130 Responsibilities of Health Care Settings a) TB Risk Assessment. Every health care	A4050		

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A4050	Continued From page 7 setting shall conduct initial and ongoing evaluation of the risk for transmission of M. tuberculosis, regardless of whether patients with suspected or confirmed active TB disease are expected to be encountered in the setting. The TB risk assessment shall address administrative, environmental and respiratory-protection controls needed for the health care setting and shall be reviewed at least annually. Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings. a) Screening for Latent TB Infection C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf.	A4050		

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A4050	Continued From page 8 These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure a documented annual TB (Tuberculosis) Risk Assessment or, at minimum, a TB signs and symptoms check for one (R2) of three residents reviewed for TB risk assessment . This deficient practice has the probability to affect all residents. Findings include: R2 moved into the community on 4/1/24. There was no documented annual TB risk assessment on file. On 7/14/25 at 9:14am, E14 (Infection Control Nurse) said, she follows R2's doctor's order not to do skin test due to resident's previous adverse reaction to the test. E14 was asked if, the TB risk assessment form was at least completed, E14 said R2 was assessed but not documented.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Violation Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 2) Staff training:	A4060		

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A4060	Continued From page 9 A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress;	A4060		

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A4060	Continued From page 10 and v) techniques for successful communication. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program was completed for one (E8) of one employee hired specifically for the Memory Care unit. This deficient practice has the probability to affect all memory care unit residents. Findings include: E8 (Care Partner) was hired on 2/26/25. E8's "RELIAS Transcript" indicated the following training was completed: 2/26/25 0.5 hours Dementia Care: Activities for People with Memory Problems 2/27/25 0.25hours Teepa Snow: Meaningful activities. On 7/14/25 E3 (Director of Nursing) submitted E8's documents titled "Job Specific Orientation Checklist". This checklist did not indicate when the orientation was completed. On 7/14/25 at 10:45am, E3 was asked how the orientation of staff are completed as E8's RELIAS training did not indicate completion of 4 hours of dementia specific training. E3 said staff orient in the skilled section of the building as well. E8's orientation checklist did not indicate where or when the orientation took place, if it was in the Memory Care, Skilled or the Assisted Living units.	A4060		