STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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RADCLIFF AT WOOD DALE	276 EAST IRVING PARK ROAD WOOD DALE, IL 60191

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A 000	Initial Comment Annual Licensure Survey Conducted 295.400 a) 295.2040 a) c) 1) 2) d) e) f) h) 295.3020 295.3030 a) b) d) 295.4010 a) d) e) 295.4050 e) 1) 2) 295.4060 a) h) 8) 9) i) 1) A) B) 2) A) iii) iv) v) C) 295.7010 Complaint Investigation: #2576909/#196615-Substantiated; 295.5000 Written Facility Reported Incident: #194916-Unsubstantiated; 295.2050 a) b) c) Written #194944-Substantiated; 295.2050 a) b) c); 295.4010 a) d) e) Written	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General Violation 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 c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the	A2040		

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A2040	Continued From page 1 drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the firefighting equipment in the facility. 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. f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents. 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. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure at least six fire drills are conducted as require, two during the night when residents are sleeping, and tornado drills were conducted as required in the month od February of each year. Ensure a list of residents	A2040		

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A2040	Continued From page 2 participating on the drills and list of residents requiring assistance for Evacuation is added to the Fire and Tornado drills documentation. Findings include: On 8/7/2025 surveyor reviewed the Fire and Tornado Drills Binder> Fire and Tornado Drills were as follow: FIRE DRILLS 9/13/2024- 1:45PM 10/28/2024- 10:10PM 12/13/2024- 2:15PM 2/7/2025- 10:35AM 4/11/2025 10:15PM 7/10/2025- 11:15AM TORNADO DRILLS 5/9/2025- 10:30AM There was not fire drill for the 3rd shift, no tornado drills in the month of February. No list of residents who participated on the drills and no list of residents who need assistance for evacuation during an emergency. On 8/11/2025 at 11:06AM, E18 (Assistant Maintenance Director) said that he has not participated on any drills, he has been working here for 9 months. Maintenance Director is on vacation, He was not aware that a list of residents and visitors who participated in the drills as well as list of residents who needs asses-stance for evacuation needs to be added to the Fire and Tornado Drills. Tornado drills are done in the month of February.	A2040		
A2050	Section 295.2050 Incident and Accident Reporting	A2050		

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A2050	Continued From page 3 This Regulation is not met as evidenced by: General Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. b) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. These requirements are not met as evidence by: Based on interview and record review, the establishment failed to report incident with injury within 24 hours of occurrence for two (R1, R2) 13 of residents reviewed. Findings include: R1's medical record showed R1 moved into the establishment on 5/31/2023, resided in the Assisted Living unit, and had multiple diagnoses, including but not limited to Parkinson's Disease, Congestive Heart Failure, Urinary Tract Infection, Stage 3 Chronic Kidney Disease, Hypertension,	A2050		

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A2050	Continued From page 4 Anxiety, Dysphagia. R1's Incident Report sent to The Department dated 5/29/2025 Incident occurred: 5/25/2025 Indicated complained of Right Lower Extremity pain on Saturday, hospice assessed, pain not relieved with Morphine. Per daughter/POA (Power of Attorney) request sent out. R1's had a diagnosis: Right Hip Fracture. R2's medical record showed R2 moved into the establishment on 3/16/2020, resided in the Assisted Living unit, and had multiple diagnoses, including but not limited to Depression, Diabetes Mellitus, Chronic Kidney Disease, Dementia, Anemia, Gout, Obesity, Anxiety, TIA, Hypertension, Lower Back Pain, DVD, DVT (Deep Vein Thrombosis) , GERD (Gastro Esophageal Reflux Disease). R2's Incident Report to The Department dated 5/27/2025 Incident Occurred: 5/29/2025 Unwitnessed fall day prior, became unresponsive, needed sternal rub to arouse, when assisted to bathroom resident started screaming of pain. Admitted to local hospital with diagnosis of UTI (Urinary Tract Infection), abscess, compression fracture of the lumbar. 8/11/2025 at 1:48PM, E2 (Assistant Director of Nursing) said that incident reports are supposed to be sent to the Department within 24 hours.	A2050		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by:	A3020		

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A3020	Continued From page 5 General Violation Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals. 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights. 3) Confidentiality of resident records and resident information. 4) Hygiene and infection control. 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents. 2) The significance and location of resident service plans. 3) Internal establishment requirements and the establishment's policies and procedures. 4) The employee's job responsibilities and	A3020		

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A3020	Continued From page 6 limitations. 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights. 2) Disaster procedures. 3) Hygiene and infection control. 4) Assisting residents in self-administering medications. 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. d) All training shall be documented with: 1) Date. 2) Starting and ending time. 3) Instructors and their qualifications. 4) Short description of content; and	A3020		

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A3020	Continued From page 7 5) Staff member's written signature. e) An employee who has not demonstrated to the establishment that he or she is competent to perform a particular task may perform that task only under the direct supervision of an employee who has demonstrated competence in performing the task. This regulation is not met as evidenced by: Based on interview, and record review the facility failed to present surveyor documentation that new staff started orientation within 10 days of hire, completed the orientation within 30 days of hire, and document required 8-12 hours of continuing. education training to staff. This failure has the potential to affect all 135 residents in the facility. Findings include: On 8/7/2025 the surveyor provided to E11 (Business Office Manager) with a list of employee files she needs to pull for the Staff requirement log sheet. On 8/7/2025 the surveyor reviewed 9 staff files the following occurred: 1) E3 (Registered Nurse) hire date of 6/23/2025 1) missing fire extinguisher class 2) Continuing education training, 3) Alzheimer's training 4) Dementia Specific training. 2) E4 (Memory Care Manager) hire date of 10/27/2024	A3020		

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A3020	Continued From page 8 1) missing fire extinguisher class 2) Continuing education training, 3) Alzheimer's training 4) Dementia Specific training. 3) E6 (Certified Nursing Assistant/CNA) hire date of 2/10/2025 1) missing fire extinguisher class 2) Alzheimer's training 3) Dementia Specific training. 4) E7 (Caregiver) hire date of 2/20/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. 5) E8 (CNA) hire date of 1/13/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. 6) E9 (CNA) hire date of 5/26/2025 1) missing fire extinguisher class 2) Continuing education training, 7) E10 (CNA) hire date 6/25/2025 1) missing fire extinguisher class 2) Continuing education training, On 8/7/2025 at 4:16PM, E11 (Business Office Manager) said that whatever is in the employee files its all she gets. E11 said "unfortunately some employees are missing documents."	A3020		

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A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: General Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. These requirements are not met as evidenced by: Based on interview, and record review, the facility failed to obtain initial medical health evaluations on staff 30 days prior to hire/ and no later than 30 days after employed. This has the potential to affect all staff and residents in the facility. Findings include: On 8/7/2025 the surveyor provided to E11	A3030		

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A3030	Continued From page 10 (Business Office Manager) with a list of employee files she needs to pull for the Staff requirement log sheet. On 8/7/2025 the surveyor reviewed 9 staff files the following occurred: 1) E3 (Resisted Nurse) hire date of 6/23/2025 1) Missing initial Health Evaluation 2) E7 (Caregiver) hire date of 2/20/2025 1) missing initial Health Evaluation 3) E9 (Certified Nursing Assistant) hire date of 5/26/2025 1) missing initial Health Evaluation 4) E10 (CNA) hire date 6/25/2025 1) missing initial Health Evaluation On 8/7/2025 at 4:16PM, E11 (Business Office Manager) said that whatever is in the employee files it's all she gets. E11 said "unfortunately some employees are missing documents."	A3030		
A400	Section 295.400 License Requirement This Regulation is not met as evidenced by: General Violation Section 295.400 License Requirement a) No person may establish, operate, maintain, or offer an establishment as an assisted living establishment or shared housing establishment as defined by the Act within this State unless and until he or she obtains a valid license, which remains unsuspended, unrevoked, and unexpired.	A400		

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A400	Continued From page 11 This requirement was not met as evidenced by: Based on review of current license and staff interview, the facility at time of survey is operating without an active assisted living license. This involves 135 of 135 residents(R1-R135) receiving services. This failure has the potential to affect all residents receiving services. Findings include: On 8/11/2025 at 1;52PM, review of facility current license has an expiration date of 7/13/2025. Facility is operational, providing services to 135 residents (R1 through R135). During an interview on 8/11/2025 at 1:52PM with E2 (Assistant Director of Nursing) the above findings were confirmed. E2 further said aid that the License was not requested because they were waiting for the Annual Licensure Survey to be done because usually surveyors tell them if they will have a one year or two years recommendation.	A400		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General 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	A4010		

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A4010	Continued From page 12 establishment shall respect and accept the resident's 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, 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 resident's physical, cognitive, or functional condition (see Section 295.4000). These requirements were not met as evidenced by: Based on interview and record review, the establishment failed to revise service plans to include individualized, and measurable interventions for the following concerns: -Fall interventions affecting four (R2, R4, R8, R11) of four residents reviewed for fall. -Wound interventions affecting two (R5,R13) of two residents reviewed for wounds. -Hospice services for three (R4, R5,R12) of four residents reviewed for hospice care. This deficient practice affected seven of thirteen residents reviewed for service plan and has the probability to affect all residents. Findings Include: R2's medical record showed R2 moved into the establishment on 3/16/2020, resided in the Assisted Living Unit, and had multiple diagnoses, including but not limited to Depression, Diabetes Mellitus, Chronic Kidney Disease, Dementia,	A4010		

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A4010	Continued From page 13 Anemia, Gout, Obesity, Anxiety, TIA, Hypertension, Lower Back Pain, DVD, DVT (Deep Vein Thrombosis), GERD (Gastro Esophageal Reflux Disease). R2's Service Plan, dated 3/15/2025, showed R2 uses of a wheelchair and needs assistance for transfers and mobility. R2's service plan addressed R2 as a fall risk and had only Physical Therapy as intervention. No updated interventions to prevent falls noted. R2's Progress Notes indicated the following falls: 4/22/2025 at 5:45pm- noted sitting on the floor beside her bed... no apparent injury. 5/26/2025 at 7:30pm- noted resident in room in front of bathroom in the hallway facing living room. resident said that "I got tired and sat down". No bumps, bruises, or redness noted. 5/27/2025 at 11am- Resident complained of dizziness and screaming. Resident sent out to local hospital. 5/27/2025 at 5pm- Resident admitted with diagnosis: UTI (Urinary Tract Infection), pus, and compression fracture of the lumbar. 6/5/2025 at 5:30pm- resident had an unwitnessed fall, found lying on the floor. No apparent injuries denied hitting head. 6/20/2025 at 3:10pm- Resident found lying on the floor. No visible injuries. According to R4's Service plan with assessment date of 6/23/25, R4 is 82 years old. R4's diagnoses include but not limited to Dementia, Hypertension, and Status post Fracture of Right Femur. R4 moved to the Memory care unit on 3/1/25. On 8/11/25 at 9:37am, R4 was observed seated on a wheelchair, unable to interview due to poor cognition. R4's progress notes indicated, R4 has history of	A4010		

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A4010	Continued From page 14	A4010		

falls prior to move in, and assessed as high fall risk. R4's notes also indicated fall incidents on 3/11/25 (Observed on floor), and 4/2/25 (Slid off chair). There is no intervention in place on R4's service plan for fall. R4's Fall Risk Assessment score date 3/1/25 is 19 (Any score of 5 or above indicates a high fall risk).
R4's Hospice Certification and Plan of Care indicated, R4 was admitted under hospice care on 7/2/25 with Cerebral Atherosclerosis as primary diagnosis. Coordination or integration of Hospice interventions were not discussed on R4's service plan.

According to R5's Service plan with assessment date of 1/23/25, R5 was 93 years old. R5 moved to the Memory care unit on 9/7/24. R5's diagnoses include but not limited to Hypertension and Alzheimer's Disease. R5's MMSE(Mini Mental State Exam) score dated 9/7/25 was 0 (Severe cognitive impairment). R5's notes also indicate on 6/20/25, a CNA (Certified Nursing Assistant) found a wound on R5's hip.
R5's Wound (left thigh) notes indicated the following :
7/2/25 Wound size: 4.50cm (length)x4.50cm (width)x0 (depth). This wound was debrided by wound specialist. Treatment: Clean wound with wound cleanser, pat dry with gauze, apply Medihoney and silver calcium alginate then foam dressing change 3x/week and as needed.***PCG may perform wound care in between SN visits. If s/s (signs and symptoms) of infection noted, contact provider immediately.
7/11/25: Wound size: 9.50x 7.00x0.2 Treatment: Clean wound with Dakins quarter strength, pat dry with gauze, apply Bactroban then Santyl, cover with Calcium Alginate then foam dressing daily and as needed if soiled, saturated or dislodged.***PCG may perform wound care in

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between SN visits. If s/s (signs and symptoms) of infection noted, contact provider immediately.
R5's notes indicated R5 was admitted under hospice care on 7/12/25. Hospice took over wound care. Hospice notes dated 7/23/25 indicated foul odor on wound, "appears more necrotic." Antibiotic was administered. 8/7/25 wound size was 9cmx 7cmx 1.25cm.
On 8/11/25 at 12:31pm, E17 (Certified Nursing Assistant-CNA) said, R5 cannot reposition on her own, required repositioning assist, poor appetite, incontinent and unable to get up on her own.
On 8/11/25 at 8:15am, E15 (CNA) said, R5 was on a Broda chair and needed Hoyer lift which requires two persons assist.
R5's service plan was not revised to reflect R5's needs. It did not address wound care, and hospice care. No interventions in place to prevent further skin breakdown. Service plan also indicated independent with transfer, when in fact R5 was transferred via Hoyer lift. R5 expired on 8/9/25.

According to R8's Service plan with assessment date of 11/18/24, R8's diagnoses include but not limited to Parkinson's Disease, Diabetes Mellitus and Hypertension. R8 moved in the Assisted Living on 12/4/24. R8's Fall Risk assessment dated 12/4/24 was 10 (High Risk for fall). R8's MMSE score dated 12/4/24 was 15 (Clear impairment. May require 24 hour supervision.) On 8/11/25 at 9:11am, R8 was observed in his room seated on a wheelchair. R8 was unable to provide reasons for falls.
R8's Service plan indicated: Mobility/Fall Risk: Walker and Wheelchair were selected and "with assist". Actual Fall: 12/5/25, 12/23/24, 2/9/25, 3/2/25, 3/31/25, 4/11/25. Interventions: Assessment completed with full ROM, neurocheck. Reinforced fall safety precautions (it

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did not specify what these precautions are), no individualized fall interventions currently in place.

According to R11's Service plan with assessment date of 8/2/25, R11 is 88 years, R11 moved to the assisted living on 7/23/21. R11's notes dated 6/11/25 documented, R11 was found in the bathroom floor of her apartment, R11 was transferred to the hospital via 911. R11 was found to have a fracture on right tibia and fibula. R11 was transferred from the hospital to a local rehab facility. R11 returned to the community, this time to the Memory care unit on 8/2/25. R11 was re-admitted under hospice care with a diagnosis of Lewy Body Dementia. On 8/11/25 at 12:24pm, R11 was observed in the dining room being fed by her husband. Unable to participate with the interview. Despite having an actual fall with major injury, R11's service plan has not been revised to include interventions to prevent or mitigate fall.

According to R12's Service plan with assessment date of 10/30/24, R12 is 86 years old. R12 was admitted under hospice care on 12/5/25 with a diagnosis of Senile Degeneration of the Brain. There was no integration of hospice services on R12's service plan.

According to R13's Service plan with assessment date of 7/24/25, R13 is 94 years old. R13 moved to the community on 8/31/23. R13's diagnoses include but not limited to Major Vascular Neurocognitive Disorder. R13's hospice notes indicated, R13 was admitted under hospice care on 12/10/24 with a diagnosis of Cerebrovascular Disease. On 8/11/25 at 9:48am R13 was observed in the common area with peers, R13 was seated on a broda chair lined with Hoyer lift sling, asleep. Wound dressing was observed on right forearm, lower legs were supported with a

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A4010	Continued From page 17 pillow. R13's service plan indicated four pressure ulcers located on left knee, right hip, right buttock and left leg calf. R13's service plan did not list any interventions to address these wounds, no interventions in place to prevent further skin breakdown. On 8/11/25 at 2:59pm, E2 (Assistant Director of Nursing) said, R13 had a decline and was admitted under hospice care. The wounds started in July after hospice admission. E2 confirmed there were no interventions in place documented on the service plan to address pressure wounds. E2 said, R13 has pressure alleviating mattress and they have to off load after lunch. These however were not documented on service plan. On 8/11/2025 at 3:45pm, E2 (Assistant Director of Nursing) it's usually yearly unless, change in condition, hospice, wounds, falls, re-admission, need medication. These residents service plans were not revised to include individualized, and measurable interventions reflecting current resident status.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: General 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).	A4050		

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A4050	Continued From page 18 e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. These requirements are not met as evidence by: Based on interview and record review the facility could not provide documentation staff received their TB (tuberculin skin test) 90 days prior/10days after the date of hire. Findings include: On 8/7/2025 the surveyor provided to E11 (Business Office Manager) with a list of employee files she needs to pull for the Staff requirement log sheet. On 8/7/2025 the surveyor reviewed 9 staff files the following occurred: 7 employee files did not have Tuberculosis Vaccination records. 1) E3 (Registered Nurse) hire date of 6/23/2025 1) missing Tuberculosis Vaccination 2) E4 (Memory Care Manager) hire date of 10/27/2024 1) missing Tuberculosis Vaccination 3) E6 (Certified Nursing Assistant/CNA) hire date of 2/10/2025 1) missing Tuberculosis Vaccination 4) E7 (Caregiver) hire date of 2/20/2025 1) missing Tuberculosis Vaccination 5) E8 (CNA) hire date of 1/13/2025	A4050		

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A4050	Continued From page 19 1) missing Tuberculosis Vaccination 6) E9 (CNA) hire date of 5/25/2025 1) missing Tuberculosis Vaccination 7) E10 (CNA) hired date of 6/25/2025 1) missing Tuberculosis Vaccination On 8/7/2025 at 4:16PM, E11 (Business Office Manager) said that whatever is in the employee files it's all she gets. E11 said "unfortunately some employees are missing documents."	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: GENERAL VIOLATION Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 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. 9) Develop emergency procedures and staffing patterns to respond to the needs of	A4060		

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A4060	Continued From page 20 residents; (Section 150(f) of the Act) i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: A) The manager of an establishment providing Alzheimer care, or the supervisor of an Alzheimer program must be 21 years of age and have: i) a college degree with documented course work in dementia care, plus one year of experience working with persons with dementia; or ii) at least two years of management experience with persons with dementia. B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. 2) Staff training: 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: iii) techniques for creating an environment that minimizes challenging behaviors.	A4060		

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A4060	Continued From page 21 iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans. ii) promoting resident dignity, independence, individuality, privacy, and choice. iii) planning and facilitating activities appropriate for the dementia resident. iv) communicating with families and other persons interested in the resident. v) resident rights and principles of self-determination. vi) care of elderly persons with physical, cognitive, behavioral, and social disabilities. vii) medical and social needs of the resident. viii) common psychotropics and side effects. ix) local community resources;	A4060		

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A4060	Continued From page 22 and x) other related issues. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This regulation is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that the Manager has proper education and training for managing an Alzheimer's/Dementia Unit. This failure has the potential to affect all 14 residents in the Memory Care Unit. Findings Include: On 8/7/2025 the surveyor provided to E11 (Business Office Manager) with a list of employee files she needs to pull for the Staff requirement log sheet. On 8/7/2025 the files were reviewed and the following file for E4 was incomplete of the following information for her Job per state regulations. 1) The file of E4 (Memory Care Manager) did not have a resume documenting her college education. 2) Did not have any continuing education documentation in her file for the last year containing Alzheimer's/ Dementia training. 3) Did not have additional the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care.	A4060		

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A4060	Continued From page 23 On 8/7/2025 at 4:16PM, E11 (Business Office Manager) said that whatever is in the employee files it's all she gets. E11 said "unfortunately some employees are missing documents."	A4060		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: General Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage a) An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service. b) Medication reminders include: 1) Reminding residents to take pre-dispensed, self-administered medication; 2) Observing the resident; and 3) Documenting whether or not the resident took the medication. c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a	A5000		

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A5000	Continued From page 24 licensed health care professional. 1) Reminding residents to take medication; 2) Confirming that residents have obtained and are taking the dosage as prescribed; 3) Reading the medication label to residents; 4) Checking the self-administered medication dosage against the label of the medication; 5) Opening the medication container for a resident who is physically unable to do so; 6) Confirming that residents have obtained and are taking the dosage as prescribed; and 7) Documenting in writing that the resident has taken (or refused to take) the medication. d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act) e) Medication stored by a resident in the resident's unit shall be stored and controlled as stated in the resident's service plan and shall be inaccessible to other residents.	A5000		

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A5000	Continued From page 25 f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 1) Obtaining and refilling medication; 2) Storing and controlling medication; 3) Disposing of medication; 4) Assisting in the self-administration of medication and medication administration, as applicable; and 5) Recording of medication assistance provided to residents and maintenance of medication records. g) If an establishment provides medication administration or supervision of self-administered medication, a drug reference guide, no older than 2 years from the copyright date, shall be available and accessible for use by employees. h) Any medication stored by the establishment shall meet the following requirements: 1) Medication shall be stored in a locked container, cabinet, or area that is inaccessible to residents; 2) Medication shall not be left unattended by an employee; 3) Medication shall be stored in the	A5000		

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A5000	Continued From page 26 original labeled container, except for medication organizers, and according to instructions on the medication label; 4) A bathroom or laundry room shall not be used for medication storage; and 5) Any expired or discontinued medication, including those of deceased residents, shall be disposed of according to the establishment's medication policies and procedures. i) Except for medication organizers, resident medication shall not be pre-poured. Medication organizers may be prepared up to one month in advance by the following individuals: 1) A resident or the representative; 2) A resident's relatives; 3) A nurse; or 4) As otherwise provided by law. j) A separate medication record shall be maintained for each resident receiving medication administration and shall include: 1) Name of resident; 2) Name of medication, dosage, directions, and route of administration; 3) Date and time medication is scheduled to be administered; 4) Date and time of actual medication administration; and	A5000		

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A5000	Continued From page 27 5) Signature or initials of the employee administering medication. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure, medications are passed by a licensed nurse as required and defined on this requirement. This affected one (R10) of four residents reviewed for medications and has the potential to affect all residents. Findings include: R10's medical record showed R10 moved into the establishment on 3/10/2025, resided in Assisted Living Unit and had multiple diagnoses, including but not limited to Asthma, COPD, Hypothyroidism, Hyperlipidemia. R10's Service Plan dated 3/4/2025 shows the following: Medication Administration Administered by Nurse Medication will be provided as ordered by physician Medication will be administered by nurse Resident/Family Concern Form dated 7/17/2025 Nebulizer Treatment not given to resident properly. Plan of Correction for resolution: After receiving letter E1 (Executive Director/ED) called POA (Power of Attorney) along with (CNA Supervisor) to apologize for the caregiver's confusion and educated each staff how to properly administer Nebulizer. Attached letter indicated in part that CNA put resident to bed, put the Nebulizer mask on and	A5000		

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A5000	Continued From page 28 left the room. No treatment given, POA needed drove to the establishment and found resident with Nebulizer mask on. Resident needed to be put back in the wheelchair to give her the treatment. CNA was not told that resident needed her treatment before bed, she didn't even know how to do it. POA walked her thru how to do it. On 8/11/2025 at 11:03AM, E6 (Certified Nursing Assistant/CNA) said that CNAs give remainders for medication, they have a roll of medication with the name of the medication and the time the medication needs to be given, CNAs open it, and they give it to the patient for them to take it, E6 said " we cannot administer medication, we just give reminders. We have a medication book where we check what kind of medication and what is it for. On this book there is a description of the medication." E6 Said that CNAs give reminders and nurses come later to verify that the medication was given. Insulin is given by the nurse. On 8/11/2025 at 11:15AM, E2 (Assistant Director of Nursing) said that nurses prepare the medication; medication is provided by pharmacy in rolls for 14 days. E2 said that "Once we get the medication from Pharmacy, we verified that medication is still updated. Once a month we get the MAR and POS we review the sheet to make sure the orders are still "OK" E2 said that Medication is distributed to each individual boxes in all Assisted Living (AL) the resident rooms. If a resident gets a bottle worth of 30-90 days medication, nurse prepare the medication in pill boxes, only a week increments. The CNAs sign off that they watch that medication is taken by the nurse. CNA put the medication in a cup, gives it to the resident and	A5000		

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RADCLIFF AT WOOD DALE	276 EAST IRVING PARK ROAD WOOD DALE, IL 60191

(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
A5000	Continued From page 29 the resident takes it, then the nurse comes and verify that medication was taken.	A5000		
A7010	Section 295.7010 Establishement Records This Regulation is not met as evidenced by: General Violation Section 295.7010 Establishment Records a) The establishment shall maintain the following records: 1) Reports of known resident injury requiring a physician's intervention; 2) Reports of abuse, neglect, or financial exploitation that are submitted to the Department pursuant to Section 295.6010; 3) Incident and accident reports that are required to be submitted to the Department; 4) Documentation of compliance with Section 295.3040 (Health Care Worker Background Check); and 5) Quality improvement program. b) An establishment holding a floating license shall maintain all records required by Section 295.7000 and this Section and any other documentation required by this Part. The records shall be maintained for no fewer than three years following the removal of a unit's designation as a licensed living unit. The records shall also include copies of the written list of the units designated under the floating license for each day	A7010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510499	A. BUILDING: _____ B. WING _____	08/12/2025

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A7010	Continued From page 30 of the three years. (Section 32 of the Act) These requirements were not met as evidenced by Based on interview and record review the establishment failed to maintain establishment's files as require for seven employees (E3, E4, E6, E7, E8, E9, E10) out of nine reviewed for Staff Requirements. Findings Include: On 8/7/2025 the surveyor provided to E11 (Business Office Manager) with a list of employee files she needs to pull for the Staff requirement log sheet. On 8/7/2025 the surveyor reviewed 9 employee files the following occurred: 1) E3 (Registered Nurse) hire date of 6/23/2025 1) missing fire extinguisher class 2) Continuing education training, 3) Alzheimer's training 4) Dementia Specific training. 5) Missing initial Health Evaluation 6) missing Tuberculosis Vaccination 2) E4 (Memory Care Manager) hire date of 10/27/2024 1) missing fire extinguisher class 2) Continuing education training, 3) Alzheimer's training 4) Dementia Specific training. 3) E6 (Certified Nursing Assistant/CNA) hire date of 2/10/2025 1) missing fire extinguisher class	A7010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510499	A. BUILDING: _____ B. WING _____	08/12/2025

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A7010	Continued From page 31 2) Alzheimer's training 3) Dementia Specific training. 4) missing Tuberculosis Vaccination 4) E7 (Caregiver) hire date of 2/20/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. 6) missing initial Health Evaluation 7) missing Tuberculosis Vaccination 8) missing Tuberculosis Vaccination 5) E8 (CNA) hire date of 1/13/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. 6) missing Tuberculosis Vaccination 6) E9 (CNA) hire date of 5/26/2025 1) missing fire extinguisher class 2) Continuing education training, 3) missing initial Health Evaluation 4) missing Tuberculosis Vaccination 7) E10 (CNA) hire date 6/25/2025 1) missing fire extinguisher class 2) Continuing education training 3) missing initial Health Evaluation 4) missing Tuberculosis Vaccination On 8/7/2025 at 4:16PM, E11 (Business Office	A7010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510499	A. BUILDING: _____ B. WING _____	08/12/2025

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A7010	Continued From page 32 Manager) said that whatever is in the employee files it's all she gets. E11 said "unfortunately some employees are missing documents."	A7010		