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	ASL510567	A. BUILDING: _____ B. WING _____	C 04/13/2026

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HEATHERS SENIOR HOME	4570 PRINCETON LANE LAKE IN THE HILLS, IL 60156

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A 000	Initial Comment FACILITY REPORTED INCIDENT SURVEY IL00201125 - 295.1100 e) 295.4010 a) b)1)2)3)c)e)g)1)A)2) 295.4060 h) 3) A)	A 000		
A1100	Section 295.1100 Alzheimer's and Related Dementias Special Car This Regulation is not met as evidenced by: Type 3 Violation Section 295.1100 Alzheimer's Disease and Related Dementias Special Care Disclosure An establishment that offers, advertises or markets to provide care for persons with Alzheimer's disease and related dementias through an Alzheimer's special care program shall disclose to the Department and to a potential or actual resident of the establishment the following information in writing: e) The establishment's minimum and maximum staffing ratios, specifying the general licensed health care provider to resident ratio and the trainee health care provider to resident ratio; This requirement was not met as evidenced by: Based on record review and interview the establishment failed ensure accurate information was listed on Alzheimer's Disease and Related Dementias Special Care Disclosure. Findings include:	A1100		

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Alzheimer's Disease and Related Dementias Special Care Disclosure documents in part: We will recruit nurses, Registered Nurses/RN's, Licensed Practical Nurses/LPN's and a mix of caregivers and Certified Nursing Assistants/CNA's. Our RN position will be staffed 24/7/365; licensed health care provider:residents, 1:8 during the day and evening and .5:8 night.

Schedule shows no overnight nurse and some days with only one nurse on evenings for both houses which consists of 30 residents.

Schedule for 1/25/26-1/31/26 it shows 2 nurses from 6:30 am-2:30 pm and one nurse from 2pm-10 pm for 1/25/26-1/27/26. On 1/28/26 it shows 1 nurses from 6:30 am -2:30 pm and 1 nurse 6 am -6pm and one nurse 2pm -10 pm. 1/29/26 schedule shows one nurse 6 am - 6 pm and one nurse 6am-2 pm and same nurse 4pm-10 pm. 1/30/26 schedule shows one nurse 6 am-6 pm and one nurse 6:30 am - 2:30 pm and one nurse 2pm-10 pm. On 1/31/26 schedule shows one nurse 6 am-11 am, one nurse 6:30 am -2:30 pm, and one nurse 3 pm-9 pm.

On 4/10/2026, at 3:12 pm E1 Executive Director/ED stated the Alzheimer's disclosure you have is the latest one. Right now, we have one care partner in the building at night and a float that that goes between both houses. E2 Director of Nursing/DON is on call for any emergencies that arise as well as myself. The previous director of nursing was an RN, and she was terminated in February 12, 2026. E2 DON is a LPN. I just have to update the Alzheimer's disclosure. I think it was updated last year.

On 4/10/2026, at 4:30 pm, E1 Executive Director stated during the day we have two care partners

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A1100	Continued From page 2	A1100		

and one nurse per house. Thats 2 care partners and 1 nurse for 15 residents on AM and PM shift. We have 1.5 care partners on overnight shift.

On 4/12/26 at 10:25 am, E1 ED stated we have 14 residents in house one and 16 in house two. There are 2 care partners in each house and one nurse in each house from 6:00am- 11:00pm and 1 1/2 care partners from 11:00pm-7:00am.

On 4/13/2026, at 10:33 am E1 ED stated on 1/25-1/27 there was one nurse on evening shift. On 1/28-1/30 there was two nurses scheduled until 6pm and one nurse until 10:00pm. On 1/31 One nurse was scheduled on PM shift. Our census is always changing and our schedule adapts to the staffing needs.

On 4/13/2026, at 10:41 am E1 ED stated 1/25 E14 Registered Nurse/RN was scheduled in home one 6:30am-2:30pm. E9 Licensed Practical Nurse/LPN worked in home two from 6:00am-2:30pm. E10 LPN worked 2:00pm-10:00pm. 1/26 E2 DON was working home one 6:30am-2:30pm. E10 LPN was working home two 6:30am-10:00pm (E10 took over both houses at 2:30pm) 1/27 E10 LPN worked in home one 6:30am-2:30pm. E9 LPN worked home two 6:30am-2:30pm. E11 RN worked 2:00pm-10:00pm and worked both houses. 1/28 E9 LPN worked home one 6:00am-2:30pm. E2 DON worked in home two from 6:00am-6:00pm. E10 LPN worked 2:00pm-10:00pm and took over both houses at 6:00pm. 1/29 E9 LPN worked home one 6:00am-6:00pm. E10 LPN worked home two 6:00am-2:00pm. E13 RN worked 2:00pm-4:00pm in home two. E10 LPN worked 4:00pm-10:00pm and took over both houses at 6:00pm. 1/30 E9 LPN worked home one 6:00am-2:30pm. E2 DON

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A1100	Continued From page 3 worked home two 6:00am-6:00pm. E15 RN worked 2:00pm-10:00pm and took over both houses at 6:00pm.1/31 E2 DON worked home one 6:00am-11:00am. E14 RN worked home two 6:00am-2:30pm. E12 RN worked in both houses from 2:00pm-10:00pm. On 4/13/2026 at 10:44 am, Surveyor asked E1, So you do not have 2 nurses regularly on p.m. until 11:00 pm as previously stated, correct? To which E1 ED stated my apologies, we usually have two nurses until 6:00pm. However, with hospital stays and resident deaths we are always ensuring the schedule is meeting the current needs of our residents. DON covers the 2-6:00 pm gaps for support if needed.	A1100		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 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 resident's choices regarding the service plan. b) The service plan shall be developed by:	A4010		

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A4010	Continued From page 4 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. 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). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; 2) The amount, type, and frequency of health-related services needed by the resident; This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure service plans were signed by all parties involved in its development for three (R1, R2, and R3) of three residents reviewed, And failed to ensure service plans were reviewed and revised immediately after a significant change for three (R1, R2, and R3) of three	A4010		

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A4010	Continued From page 5 residents reviewed. Findings include: R1 is an 85-year-old resident admitted to the establishment on 2/20/26 with diagnoses including but not limited to vascular dementia and hyperlipidemia. R2 is a 71-year-old resident admitted to the establishment on 5/1/24 with diagnoses including but not limited to Alzheimer's disease and delusional disorders. R3 is an 80-year-old resident admitted to the establishment on 2/11/26 with diagnoses including but not limited to dementia and type 2 Diabetes Mellitus. R1's service plan dated 4/7/26 is signed by E2 Director of Nursing/DON, E1 Executive Director/ED and the nurse practitioner. It is not signed by resident or resident representative. Service plan documents R1 will participate in home health care program. R2's service plan dated 3/5/26 is not signed by resident/resident representative or by a registered nurse. Service plan does not address R2's falls or have fall prevention interventions for the following dates R2 had falls: 2/4/26, 1/31/26, 1/2/26, 12/30/25, 12/9/25, and 9/21/25. R3's service plan dated 2/19/26 is not signed by resident or resident representative. Service plan does not address transfers or evacuation. R3's service plan dated 4/7/2026 is not signed by resident or resident representative. Service plan does not address transfers, evacuation, or hospice. Service plan dated 4/10/2026 is not	A4010		

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A4010	Continued From page 6	A4010		

signed by resident or representative and does not address transfers or evacuation.

On 4/10/2026, at 1:09 pm, E2 Director of Nursing/DON stated R1 is not on home health. R1's service plan dated 4/7/2026 has signatures of executive director, nurse practitioner and myself. I am a Licensed Practical Nurse/LPN. For I do not know why resident/resident representative or nurse did not sign R2's service plan. E2 stated for R3 I do not see evacuation, transfers or hospice. He just started on hospice a few days ago and also has a private caregiver for ambulation 1:1. I think I updated the hospice a few days ago, I can reprint. He went on hospice services 4/6/2026. I do not know why it would not be on the service plan dated 4/7/26. The signatures on R3's service plan dated 4/7/26 are me, NP and E1 ED. I do not know why the resident/resident representative did not sign the service plan. For R3's service plan dated 2/19/2026 the signatures on it are from NP, E1 ED and the medical doctor. There is no signature from resident or resident representative. I do not know why it is not signed by resident/resident representative. When asked if you require resident/resident representative signatures on service plans E2 stated yes, we typically do.

On 4/10/2026, at 2:54 pm, E2 DON stated We do update our care plan with fall interventions when a resident has a fall but not necessarily the fall date. When asked if E2 could tell me what fall prevention interventions were added to care plan for falls for R2 for 2/4/26, 1/31/26, 1/2/26, 12/30/25, 12/9/25, and 9/21/25 E2 stated there is none on the service plan. The only honest reason they are not there is because I have not created an updated service plan.

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A4060	Continued From page 7	A4060		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 1 Violation Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: A) May wander; and This requirement was not met as evidenced by: Based on observation, record review, and interview the establishment failed to prevent elopement from a secured memory care building for one (R1) of three residents reviewed and failed to ensure safety precautions were in place to prevent elopement from happening again. This failure results in substantial probability of severe harm to R1 and other residents. Findings include: R1 is an 85-year-old resident admitted to the	A4060		

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A4060	Continued From page 8	A4060		

establishment on 2/20/26 with diagnoses including but not limited to vascular dementia and hyperlipidemia.

Facility reported incident documents in part: R1 exited bedroom via the window from secured memory care building on 4/3/2026. R1 compromised window safety mechanism resulting in the window opening beyond the intended restriction. R1 proceeded to the gazebo and then exited to the neighboring property. Facility was notified of R1's location at the neighboring property where law enforcement was present.

R1's progress note dated 4/3/26 documents in part: Resident eloped out of facility around dinner time. Resident returned by local police department.

Incident report documentation documents outcome in part: At approximately 5:02 pm, the resident was last observed ambulating in the dining room. At approximately 5:08 pm, the resident exited her bedroom via the window after repositioning furniture to facilitate egress. At approximately 5:31 pm, the executive director was notified of the resident's location at the neighboring property, where law enforcement was present. Staff responded promptly and safely returned the resident to the facility at 5:58 pm. Findings: No injuries noted. No acute distress or change from baseline observed. Outcome: The environmental safety concern was immediately corrected.

On 4/10/2026, at 12:44 pm, E5 Care Partner stated I was working when R1 got out of the window. I would say about 30 minutes before R1 left she was a little upset that she could not leave. I tried to offer her some dinner. R1 was getting

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A4060	Continued From page 9	A4060		

more upset so we decided to let her calm down a bit and not make the situation worse. R1 went to her room. R1 did not come out for dinner which we thought was weird. So, me and the other care partner decided to go get her for dinner when the nurse came to tell us that R1 eloped from the facility and that he knew where she was. I found out where R1 was and walked over there. It was a beauty business. When I got there the officer was parked outside the building. He let me know R1 was safe and was inside the building. We tried to redirect R1. R1 was cooperative but upset. We were able to bring R1 back walking to the facility with the officer. By the time I was walking over, the other care partners made sure everyone was accounted for. The nurse did a body assessment. R1's son arrived. R1 had no injuries. When we walked into R1's room we seen the window was still open and we found out how she got out. All the windows have a lock on them. The window was able to be opened all the way, but it had a screen on it. I do not know how R1 got the screen open. It does now have a mechanism to only allow the window to open a little bit, but it did not have this prior. We did 30-minute checks on R1 for 48 hours, but I still do it just in case.

On 4/10/2025, at 12:56 pm, Surveyor checked windows in conference/private dining room that is right off common area by front door. There are a set of double doors and a single door in this room that does not lock. There are 2 windows in this room. The window closest to front door can open all the way. There is a screen on the window. Residents have access to this room.

4/10/2026, at 1:09 pm, E2 Director of Nursing/DON stated this is the conference room and the doors do not lock to my knowledge.

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A4060	Continued From page 10 On 4/10/2026, at 3:12 pm E1 Executive Director/ED stated that all the windows that residents have access to have the 2-4 inch opening block to not allow windows to open past 4 inches. The windows had another lock previous to the elopement but she was able to get out so I changed all of these mechanisms to these since this incident. I can show you the old locking mechanisms. When asked if all windows that residents have access to including dining room, conference room, hallways and resident rooms have the 2-4 inch opening block, E1 ED stated there is one window in here that does not have the mechanism on it. I could not put it on as a tour came in as I was putting it on a couple of days ago. When asked what day that was, E1 stated I will have to look at my calendar. E1 ED looked at her phone and stated it was 4/9/2026. Surveyor asked if it was yesterday, E1 stated yes. I can put it on right now if you want. Sorry I did not get the lock put on this window in here before you came.	A4060		