STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510405	A. BUILDING: _____ B. WING _____	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW FALLS	1681 WILLOW CIRCLE DRIVE CREST HILL, IL 60403

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A 000	Initial Comment Annual Licensure Survey conducted Violations cited: 295.2040 Disaster Preparedness a) b) 5) c) 3) d) e) g) h) 295.3000 Personnel Requirements, Qualification and Traininng c) 2) f) 2) 3) 296.3040 Healthcare Worker Background Check Code	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Section 295.2040 Disaster Preparedness - Type 1 Violation 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	A2040		

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A2040	Continued From page 1 resident or the resident's representative. 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. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. 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	A2040		

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A2040	Continued From page 2	A2040		

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.

These requirements were not met as evidenced by:

Based on record review and interview, the establishment failed to:

-orient new residents to the emergency and evacuation plans within 10 days after the resident's arrival for 4 of 4 new residents (R1, R2, R3, R4). The orientation sheet did not include assisting residents in identifying and using emergency exits;

-conduct at least six fire drills per year on a bimonthly basis and at least two of the drills on the night shift;

-include a list of residents who participated in the fire drill and their level of evacuation assistance.

This failure creates the substantial probability of severe harm or death to a resident or residents.

Findings include:

1. On 4/15/26, the establishment presented the fire and tornado drills conducted since the last annual survey (8/19/25). The 2 fire drills presented show the following:

-12/12/25 at 2:55pm (2nd shift), evaluation completed, drill lasted 8 minutes, 15 staff participated, 12 residents evacuated. The evaluation does not include a list of residents who participated nor their level of evacuation

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A2040	Continued From page 3 assistance -1/4/26 at 10am (1st shift), evaluation completed, drill lasted 6 minutes, 17 staff participated, 12 residents evacuated. The evaluation does not include a list of residents who participated nor their level of evacuation assistance tornado drills The one tornado drill presented shows it was conducted on 2/18/26 at 2pm for 1st and 2nd shifts, 13 staff participated. No resident participation listed. There wasn't documentation showing a tornado drill was conducted on the night shift. On 4/21/26 at 3:45pm via telephone E2 (maintenance supervisor) stated, "fire drill are done every 3 months. We have to do both the fire and tornado drills first, second and third shift. The tornado drills are to be done every 3 months, first, second and third shift." E2 wasn't aware that a list of residents who participated in the drills are to be included with the evaluation. After E2's interview, E1 (wellness director) confirmed that the fire and tornado drills are done quarterly. 2. On 4/16/26, E1 (wellness director) was asked to present resident orientation for R1 (move in date 11/25/25), R2 (move in date 1/28/26), R3 (move in date 10/13/25) and R4 (move in date 1/3/26) . The New Resident Orientation Checklist for these 4 residents does not include orientation to the emergency and evacuation plans within 10 days after the resident's move in. This orientation	A2040		

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A2040	Continued From page 4 checklist does not include assisting residents in identifying and how to use emergency exits.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Violation Section 295.3000 Personnel Requirements, Qualifications and Training e) A file shall be maintained for each employee containing the following: 2) Documentation of: f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 2) Initial health evaluation; 3) Compliance with the Health Care Worker Background Check Act. These requirements wer not met as evidenced by: Based on record review and interview, the establishment failed to ensure: -3 out of 8 newly hired employees (E5, E7, E8) received an initial health evaluation no greater than 30 days after hire and one newly hired	A3000		

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A3000	Continued From page 5 employee (E6) completed a initial health evaluation 6 months prior to date of hire; -compliance with the Health Care Worker Background Check Act was followed for 5 out of 8 newly hired employees (E3, E4, E5, E6, E7). E4, E5 and E7 are direct care staff. These failures have the probability to affect all residents and future newly hired employees. Findings include: 1. On 4/21/26 at 11:50am, the personnel files of 8 newly hired staff was reviewed with E8 (business office manager) and showed the following: -initial health evaluation for E5 (PCA/personal care aide) DOH (date of hire) 1/22/26, E7 PCA, DOH 2/3/26 and E8 (business office manager) DOH 1/20/26 did not show that a health evaluation was done 30 days prior or no longer than 30 days after hire. -E6 (LPN/licensed practical nurse) DOH 8/20/25 showed a initial health evaluation dated 2/15/25. This is 6 months prior to E6's hire date. On 4/21/26, E8 could not explain what happened to the initial health evaluations for E5, E6 and E7 as she is a new employee herself. E8 said she wasn't sure if she needed a initial health exam because she is the business office manager. E8 wasn't sure if the establishment has a policy for this requirement. As of 4/22/26, the establishment did not present a protocol pertaining to if newly hired employees require a health evaluation.	A3000		

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A3000	Continued From page 6 2. On 4/21/26 at 11:50am, the personnel files of 8 newly hired staff was reviewed with E8 (business office manager) and showed the following: -E3 (activity aide) DOH 2/23/26, E4 (PCA) DOH 10/1/25, E5 (PCA) DOH 1/22/25, E6 (dietary) DOH 12/1/25 and E7 (PCA DOH 2/3/26 personnel file did not show that the results from the 6 websites for the background checks. After reviewing the personnel files. E8 did not know why only the nurse aide registry results were printed out and not the healthcare worker background checks.	A3000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: 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. This requirement was not met as evidenced by: Based on record review and interview, the establishment failed to ensure compliance with the Health Care Worker Background Check Act was followed for 5 out of 8 newly hired employees (E3, E4, E5, E6, E7). E4, E5 and E7 are direct care staff.	A3040		

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A3040	Continued From page 7 These failures have the probability to affect all residents and future newly hired employees. Findings include: On 4/21/26 at 11:50am, the personnel files of 8 newly hired staff was reviewed with E8 (business office manager) and showed the following: E3 (activity aide) DOH 2/23/26, E4 (PCA) DOH 10/1/25, E5 (PCA) DOH 1/22/25, E6 (dietary) DOH 12/1/25 and E7 (PCA DOH 2/3/26 personnel files did not show that the results from the 6 websites for the background checks. After reviewing the personnel files. E8 did not know why only the nurse aide registry results were printed out and not the healthcare worker background checks.	A3040		