STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 Survey 295.2000 a) c) 1) Residency Requirements 295.3000 a) h) 1) 2) 3) Personnel Requirements, Qualifications and Training 295.3020 a) 3) 4) 5) 6) Employee Orientation and ongoing training 295.4010 a) b) c) d) e) f) g) h) i) Service Plan 295.4060 i) 2) A) Alzheimer's and Dementia Programs Complaint Investigations 2578936/IL797593 - substantiated with violation at 295.9040 a) b) 2576882/IL196618 - unsubstantiated 2576464/IL196389 - unsubstantiated 2575994/IL195585 - unsubstantiated 2578564/IL197400 - unsubstantiated Facility Reported Incident of 6/18/2025 IL195722 - substantiated with violation at 295.6010 a) b)	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	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A2000	Continued From page 1 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 c) A person shall not be accepted for residency if: 1) The person poses a serious threat to themselves or to others. These requirements were not met, as evidenced by: Based on interview and record review, the facility failed to: 1. Comply with the Department's regulatory requirements by admitting R4, a resident with diagnoses to include dementia with psychotic disturbance. 2. Requiring "constant monitoring and supervision." 3. Maintain and provide a safe environment for the residents in the Memory Care Unit. This was found in 1 of 4 residents (R4) reviewed. These failures resulted in: R4 disrupting the peace on the unit, with three incidents of resident-to-resident verbal and physical altercations: 1. August 12, 2025: R4 pushed another resident, which led to both residents yelling and hitting each other. 2. August 24, 2025: R4 initiated an altercation to another resident, leading to both residents "hitting each other." 3. September 17, 2025: R4 began verbally agitating another resident, leading to a physical	A2000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A2000	Continued From page 2	A2000		

altercation with residents "hitting each other." This failure creates a substantial probability of severe harm to a resident or residents.

The findings include:

On September 24, 2025, at 10:10 AM, R4 was sitting on the couch. No staff was noted in the Unit until 10:49 AM. There were no activities noted at this time.

Confidential interview with a family member disclosed, "That's the problem here. They do not have enough staff to monitor the residents. The nurse is somewhere helping a resident, one is on break, and the other two Resident Assistant's? Not sure where they are. "

R4 moved into the establishment on May 29, 2025, with diagnoses to include dementia with psychotic disturbance and anxiety. On September 24, 2025, at 3:49 PM, E4 (Director of Nursing) described R4 as independent in ambulation and with behaviors (physical and verbal aggression), noting that "The Power of Attorney does not want medication for R4."

On September 25, 2025, at 10:49 AM, E5 (LPN) identified R4 as demonstrating aggressive behavior. E5 explained, "R4 agitates other residents by name calling. R4 induces other residents' anxiety and is verbally and physically aggressive towards other residents as well as to the staff. R4 has a history of hitting and punching other residents. Yes, R4 needs constant supervision and monitoring."

On September 25, 2025, at 11:30 AM, E8 (Resident Assistant) described R4 as a resident living with dementia that regularly "aggravates

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A2000	Continued From page 3	A2000		

other residents, picking on and nagging others as well as being verbally and physically aggressive towards staff and other residents. I witnessed R4 hitting other residents."

R4's nurses notes show the follows behavioral incidents:
1. July 10, 2025- disrupted other residents with aggressive behavior.
2. July 14, 2025- stood in front of the residents (unidentified) and said, "Shut the f**k up or I'm going to slap you!"
3. July 24, 2025- to have aggressive behavior towards other residents' signs of anxiousness and continues to disrupt the community.
4. August 26, 2025- to agitate for residents in the community.
- Multiple residents have requested that R4 leave them alone due to behavior.
- Per a Resident Assistant, R4 agitated another resident and both residents had to be redirected due to R4s behavior.
- R4 has been observed in multiple instances disrupting the community. Redirection effective at times.
5. August 12, 2025, at 1:30 PM-resident to resident altercation.
R4 shoved another resident (unidentified) onto the piano.
- On September 25, 2025, at 11:37 AM, E8 explained, "I witnessed that the other resident was walking and R4 pushed the other resident into the piano and they started yelling and hitting each other."
6. August 24, 2025, at 9:30 PM- resident to resident altercation.
R4 was wanting to talk to another resident (unidentified) and was ignored; R4 began hitting the resident, leading to a physical altercation between both residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A2000	Continued From page 4 7. September 17, 2025, at 1:45 PM, R4 was agitating another resident (unidentified), resulting in each resident physically hitting each other. On E1 and E4 explained that R4's has a prescribed/scheduled anti-psychotic medication (Seroquel) and a PRN medication (Xanax), however, these medications were described to be not working for the resident. R4's Power of Attorney refused R4 to be sent out for evaluation and refused any medication changes. Confidential interviews with staff on September 25, 2025, disclosed, "this is not the place for R4. R4 disrupts the peace in the Unit and is constantly requiring monitoring. Good if we can prevent the fights before it happens but we cannot monitor R4 all the time, we have other residents to take care of!"	A2000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act)	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A3000	Continued From page 5 h) The establishment shall have sufficient personnel to provide the following for its current resident population: 1) All mandatory services; 2) Services established in each resident's service plan; 3) Service to meet the needs of each resident, including 24 hour scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis; These requirements were not met, as evidenced by: Based on interview and record review, the facility failed to: 1. Provide monitoring and supervision to R6 identified as high risk for fall. 2. Investigate and analyze the possible root cause of R6's falls and implement an individualized plan of care to prevent additional falls from occurring. This was found in 1 of 6 residents (R6) reviewed. These failures resulted in: R6's transfer to the Emergency Department, on three separate occasions within a 2 month span (July 23, 2025, July 25, 2025 and September 16, 2025) and R6 sustaining fracture to the right femur on July 25, 2025. This failure creates a substantial probability of severe harm to a resident or residents. The findings include: R6 moved into the community on May 7, 2024,	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A3000	Continued From page 6	A3000		

with diagnoses to include dementia and anxiety.
On September 23, 2025, at 10:30 AM, E4 (Director of Nursing) described R6 as at high risk for falls, requiring a one person assist with all of activities of daily living, and ambulating with walker and needing frequent safety checks.
R6's nurses notes show multiple unwitnessed fall incidents, R6 was found on the floor:
1. June 2, 2025, 10:45 AM
2. June 22nd, 2025, at 3:00 PM
3. June 26, 2025, at 3:00 PM
4. July 23, 2025, at 1:15 PM, R6 was heard yelling for help, was found in the bathroom. R6 was sent to the emergency department with a right elbow abrasion.
5. July 25, 2025, R6 was found in the bathroom before being transported to the hospital; R6 was diagnosed with fracture of the right femur.
6. September 16, 2025, at 12:26 AM, R6 was found on the floor and was transported to emergency department for evaluation.
7. September 17, 2025, R6 was found on the floor.

September 23, 2025, at 2:16 PM, E5 (LPN) stated, "R6 had a lot of falls; had poor safety awareness and requires safety checks every two hours!"
On July 25, 2025, a big thump was heard. R6 was found on the bathroom floor. R6's legs were extended and R6 was complaining of pain. R6 was unable to stand or sit. R6 was sent to the Emergency Room and was found to have sustained a right femur fracture.
On September 25, 2025 at 2:10 PM, E2 (Director of Nursing) confirmed that R6's multiple fall incidents were not investigated, and no root cause analysis was done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A3020	Continued From page 7	A3020		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 3 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: 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. These Requirements are not met as evidenced by: Based on interview and personnel file review, facility failed to ensure 3 employees, (E14/Resident Assistant, E15/Food Service Supervisor, E16/Resident Assistant) out of 9 reviewed for staff requirements completed employee orientation in a total sample of 9. Findings include: Staff requirements review was initiated on 9/19/25 at 9:15 am with E17(Assistant Executive	A3020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A3020	Continued From page 8 Director). E17 is new to her position and was identified by E1(Executive Director) as responsible for maintenance of personnel files. On 9/18/25 prior to receipt of personnel files, E17 was shown location of codes pertaining to employment files, given electronic file explaining HealthCare Worker Background Check requirements and given phone number for state's registry department. Based on review of personnel files on 9/19/25 the following was found: E14 (Resident Assistant) with a hire date of 6/16/25 was missing infection control training; E15(Kitchen supervisor) with a hire date of 4/1/24 was missing infection control, abuse and neglect, and Disaster Procedures training; and E16(Resident Assistant) with a hire date of 7/25/25 was missing Health Insurance Portability and Accountability Act(Confidentiality), and infection control training. E17 was shown the files and asked to check for the above missing documentation. E17 could not find the above documentation in the personnel files for E14, E15 and E16.	A3020		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 9 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. 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: 1. Based on observation, interview, and record review, the facility failed to: 1. Address/identify R4's behavior, including the possible root causes. 2. Implement specific and individualized interventions to mitigate R4's documented history of verbally and physically aggressive behavior to self and other residents in the Unit. This was found in 1 of 4 residents (R4) reviewed. These failures resulted in three incidents of resident-to-resident altercations between R4 and	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 10 an unidentified resident: a. August 12, 2025- R4 pushed another resident, both residents started yelling and hitting each other. d. August 24, 2025- R4 hit another resident, leading to them both "hitting each other. e. September 17, 2025- R4 began verbally agitating other resident, leading to a physical altercation between residents. This failure creates a substantial probability of severe harm to a resident or residents. The findings include: R4 moved into the community on May 29, 2025, with a history of dementia with psychotic disturbances. On September 24 and September 25, 2025, R4 was described by E4 (Director of Nursing), E5 (LPN) and E8 (Resident Assistant) as having aggressive behaviors. Staff claimed, "R4 aggravates residents, nagging at others and disrupting the peace on the Unit, as well as being verbal and physically aggressive towards staff and other residents. R4 requires supervision and needs constant monitoring." R4's most recent service plan, dated September 24, 2025, read, "I have no problematic expression. If you notice any changes in my mood or behavior, please look at the reason that may have caused the change and notify my nurse. " On August 12, 2025, August 24, 2025, and September 17, 2025, R4 had incidents of resident-to-resident altercations with an unidentified resident. R4's Service plan was not revised. R4 behaviors remains unidentified in R4's service plan, these findings were discussed	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 11 and confirmed by E1 (Executive Director), E2 and E4 (Director of Nursing's/LPN) during this survey. 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: 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. 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	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 12 revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act) g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 13 i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan. These requirements were not met as evidenced by: 2. Based on interviews and record review, the facility failed to: 1. Establish a comprehensive service plan 2. review and revise the service plan after a significant change This was found in 1 of 4 residents (R3) reviewed. Findings include: On 9/23/25 at 11:00 AM, E2 (DON-Director of Nursing) stated, R3 could stand and pivot and needed one person assist for transfers. On 9/23/25 at 12:47 PM, E3 (RA-Resident Assistant) stated, on 6/18/25 around 7:30 AM, he found R3's left ankle swollen and purple in color and R3 in severe pain. On 9/23/25 1:20 PM, E7 (LPN-Licensed Practical Nurse) stated, on 6/18/25 around 7:30 AM R3's left ankle was noticed to be swollen and purple in color and that R3 was in severe pain.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 14 On 9/23/25 at 11:00 AM, E2 (DON) stated R3 did not have a fall on 6/18/25. On 9/24/25 at 1:51 PM, E1 (ED-Executive Director) and E2 (DON) stated that the interventions mentioned in the service plan must be dated. R3's service plan showed, R3 was unable to stand and pivot and that R3 needed two people to transfer. The intervention did not have a date. R3's service plan showed R3 had a fall on 6/18/25, 5/14/25 and 3/5/25. R3's service plan did not include any fall precautions. R3's service plan did not include the significant change of bimalleolar fracture that happened on 6/18/25. R3's nurse's notes dated 6/21/25 at 5:15 PM showed R3 was admitted to hospice on 6/21/25. R3's service plan did not include the hospice appropriate care or the interventions provided by hospice. Establishment policy on 'Individualized service plan' undated showed, ' .... Procedures: ... 3) Changes and entries may be entered ... . But all must be dated. 4) If the resident experiences a significant change of condition ..... the individualized service plan will be reviewed and updated.. .'	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A4060	Continued From page 15 This Regulation is not met as evidenced by: Type 3 Violation Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 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: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A4060	Continued From page 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. These Requirements are not met as evidenced by: Based on interview and staff training records forwarded with personnel file, facility failed to have a system in place to monitor and follow up on compliance with memory care training requirements and failed to ensure completion of memory care training by 5 resident assistants (E14, E16, E18, E19, E20) out of 5 reviewed for compliance with staff memory care training requirements in a total sample of 9. Findings include: Staff requirements review was initiated on 9/19/25 at 9:15 am with E17(Assistant Executive Director). E17 is new to her position and was	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A4060	Continued From page 17 identified by E1(Executive Director) as responsible for maintenance of personnel files. Based on review of personnel files showing missing training and interview with E17 facility has not monitored compliance of memory care staff's completion of training requirements. Based on review the following required training was missing: E14(Resident Assistant) with a date of hire of 6/16/25 is missing 2 of 4 hours of computerized Dementia training and 16 hours of documented on the job training; E16(Resident Assistant) with a date of hire of 7/25/25 has .5 of 4 hours of computerized Dementia training and has 0 documentation of on-the-job supervised Dementia training; E18(Resident Assistant) with a date of hire of 8/29/25 has .5 of 4 hours of computerized Dementia training and has 0 documentation of on the job supervised Dementia training; E19(Resident Assistant) with a date of hire of 7/23/25 has .5 of 4 hours of computerized Dementia training and has 0 documentation of on the job supervised Dementia training; and E20(Resident Assistant) with a date of hire of 8/21/25 has .5 of 4 hours of computerized Dementia training and has 0 documentation of on the job supervised Dementia training.	A4060		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 18 This Regulation is not met as evidenced by: Type 1 Violation Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following: 1) Dates, times, and description of the alleged abuse, neglect or financial exploitation. 2) Description of any injury to the resident. 3) Description of any change in the resident's physical, cognitive, functional, or emotional condition. 4) Any actions taken by the licensee. 5) A list of individuals and agencies interviewed or notified by the establishment. 6) Names of witnesses to the alleged	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 19 abuse, neglect, or financial exploitation; and 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future. These requirements were not met, as evidenced by: 1. Based on interview and record review, the facility failed to: 1. Investigate and submit the initial report to the IDPH within 24 hours after the resident-to-resident altercation. 2. Conduct a thorough investigation within 14 days after the resident-to-resident altercation. 3. Through an investigation, identify the appropriate resident to receive psychiatric evaluation and implement interventions to prevent further altercations. This was found in 1 of 4 residents (R4) reviewed. These failures resulted in non-compliance with the required regulation in reporting and investigation of three incidents of resident-to-resident altercations, dated: a. August 12, 2025- R4 pushed another resident, both residents started yelling and hitting each other. b. August 24, 2025- R4 hit another resident, leading to them both "hitting each other. c. September 17, 2025- R4 began verbally agitating other resident, leading to a physical altercation between residents. This failure creates a substantial probability of severe harm to a resident or residents.	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 20 The findings include: R4's nurses notes show the following residents to residents' altercations: 1. August 12, 2025, at 1:30 PM-resident to resident altercation. R4 shoved another resident (unidentified) onto the piano. - On September 25, 2025, at 11:37 AM, E8 (Care Giver) explained, "I witnessed that the other resident was walking (E8 was unable to remember who the residents was), R4 pushed the other resident into the piano and they started yelling and hitting each other." 2. August 24, 2025, at 9:30 PM- resident to resident altercation. R4 was wanting to talk to the other resident (unidentified) and R4 was ignored. R4 started hitting the other resident, leading to a physical altercation between both residents. 3. September 17, 2025, at 1:45 PM, R4 was verbally agitating another resident (unidentified), resulting in each resident physically hitting each other. On September 24, 2025, at 3:49 PM, the community was unable to present documentation to prove that these incidents were investigated and reported to the IDPH. When asked about the unidentified residents in R4's nurses notes, on October 3, 2025, at 9:41 AM, E4 claimed, "All these altercations are with R8. No, we didn't know we had to report the incidents!" On September 25, 2025, at 10:49 AM, E5 (LPN) stated, "All of these incidents were started by R4. R4 disrupts the peace in the Unit. R4's Power of Attorney refused R4 to be sent out, so the resident that got hit went out for psychiatric evaluation instead."	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 21	A6010		

Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting

a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall:

1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report.

2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report.

b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following:

1) Dates, times, and description of the alleged abuse, neglect or financial exploitation;

2) Description of any injury to the resident;

3) Description of any change in the resident's physical, cognitive, functional, or emotional

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 22 condition; 4) Any actions taken by the licensee; 5) A list of individuals and agencies interviewed or notified by the establishment; 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; and 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future These requirements were not met as evidenced by; 2. Based on interviews and record review, the facility failed to: 1. conduct a thorough investigation of the incident related to the left ankle injury. 2. provide a comprehensive written report with minimal requirements 3. identify and implement safety measures to minimize further accidents with injury. This failure creates a substantial probability of severe harm to a resident or residents. This applies to one of three residents (R3) reviewed for accidents and injury. Findings include: On 9/23/25 at 11:00 AM, E2 (DON-Director of Nursing) reported she did not investigate enough to conclude a probable cause of the fracture. E2 stated, she only spoke to one staff, E11	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 23 (RA-Resident Aide), from the previous shifts, while conducting the investigation. On 9/24/25 at 1:51 PM, E1 (Executive Director) stated the investigation was inadequate as the probable cause of the trauma was not identified. E1 stated, there was no intervention mentioned in the incident report to prevent further such incidents. On 9/24/25 at 2:00 PM E1 (ED) and E2 (DON) stated the presented document is all that they have as 'investigation'. On 9/23/25 at 2:00 PM, R3's record review was done. R3's face-sheet showed R3 was a 97 year old female admitted to the facility on 1/17/25 with diagnoses to include hypertension and heart disease. R3's progress notes dated 6/21/25 at 5:15 PM showed R3 was alert, oriented to self, confused and forgetful. R3's service plan showed R3 needed assistance with ADLs (activities of daily living) and ambulated in wheelchair propelled by others. R3's service plan did not include any interventions to prevent or minimize fall. R3's service plan also documented R3 had a fall on 3/5/25, 5/4/25 and 6/18/25. Facility reported incident to IDPH (Illinois Department of Public Health) dated 6/18/25 and R3's Progress notes dated 6/18/25 at 10:45 AM showed that nursing staff observed significant swelling, bluish discoloration and pain to left lower leg, unable to perform range of motion due to pain. R3 was sent to the hospital on 6/18/25 and was admitted there with a diagnosis of fracture of the left ankle. R3's hospital record (History and Physical) dated 6/18/25 at 2:58 PM showed, R3 sustained left bimalleolar fracture secondary to unknown trauma at the establishment. Incident reports also showed R3 had an unwitnessed fall dated 3/5/25	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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
A6010	Continued From page 24 at 3:50 PM and 5/4/25 at 06:00 PM. Facility policy on 'Accidents and Incidents' dated 5/1/23 showed, '...Procedure:... The DON and ED are responsible for completing the investigative portion of the incident report process, including record review, witness statement collection and review and investigation synopsis.'.	A6010		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Type 3 Violation Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair. b) The establishment shall be free of odors. These Requirements were NOT MET as evidenced by: Based on observation, interviews and record review, the facility failed to maintain a clean and odor-free environment in resident rooms. This applies to two of three residents (R2 and R5) reviewed for environmental sanitation in a sample of three. Findings include: 1. On 9/25/25 at 11:05 AM, observed R2's bedsheet was damp and smelling of urine. The	A9040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 25	A9040		

incontinence pad also was wet and smelling of urine. At this time, R2 is sitting in the dining room awaiting lunch. Observed soiled disposable brief in the garbage can in R2's room.

2. On 9/25/25 at 10:30 AM, observed R5's room had a strong smell of urine. Observed there were three clear plastic bags with soiled clothes kept on the floor in R5's room. Also, there was an open hamper basket with soiled clothes and an incontinence pad that was wet in the hamper basket.

On 9/25/25 at 12:02 PM, E9 (RA - Resident Assistant) stated, the soiled disposable brief in the garbage can was from when she had given perineal care to R2 before lunch. E9 visualized R2's bed and stated, R2's incontinence pad and the bedsheet was damp and had urine odor. E9 stated, on a routine, she checks on R2 every 2-3 hours and provide perineal care as needed.

On 9/25/25 at 11:20 AM, E5 (LPN-Licensed Practical Nurse) stated, there is no specific schedule that residents are changed. It is done as needed.

On 9/25/25 at 1:15 PM, E2 (DON-Director of Nursing) stated, the RA empties the garbage at the end of each shift. Whenever they change the diaper, the soiled one should be taken out immediately, not left in the room. E2 stated, if the resident's linen are visibly soiled, even though they are on a laundry schedule, the staff should get those clothing changed and washed right away.
E2 (DON) stated, establishment do not have a policy on perineal care or environmental hygiene. E2 stated, the service plan for the residents were made as per the assessments done on them and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510489	A. BUILDING: _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF NAPERVILLE	3333 75TH STREET WOODRIDGE, IL 60517

(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 26 the service plan is used to guide the care for residents. Record review done for R2. R2's face-sheet showed he was a 72 year old male admitted to facility on 12/23/24 with diagnoses to include hypertension, hyperlipidemia, dementia, benign prostatic hyperplasia and parkinsonism. R2's service plan showed he needs to be toileted upon waking, before and after meals and as needed. R2's service plan also showed, R2 was incontinent. Record review for R5 done. R5's face-sheet showed, she was a 77 year old female admitted on 7/12/19 with diagnoses to include mild memory disturbances. R5's service plan showed she needed assistance with ADL (activities of daily living) care. It also showed R5 is incontinent of bowel and bladder and forgets to call for help at times. On 10/3/25 at 10:30 AM, E1 (ED-Executive Director) stated establishment do not have a policy on perineal care or environmental hygiene.	A9040		