

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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 Facility Reported Incident Survey conducted: #IL200799 - No deficiencies written. Facility Reported Incident Survey conducted: #IL201056 Violation: Section 295.4010 Service Plan a) d) e) Complaint Investigation Survey conducted: #2613272/IL200827 Violations: Section 295.8000 Food Service a) 1) Section 295.9040 Environmental Requirements d)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the residents' choices regarding the service plan. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change,	A4010		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A4010	Continued From page 1 shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the residents' physical, cognitive, or functional condition (see Section 295.4000). This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to address a resident's history of choking incidents in the establishment, failed to have interventions in place to help prevent re-occurrence of another choking incident, and failed to provide supervision, in the dining area at mealtime, for a resident with a history of choking. These failures contributed to a resident's aspirating her food during lunch, subsequent hospitalization, intubation, admission to the intensive care unit, and expiration at the hospital due to laryngopharyngeal food obstruction/aspiration. This failure creates a substantial probability of severe harm or death to R2 and all residents. This applies to 1 (R2) resident reviewed for a facility reported incident of aspiration. The findings include: R2 was an 80-year-old female resident admitted to the establishment's Assisted Living unit on	A4010			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A4010	Continued From page 2 November 19, 2023, with diagnoses of dependence on supplemental oxygen, hypothyroidism, unspecified dementia and convulsions, pulmonary HTN, shortness of breath, chronic respiratory failure with hypoxia, emphysema, TIA, presence of cardiac pacemaker, pulmonary embolism, history of nicotine dependence, and late onset Alzheimer's disease. On April 3, 2026, at 10:30 AM, E1 (Regional Director, Resident Care-RDRC) confirmed R2 aspirated her food while eating lunch in the dining room on March 30, 2026. Paramedics were called and R2 was out of the building in 5 minutes. R2 was admitted to the intensive care unit. They were notified by hospital staff and the resident's family about her passing while at the hospital on April 2, 2026. The establishment's Incident Report and Progress Notes for R2 showed, "Kitchen staff notified the nurse in the building that resident was slumped over to the right in her wheelchair unresponsive to name and stimuli, face ashen and pallor, hands purplish in color, did not follow commands, unable to answer questions to open mouth, which is not her baseline. 911 was called and transferred to a local hospital. NP, RND, and POA were made aware." The establishment's record for R2 showed she was evaluated and treated by speech therapist for dysphagia from June to August 2025. The ST Notes for this period showed, "Resident with prolonged mastication of regular solid and mild pocketing on right side given regular solid. Resident given verbal prompt x1 to clear right side...Supervision: How often does patient require supervision/assistance at mealtime d/t swallow	A4010		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A4010	Continued From page 3 safety? = 0-25% of the time...Skilled instruction: Patient and Caregiver Training: Provided resident with verbal education on alternating bites and sips...Resident benefiting from moderate verbal/visual cues for skilled mealtime facilitation techniques. D/C Status...other discharge recommendations: Remain upright and alert throughout duration of meals, alternate bites and sips as needed..." These ST evaluations and recommendations were not incorporated or addressed in R2's Service Plan related to her swallowing safety during mealtimes. There was another order for ST evaluation in September 2025 due to choking during meals. R2's POA refused. R2's Physician Order Sheet with date of September 10, 2025, showed an order of "ST to evaluate and treat related to choking during meals. POA refused secondary to insurance also missing dentures." R2's Progress Notes showed she had another choking incident on October 30, 2025. R2 was sent to the hospital. The same Progress Notes showed, "Requested ST to eval, RN states she will make request to MD." R2's Progress Notes dated December 8, 2025, also showed, "She received her new re-fitted dentures. Resident observed eating with the dentures in place and appeared to chew and swallow with minimal difficulty." There was no follow-up documentation regarding what became of the request for ST evaluation after the choking incident in October 2025.	A4010			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A4010	Continued From page 4 R2's Service Plan did not address R2's issue with choking. There were no interventions in place to help mitigate this concern. After R2's POA's refusal for ST evaluation and treatment, R2 continued to stay in the establishment despite the danger of possible aspiration during eating with no safety measures put in place, or possible placement in an alternative place to provide closer supervision of the resident during mealtimes. On April 3, 2026, at 4:00 PM, E1 (RDRC) explained they are not providing supervision during mealtimes in Assisted Living. However, E1 agreed there should have been other interventions in place in the Service Plan to help prevent another choking incident such as placing her in another unit or another facility where she could be closely monitored during mealtimes.	A4010		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements.	A8000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A8000	Continued From page 5 PART 750 FOOD SERVICE SANITATION CODE SUBPART A: GENERAL PROVISIONS Section 750.520 General - Clothing a) The outer clothing of all employees shall be clean. b) Employees shall use effective hair restraints (such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair) that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils and linens; and unwrapped single-service and single-use articles. Section 750.1160 General - Insect and Rodent Control Effective measures intended to minimize the presence of rodents and flies, roaches, and other insects on the premises shall be utilized. The premises shall be kept in such condition as to prevent the harborage or feeding of insects or rodents. (Source: Amended at 32 Ill. Reg. 11980, effective July 10, 2008) These requirements are not met as evidenced by: Based on observation, interview and record review, the establishment failed to ensure their kitchen and food preparation areas are free of flies/flying insects. They also failed to ensure kitchen staff are using hair covering to effectively keep their hair from being in contact with exposed food, and clean equipment/utensils. The establishment also failed to follow their own policy regarding food and sanitation. This failure has the probability to affect all residents.	A8000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A8000	Continued From page 6 The findings include: During a tour of the kitchen on April 3, 2026, groupings of small insects/flies were seen on the ceiling by the food preparation areas. Some were also observed by the wall. E1 (Regional Director, Resident Care-RDRC) and E2 (Director, Resident Care-DRC) were in the kitchen during the tour. Both witnessed the presence of insects/flies in the kitchen area. On April 3, 2026, at 11:30 AM, E7 (Director, Food and Beverage) said they had an issue with flying insects coming out from the drain in the kitchen floor. They have been pooling around the drain and flying about. The kitchen staff did deep cleaning. It's still an ongoing issue. They let the company representative who takes care of this issue know. This company staff comes once a month. They came and recommended products they could use weekly to pour down the kitchen drain. It has been an ongoing issue since January. When asked if the issue has been fully resolved, E7 said it is still ongoing. E8 (Server) said the issue regarding flying insects in the kitchen has been ongoing since end of January. It's still an occurrence every now and then. E9 (Dishwasher) confirmed he noticed this issue with flies in the kitchen area. E10 (Sous Chef) said it is an ongoing concern although they have been doing a lot of cleaning also. An invoice from a Pest Elimination Company with Service date of January 26, 2026, was reviewed. The Finding showed "Small flies noted during service. Talked with maintenance personnel. Small flies noted coming out of drains. Advise them to clean drains and other areas of kitchen.	A8000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A8000	Continued From page 7 Sending them an email of potential products they could purchase that can help with small flies." There were no other invoices, regarding pest elimination service, that were presented after the January 2026 service date. Some kitchen staff were observed not wearing hair restraints. It was also seen during the kitchen tour that the prepared breading/batter in a big container was also uncovered and within the vicinity of the flies on the ceiling. The establishment's Food and Beverage Sanitation Policy issued October 1, 2025, showed, "The community shall follow all practices in accordance with the standards of the applicable food regulatory department, food retail code and this policy...Appearance and Attire...cooks and food handlers shall wear clean outer garments and effective hair restraints." E1 (RDRC) said she notified corporate regarding this issue so it will be taken care of as soon as possible.	A8000			
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Violation Section 295.9040 Environmental Requirements	A9040			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A9040	Continued From page 8 d) Establishment garbage and refuse shall be stored in covered containers lined with plastic bags and shall be removed from the premises at least once a week. This requirement is not met as evidenced by: Based on observation, interview, and record review, the establishment failed to ensure a garbage can near the food preparation area is covered to help prevent flies from converging nearby. The establishment also failed to follow their own policy regarding food and sanitation. This failure has the probability to affect all residents. The findings include: During a tour of the kitchen on April 3, 2026, groupings of small insects/flies were seen on the ceiling by the food preparation areas. Some were also observed by the wall. E1 (Regional Director, Resident Care-RDRC) and E2 (Director, Resident Care-DRC) were in the kitchen during the tour. Both witnessed the presence of insects/flies in the kitchen area. It was also seen during the kitchen tour that the trash can by the side of the food preparation area was full to the brim and uncovered, the prepared breading/batter in a big container was also uncovered and within the vicinity of the flies on the ceiling. The establishment's Food and Beverage Sanitation Policy issued October 1, 2025, showed, "The community shall follow all practices	A9040		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/07/2026
NAME OF PROVIDER OR SUPPLIER THREE OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1055 SILVER LAKE RD CARY, IL 60013		
(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
A9040	Continued From page 9 in accordance with the standards of the applicable food regulatory department, food retail code and this policy...Cleanliness and Sanitation...All garbage and kitchen refuse that is not disposed of in a garbage disposal unit shall be kept in watertight containers with close-fitting covers, bag liners and disposed of daily in a safe and sanitary manner." E1 (RDRC) said she notified corporate regarding this issue so it will be taken care of as soon as possible.	A9040		