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	ASL5108177	A. BUILDING: _____ B. WING _____	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT ALGONQUIN SENIOR LIVING	2595 HARNISH DRIVE ALGONQUIN, IL 60102

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment ANNUAL LICENSURE Deficiencies 295. 2000 Resident Requirements a)3)5)12)13)e) 295.2040 Disaster Preparedness a)b)1)c)d)e)h) 295.3040Healh Care Worker Background Check 955.165 a)1)2)b)c)d)f)h)i)l)4)5)n 295.4060 Alzheimers Dementia Progam a)c)f)8)2)e	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: TYPE 1 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) 3) The person requires total assistance with 2 or more activities of daily living.	A2000		

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A2000	Continued From page 1 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For this Section, minimal assistance means that the resident can respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building. 12) The person requires treatment of stage 3 or stage 4 decubitus ulcers or exfoliative dermatitis: or 13) The person requires 5 or more skilled nursing visits per week for conditions other than those listed in subsection (c)(12) for a period of 3 consecutive weeks or more except when the course of treatment is expected to extend beyond a 3-week period for rehabilitative purposes and is certified as temporary by a physician. (Section 75(c) of the Act) e) Residency shall be terminated in accordance with Section 295.2010 when services availa ble to the residents in the establishment are no longer adequate to meet the needs of the residents. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act) Subsection (d) of this Section shall not apply to terminally ill residents who receive or would qualify for hospice care, and such care is coordinated by a hospice program licensed under the Hospice Program Licensing Act or other licensed health care professional employed by a licensed home health agency and the establishment and all parties agree to the continued residency. (Section 75(f) of the Act	A2000		

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A2000	Continued From page 2 This regulation is not met as evidenced by: Based on record review and interviews, the facility admitted a resident post fall with unstageable wound, and need of more than 2 people assist with Activities of daily living. . This applies to 1 resident (R5) for resident requirements. This failure creates the substantial probability of severe harm or death to 1 or all residents. Findings include: R5 moved into facility on 7/15/24 with following diagnoses anxiety, anemia, shortness of breath heart failure, arthritis, Gerd, atherosclerosis. Incident accident report dated 3/10/26 noted R5 had unwitnessed fall by tripping over her oxygen tubing, causing her to fall onto her left side. R5 was sent to ER for evaluation and treatment. CT scan showed Left femoral head fracture in which she had surgery the next day. R5 stayed in the hospital until 3/17/26. Per facility progress notes dated 3/17/26 11:52AM E1 (Executive Director) discussed with Z1 POA daughter that R5 must go to rehab and then back to Assisted Living setting post Rehab. Z1 refused and insisted R5 return to facility. Due to high acuity post-surgery this was the usual order to return to facility. POA will speak to hospital personnel and call back. Facility Progress notes dated 3/18/26 at 12:13PM hospital called staff at facility with report on R5 returned to facility. Hospital set up by the Hospice agency this afternoon after returning to the community and Hospice will manage wound.	A2000		

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A2000	Continued From page 3 At 12:45PM E3 (Assisted Living Director) noted Progress notes dated 3/18/26 at 1:23PM R5 returned to facility accompanied Z1 daughter. Hospice in room to admit to hospice. Progress notes dated 3/19/26 sacral wound unstageable 3x.0x8x0.2 scat serous drainage. 100% slough. Surrounding area with minimal blanchable erythema, new dressing change by nurse. On 3/17/26 at 11:58AM E1 called Z1 back to discuss increased care needs and unstageable wound to R5's sacrum that developed during stay at hospital. Z1 wants 24 hours skilled care for her mother in her apartment. E1 noted this was not an option. On 4/7/26 E2 (Director of Nursing) noted that she is aware that the facility is not to take a resident with an unstageable or over level 2 pressure ulcer. E2 is also aware that the facility cannot place a resident just returning to facility on hospice. E1 (Executive Director) and E2(Director of Nursing) had this discussion with Z1. E2 continued that E1 did discuss this case with Corporate but unaware what the conversation consisted of. E2 noted that the nursing department received the notification that we were admitting R5 from the hospital on 3/18/26. During an interview with E2 on 4/7/26, the above findings were confirmed.	A2000		
A2040	Section 295.2040 Disaster Preparedness	A2040		

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A2040	Continued From page 4 This Regulation is not met as evidenced by: Type 1 Violation Repeat 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 protecting all people in the event of disasters, for keeping people 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: 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 too: 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 people in the establishment.	A2040		

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A2040	Continued From page 5 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. This regulation is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that fire and tornado drills had residents involved in the training. The drills should include a plan that addresses the physical and cognitive needs of residents and includes special staff response, including the procedures needed to ensure the safety of any resident. This failure creates the substantial probability of severe harm or death to 1 or all residents. The findings included: On 4/7/26 surveyor requested the tornado and fire drills that were held in the facility in 2025. On 4/7/26 E10 (Maintenance Director), interview, E10, noted he was new in his job 6 weeks, and is still looking for the 2026 Tornado drills that were completed in February. On 4/7/26 the 2026 Tornados drills were reviewed. 2/24/26 at 1:34pm no stop time, and no residents included. No plan available to address physical/cognitive needs of residents 2/24/26 at 3:00pm to 3:16pm no residents included. No plan available that addresses	A2040		

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A2040	Continued From page 6 physical cognitive needs of residents 2/26/26 at 5:30am to 5:37am. No residents included. No plan available that addresses physical cognitive needs of residents On 2/24/26 Fire drills were reviewed. 1/29/25 :10pm-2:00pm no list of staff members or residents involved in drill. No plan available to address physical/cognitive needs of residents 2/3/25 2:4pm no end time documented, no list of staff members or residents involved in drill. No plan available to address physical/cognitive needs of residents 3/16/25 4:10pm to 4:13pm no list of staff members or residents involved in drill. No plan available to address physical/cognitive needs of residents 4/10/25 10:30pm-10:47 no list of staff members or residents involved in drill. no list of staff members or residents involved in drills. No plan available to address physical/cognitive needs of residents On 4/7/26 above was confirmed my E10 and E2 (Director of Nursing)	A2040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation 3040 Section 295.3040 Health Care Worker	A3040		

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A3040	Continued From page 7 Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. Section 955.165 Fingerprint-Based Criminal History Records Check a) educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP". As long as the student, applicant or employee has had a background check and stays active on the Health Care Worker Registry, no further fingerprint-based criminal history record checks are required. (Section 33(g) of the Act) 2) Whether the individual is active in the Health Care Worker Registry. b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act) c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the	A3040		

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A3040	Continued From page 8 Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as provided by the web-based application. (Section 15 of the Act) d) Any student, applicant, or employee to whom the Act and this Part apply and who desires to be included on the Department of Public Health's Health Care Worker Registry shall authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense by completing and signing an authorization and disclosure form. This authorization shall allow the Department of Public Health to request and receive information and assistance from any State or governmental agency. (Section 33(b) of the Act) f) A health care employer who makes a conditional offer of employment to an applicant who is not exempt under Section 955.130, for a position as an employee, shall initiate a fingerprint-based criminal history records check on the applicant, if such a background check has not been previously conducted. A health care employer shall not use the fingerprint-based criminal history check process provided in the Act and this Part to initiate background checks for applicants for employment positions to which the Act and this Part do not apply. (Section 33(d) of the Act) h) When initiating a background check, an educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public	A3040		

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A3040	Continued From page 9 Health the student's, applicant's, or employee's social security number, demographics, disclosure and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. (Section 33 (e) of the Act) i) The student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Illinois State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Illinois State Police. (Section 33(e) of the Act) 1) The student, applicant, or employee shall bring the portion of the livescan request form that is completed by the livescan vendor back to the educational entity or health care employer as proof that his or her fingerprints have been collected. The educational entity or health care employer shall provide the transaction control number, obtained from this portion of the livescan request form, whenever any follow-up inquiries are made about the progress of the background check being processed. 4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor. 5) If the student, applicant, or employee has	A3040		

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A3040	Continued From page 10 not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated, or the student shall be dropped from the training program. The educational entity or health care employer shall withdraw the background check application from the Health Care Worker Registry. n) If the Illinois State Police notify the Department of Public Health that an employee has a new conviction of a disqualifying offense, based upon fingerprints that were previously submitted, then: This regulation is not met as evidenced by: Based on interview and record review, the establishment failed to search the six required internet sites, prior to hiring employees. They failed to ensure employees were fingerprinted within ten days of signing the Background Authorization and failed to terminate the employee when they did not have their fingerprints collected withing 30 days after being hired. This applies to 1 of 9 employees (E8) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, by allowing employees that have not been properly screened for disqualifying offenses to have access to residents. The findings included: On 4/6/26 surveyor requested 9 employee files to review staff requirements from E12(Business Office Manager). On 4/7/26 there was no documentation provided to show that E8 was fingerprinted prior to being	A3040		

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A3040	Continued From page 11 employed. E8 (caregiver) hire date of 2/23/26 On 4/6/26 in E8's file there was no documentation provided to show E9 was fingerprinted withing ten days of hire. On 4/7/26 E2 (Director of Nursing) confirmed E8 was still employed at facility even though E8 was not fingerprinted withing 30 days after being hired. On 4/7/26 E8 (Caregiver) was interviewed focusing on pre-employment documents that had to be filled out and completed. E8 noted that he has not gone and gotten fingerprint yet and has an appointment on 4/10/26 to get it completed. E8 stated he has been working at facility since 2/23/26. On 4/7/26 E2 confirmed E8 is still employed at facility.	A3040		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all the other provisions of the Act. (Section 150(a) of the Act) c) No person shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of	A4060		

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A4060	Continued From page 12 other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the Act) f) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of the Act. (Section 150(e) of the Act) 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section 2) Staff training: C) Direct care staff must annually complete 12 hours of in-service training regarding Alzheimer's disease and other related dementia disorders. This regulation is not met as evidenced by: Based on record review and interview failed to ensure that staff have at least 8 hours of Alzheimer's disease / dementia training. This failure has probability of affecting all care rendered to residents at the facility. This applies to 2 out of 9 staff members (E10, E11) files pulled for staff requirements. This failure creates the substantial probability of harm to 1 or all residents. Findings include: On 4/7/26 surveyor requested 9 employee files to check staff requirements from E12 (Business office Manager Westbrook Community)	A4060		

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A4060	Continued From page 13 E10 Supervisor of Restaurant hire date of 5/23/22 only had 3 hours of Dementia training E11 (Housekeeping hire date of 5/16/22 had only 4.25 hours of Dementia training During an interview with E2 (Director of Nursing) on 4/7/26, the above findings were confirmed.	A4060		