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	ASL5106171	A. BUILDING: _____ B. WING _____	04/29/2026

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CEDARHURST OF BETHALTO	903 NORTH MORELAD ROAD BETHALTO, IL 62010

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A 000	Initial Comment Annual Licensure Survey Violations Cited: 295.3000 b) 295.4010 d) g) 1) A) 295.4060 a) h) 6) 9) Complaint # 2614897 / IL201517 No violation cited	A 000		
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 b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. Based on interview and record review, the Establishment failed to ensure at least one direct care staff currently CPR trained and certified was on duty at all times. This failure creates a substantial probability of severe harm to the residents in the facility. Findings include:	A3000		

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A3000	Continued From page 1 On 4/28/26 at 2:45 PM, a review of the facility's minium requirement for 1 direct care staff trained and with current CPR certification to be on duty at all times for the months of March - April 2026 based on the staffing schedule was completed and presented to facility. No minimum coverage for currently CPR trained/certified direct care staff were noted on the night shift for the following dates: March 2026 Night Shift: 3/5, 6, 8, 23, 28, 29. April 2026 Night Shift: 4/16, 19, 24, 25 On 4/28/26 at 2:55 PM, E2/Director of Wellness confirmed they already have a regional director scheduled to come to the facility to conduct CPR classes.	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 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.	A4010		

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A4010	Continued From page 2 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) g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; Based on interview and record review the facility failed to ensure person-centered interventions are formulated and put in place to prevent future falls for residents identified as at risk for falls and with actual fall incidents. This failure creates a substantial probability of harm to residents. Findings include: R1's record documents R1 moved to the Memory Care unit of the facility on 10/13/25 with multiple diagnoses to include Unspecified Dementia and having multiple unwitnessed falls with no progressive interventions put in place in the service plan after each fall. Those falls are as follows: 4/27/26 at 11:45 AM, unwitnessed fall in resident's room. 4/27/26 at 5:27 AM, unwitnessed fall in resident's room. 2/26/26 at 12:16 PM, unwitnessed fall in resident's room. 2/25/26 at 12:30 PM, unwitnessed fall in resident's room. 2/13/26 at 2:39 AM, unwitnessed fall in resident's room.	A4010		

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A4010	Continued From page 3 R1's Service Plan dated 4/27/26 documents, "Fall Risk - High. Approaches &/or Interventions: Encourage me regularly to use the bathroom. Monitor me for side effects of medication and notify my nurse and physician of any changes. Monitor me for signs of an infection and notify my nurse and physician of any changes. Reorient me of my surroundings whenever I appear turned around. Encourage me to drink so I avoid becoming dehydrated. Encourage me to wear good-fitting, non-skid shoes." Although all of the above reported falls had no related injuries, there were no interventions put in place after each of the falls. R5's record documents R5 moved to the Memory Care Unit of the facility on 7/28/25 with multiple diagnoses to include Alzheimer's Disease and having multiple falls with no interventions put in place in the service plan after each of the following falls: 4/7/26 at 10:30 AM, unwitnessed fall in resident's room. 3/28/26 at 11:00 AM, unwitnessed fall in resident's room 3/27/26 at 7:07 AM, unwitnessed fall in resident's room. 3/8/26 at 12:20 AM, unwitnessed fall in resident's room. 2/28/26 at 2:10 PM, unwitnessed fall in resident's room. 2/13/26 at 7:10 PM, unwitnessed fall in resident's room. 2/11/26 at 2:15 PM, unwitnessed fall in resident's room. 2/6/26 at 6:41 AM, unwitnessed fall in resident's room. R5's Service Plan dated 4/27/26 documents, "Fall	A4010		

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A4010	Continued From page 4 Risk - High. Approaches &/or Interventions: Encourage me regularly to use the bathroom. Monitor me for side effects of medication and notify my nurse and physician of any changes. Monitor me for signs of an infection and notify my nurse and physician of any changes. Reorient me of my surroundings whenever I appear turned around. Encourage me to drink so I avoid becoming dehydrated. Remind me how to properly use my assistive equipment if you notice I'm not using it properly. Encourage me to stay in high traffic areas and participate in activities of my choosing." Although all of the above reported falls had no related injuries, there were no interventions put in place after each incident. R7's record documents a move in date of 4/30/25 to the Memory care unit with multiple diagnoses to include Dementia and having multiple falls with no interventions put in place in the service plan after each of the following falls: 4/22/26 at 10:16 PM, unwitnessed fall in resident's room. 3/23/26 at 11:00 AM, unwitnessed fall in resident's room. 2/21/26 at 6:21 AM, unwitnessed fall in resident's room. 12/14/25 at 9:13 AM, witnessed fall in common area. R7's Service Plan dated 4/27/26 documents, "Fall Risk - High. Approaches &/or Interventions: Encourage me regularly to use the bathroom. Monitor me for side effects of medication and notify my nurse and physician of any changes. Monitor me for signs of an infection and notify my nurse and physician of any changes. Reorient me of my surroundings whenever I appear turned around. Encourage me to drink so I avoid	A4010		

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A4010	Continued From page 5 becoming dehydrated. Encourage me to wear good-fitting, non-skid shoes. Do not rush me. Give me adequate time to walk to where I'm going." Although all of the above reported falls had no related injuries, there were no interventions put in place after each incident. On 4/28/26 at 10:05 AM, E2/Director of Wellness stated she just assumed the DOW position and she could not find any other documentation of interventions post fall in R1's, R5's, and R7's records but stated that fall interventions should be documented in the resident's service plan.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: TYPE 2 VIOLATION Type 2 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: 6) Provide an appropriate number of staff for its resident population. The establishment shall	A4060		

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A4060	Continued From page 6 provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; 9) Develop emergency procedures and staffing patterns to respond to the needs of residents; (Section 150(f) of the Act) Based on interview and record review the facility failed to ensure appropriate number of staff is provided to fulfill the need for increased assistance during an emergency/evacuation when there are residents needing the use of a mechanical lift during transfers. This failure creates a substantial probability of harm to residents in the facility. Findings include: On 4/27/26, E1/Executive Director/ED presented the facility Resident Roster which listed 52 Assisted Living (AL) residents and 26 Memory Care (MC) residents and a document entitled Clinical IDPH Readiness Items which documents there are four (4) residents using Mechanical Lifts for transfers in the facility: one resident (R2) in AL unit and three residents (R1, R3, R9) in MC unit. A review of the March and April 2026 direct care staffing schedule was done on 4/27/26 and the following staffing coverage on the night shift (10 PM - 6:30 AM) were noted:	A4060		

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A4060	Continued From page 7 March 3, 6, 7, 14, 15, 21, 22, 23, 26, 28, 29, 30 - all night shift: 2 RAs on MC unit, 1 RA on AL unit. April 4, 5, 6, 18, 20, 25, 26 - all night shift: 2 RAs on MC unit, 1 RA on AL unit. R1's record documents R1 moved to the Memory Care unit of the facility on 10/13/25 with multiple diagnoses to include Unspecified Dementia and admission to hospice services on 1/15/26 with diagnosis of Cerebrovascular Disease. R1's Service Plan dated 4/27/26 documents, "EVACUATION [Behavior Patterns/Evacuation] Schedule: Daily@ As Needed Needs/Preferences and Individualized Service: I have trouble getting out of bed and/or chair and need help in case of an evacuation. It is difficult for me to propel myself in a wheelchair. I will need help from staff to evacuate the building during an emergency. Approaches &/or Interventions: I need help from staff to prepare for and evacuate the building case of an emergency by: 1). Assistive Device: Wheelchair 2). Physical Assistance: 2 staff members and Hoyer Lift. Propelling my w/c to safety. 3). Verbal cueing: Inform me what is going on and that I am being taken to safety so I am not frightened. Provider of Service : Community Staff. " R2's record documents a move in date to the Assisted Living unit on 6/9/25 with primary diagnosis of Parkinson's Disease and admission to hospice services on 4/24/26 R2's Service Plan dated 4/27/26 documents, "EVACUATION [Behavior Patterns/Evacuation] Schedule: Daily@ As Needed	A4060		

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A4060	Continued From page 8 Needs/Preferences and Individualized Service: I have trouble getting out of bed and/or chair and need help in case of an evacuation. It is difficulty for me to propel myself long distances in a wheelchair. I will need staff assistance to prepare for and evacuate the building in case of an emergency. Approaches and/or Interventions: I need help from staff to prepare for and evacuate the building in case of an emergency by: 1). Assistive Devices: Wheelchair, Hoyer Lift. 2) Physical Assistance: 2 staff members and use of hoyer lift. 3). I will need staff to let me know what is happening and that I am being taken to safety. Provider of Service : Community Staff. " R3's record documents R3 was admitted to the Memory care unit on 5/31/22 with multiple diagnoses to include Dementia and admission to hospice services on 5/21/25. R3's Service Plan dated 4/27/26 documents, "EVACUATION [Behavior Patterns/Evacuation] Schedule: Daily@ As Needed Needs/Preferences and Individualized Service: I have trouble getting out of bed and/or chair and need help in case of an evacuation. It is difficult for me to propel myself in a wheelchair. I will need help from staff to evacuate the building during an emergency. Approaches &/or Interventions: I need help ROM staff to prepare for and evacuate the building case of an emergency by: 1). Assistive Device: Hoyer Lift, Broda Chair 2). Physical Assistance: 2 staff members and Hoyer Lift. Propelling my w/c to safety. 3). Verbal cueing: Inform me what is going on and that I am being taken to safety so I am not frightened. Provider of Service : Community Staff. "	A4060		

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A4060	Continued From page 9 R9's record documents R9 was admitted to the Memory Care unit of the facility on 4/18/25 with primary diagnosis of Dementia and admitted to hospice services on 9/3/25 of Cerebrovascular Disease. R9's Service Plan dated 4/28/26 documents, "EVACUATION [Behavior Patterns/Evacuation] Schedule: Daily@ As Needed. Needs/Preferences and Individualized Service: I have a hard time hearing/seeing the alarms that alert me to an emergency. I have trouble getting out of bed and/or a chair. I am a hoyer lift for all transfers and will need staff assistance during an evacuation. I will need staff to stay with me once evacuated for my safety. Approaches &/or Interventions: I need help from staff to prepare for and evacuate the building in case of an emergency by: 1. Assistive Devices: W/C, Hoyer Lift 2. Physical Assistance: I will need staff to propel my w/c to safety during an evacuation as I do not have use of my right arm. 3. Verbal Cueing: I will need staff to tell me what is going on and that I am being taken to safety. Provider of Service : Cedarhurst Staff. " On 4/27/26 at 10:01 AM, E2/Wellness Director, stated the staffing coverage on days and evenings is 2 RAs in AL and 2 RAs in MC and one float and 2 Ras in MC and 1 RA in AL and 1 float. On 4/27/26 at 11:35 AM, E3/Licensed Practical Nurse (LPN), stated R2 was able to transfer with physical assist of one staff and a gait belt but his Parkinson's just progressed so fast recently that he was admitted to hospice a week ago and will be moved to Memory Care per family approval as soon as possible.	A4060		

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A4060	Continued From page 10 On 4/27/26 at 11:40 AM, E9/LPN stated that R1, R3 and R9 are on hospice services and needed a mechanical lift with 2 staff for transfers. E9 stated she works 7 AM - 7 PM and assist with resident care in between nursing duties including medication pass and documentation. E9 stated there are usually two direct care staff and a float on the evening shift when she leaves at 7 PM and by then R1, R3, and R9 would be in bed already. On 4/28/26 at 1:15 PM, E10/Resident Assistant (RA) stated she works full time from 6:00 AM - 2:30 PM and there are mornings when she reports to work that there were only two RAs in the Memory Care unit and one RA in the Assisted Living unit working overnight. E10 stated night shift would have R1 and R3 up already when she arrives unless it is hospice aide day and hospice aide comes twice a week. E10 stated she finds it more at ease when there is a third RA looking after and keeping an eye on the rest of the other residents while she and another RA are assisting R1 or R3 or R9 during transfers using a mechanical lift or anytime two RAs are needed to provide assist to a resident inside their apartment or in a bathroom.	A4060		