| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ASL510565 | A. BUILDING: _____ B. WING _____ | 09/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SILVER GLEN SENIOR LIVING | 1901 SILVER GLEN RD SOUTH ELGIN, IL 60177 |

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| A 000 | Initial Comment<br><br>Annual Licensure Survey<br>295.2040 b) 5) c) 1) 2) 3) e) g) h)<br>295.4000 a)<br><br>Complaint Investigation<br>IL196485/2576685-Substantiated, no findings. | A 000 | | |
| A2040 | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>General Violation<br><br>Section 295.2040 Disaster Preparedness<br>b) Each establishment shall:<br>5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative.<br>c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:<br>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br>2) Ensure that all personnel on all shifts are familiar with the use of the firefighting equipment in the facility;<br>3) Evaluate the effectiveness of disaster plans, procedures and training.<br>e) Drills shall include residents, establishment personnel, and other persons in the establishment.<br>g) Drills shall involve the actual evacuation | A2040 | | |

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| A2040 | Continued From page 1<br>of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.<br>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.<br><br>These requirements were not met as evidenced by:<br><br>Based on interview and record review the facility failed to ensure resident and/or resident representative signed new resident orientation forms within 10 days of admit. Facility also failed to ensure two overnight fire drills were completed in the last 12-month period and made sure list of residents who need assistance for evacuation are included in fire drills. New resident orientation forms were not signed by residents or resident representatives for seven (R1, R2, R3, R4, R5, R6 and R7) of eight residents reviewed for orientation forms.<br><br>Findings include:<br><br>On 9/10/2025, at 10:25 AM, Fire Drill and Tornado drill forms reviewed. Tornado drill forms reviewed with no concerns. Fire drill forms | A2040 | | |

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| A2040 | Continued From page 2 | A2040 | | |

reviewed. Noted only one overnight drill done in last 12 months. Concern noted for missing second overnight drill.

On 9/10/2025, at 10:59 AM, E10 (Maintenance technician) and E1 (Executive Director/ED). E10 stated fire drills are done once every month. We work together and do them on different shifts. E12 (Maintenance Manager) does the overnight drills. E1 stated E12 does the fire drill paperwork and is on vacation until the 15th and he will be back on the 16th. I do not know if E12 has the list of residents who need assistance. I will find out from E12. If he does not have that list, I know who needs assistance and I can provide that to E12. I will find out when the other overnight fire drill was and ensure dates and AM PM is indicated on all fire drill/tornado drill forms correctly after verifying with E12. I will get this information back to you and scan you the drills you requested.

On 9/10/2025, at 11:58 AM Emergency Preparedness Plan reviewed. Plan documents under documentation: Records of team member fire drills and resident fire drills are maintained on the premises for 12 months from the date of the drill and include the date and time of the drill, names of team members participating in the drill, and identification of residents needing assistance for evacuation. The spectrum retirement fire drill report will be completed after each drill.

On 9/10/2025, at 1:39 PM E1 (ED) stated I just printed the list of residents who would have needed assistance for each fire drill. E12 may have a copy but he is on vacation, and they are not with the fire drill paperwork, so I do not know. E12 has not gotten back to me. I did add some residents to the list to update it. I thought there

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| A2040 | Continued From page 3<br>were two drills at 10:00 PM which would constitute overnights, but I only see one. There is a sheet that has a date of 4/5/2025 that now states 11:30 PM that surveyor seen prior that only documented 11:30 not am or pm. This fire drill does not have any sign in sheet for that date for employees or residents who attended fire drill and on the Fire Drill evaluation form there is no signature of official conducting drill or title filled out.<br><br>On 9/11/2025, at 9:45 AM, E1 (ED) stated that the residents/representatives do not sign the new resident orientation forms, but I can add a line to it and have them sign. | A2040 | | |
| A4000 | Section 295.4000 Physician/s Assessment<br><br>This Regulation is not met as evidenced by:<br>Type 3 Violation<br><br>Section 295.4000 Physician's Assessment<br><br>a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.<br><br>This requirement is not met as evidenced by: | A4000 | | |

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| A4000 | Continued From page 4<br><br>Based on interview and record review the facility failed to ensure physical assessments are completed by medical doctor prior to move in for one (R5) resident out of 7 residents reviewed for physician assessment.<br><br>Findings include:<br><br>On 9/11/2025, at 11:05 AM, Surveyor reviewed Physician assessment dated 10/16/2024 for R5. R5 Physician Assessment is signed by nurse practitioner and not by medical doctor.<br><br>On 9/11/2025, at 1:24 PM, E2 (Director of Nursing/DON) stated for admission requirements we need TB test, H&P within 120 days, signed medication list, Physician Certification that has to be by medical doctor or NP (Nurse Practitioner), any concerns for psych behaviors I request psych notes or for therapy, I request therapy notes. They must provide DL (Driver's License), POA (Power of Attorney), advanced directives, POLST. If they are switching over to our NP we get those consents, consents for pharmacy, nurse program for medications if applicable and our assessment and cognition test. We also ask if they want to be on the podiatrist list. When surveyor asked E2 if the initial physician assessment had to be by a medical doctor, E2 stated it could be by a medical doctor or a nurse practitioner. | A4000 | | |