STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF520364	A. BUILDING: _____ B. WING _____	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESA'S HOME CARE I, LLC	6455 CUNNINGHAM COURT GURNEE, IL 60031

(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 Violation. 295.4010 a) b) g) 1) 2) 3) 4) h)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Repeat 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. g) Service plans shall address: 1) The level of service the resident is	A4010		

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A4010	Continued From page 1 receiving 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 h) The service plan shall include all support services provided or arranged for by the establishment. This requirement was not met as evidenced by: Based on interview and record review, the establishment failed to ensure service plans addressed the staff responsible for the provision of the service plan. They failed to ensure service plans addressed the amount, type, and frequency of health-related services. This applies to 3 of 11 residents (R1, R2, R3) reviewed for this requirement. Findings include: R1 was admitted to facility on 1/3/25 with anemia, hyperlipidemia, encephalopathy, acute kidney failure, Gerd, hypertension, glaucoma. R1's Facility service plan did not address Physical Therapy by Luxe home health what type of physical therapy resident is receiving, who was delivering that service, with interventions. Also failed to document when service started. R1's facility service plan showed Home Health amount of visits was not included. R2 was admitted to facility on 8/29/23 with following diagnoses stroke, hypertension, dementia, a-fib. R2's facility service plan did not address Power	A4010		

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	SHF520364	A. BUILDING: _____ B. WING _____	07/17/2025

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A4010	Continued From page 2 Care PT what type of physical therapy resident is receiving, who was delivering that service and what interventions. Failed to document when service started. R2's facility service plan only showed Power Care PT visits. R3 was admitted to facility on 1/5/24 with following diagnoses stroke, BPN, depression, CAD, diabetes mellitus. R3 facility service plan did not address Home Health was delivering PT to R3 did not document what PT he was receiving with interventions. Failed to document what date services started. On 7/17/25 E1 (administrator) confirmed the findings.	A4010		