STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510540	A. BUILDING: _____ B. WING _____	09/22/2025

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ASPIRED LIVING OF LAGRANGE	35 SHAWMUT AVENUE LA GRANGE, IL 60525

(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	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements a) 5) 6) 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 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: 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect himself/herself, given the staffing and construction of the building; 6) The person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), where the individual is substantially disabled due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is	A2000		

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A2000	Continued From page 1 expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. Nothing in this Section is meant to prohibit an individual with a diagnosis of depression from living in an establishment so long as the resident is not substantially disabled in the areas of self-maintenance, social functioning, activities of community living, and work skills; Type 2 Violation These requirements were not met as evidenced by: Based on observation, resident electronic record review, incident report review and staff interviews, the establishment failed to: -ensure that 2 residents were appropriate for assisted living. This involves 2 of 3 residents (R1, R3) reviewed. This failure resulted in the establishment's inability to provide skilled services for R1 and the inability to prevent R3 from elopement and wandering behavior. These failures have the probability to affect all residents who reside in the establishment. This failure creates a substantial probability of harm to a resident or residents. Findings include: 1. R1 is a 79-year-old resident who moved in on 6/20/2025 with diagnoses including but not limited to quadriplegia C1-C4 incomplete, bladder cancer, diabetes, hypertension, and hypotension. R1's progress note dated 7/17/2025 documents:	A2000		

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A2000	Continued From page 2	A2000		

Resident transferred to his wheelchair for lunch and came down at 11. His private caregiver brought him up due to him not getting served right away. We offered to take him to the bistro until lunch started, and he declined so he went back to his room and went back to his bed. Took 3 people to transfer him back to bed.

R1's progress note dated 7/16/2025 documents: Resident was transferred to his chair to come down to lunch around 12. After 10 minutes of being downstairs he wanted to go back and lay down. Took 3 people to transfer.

R1's progress note dated 6/27/2025 documents: Met with the visiting nurse from home health plus VA hospital. Per nurse she will be here between 9 am and 10 am on Monday, Wednesday, Friday, Saturday and Sunday for wound PRN care, bowel care, and catheter care. Another nurse will be present on Tuesday and Thursday. Per nurse, R1 will also have a caregiver 5 days a week.

R1's progress note dated 6/20/2025 documents in part: Resident R1 and wife, moved into apartment 201 today. R1 is a Caucasian male. Resident is A&O x4. Resident is able to make needs known. Resident is a full code. Resident is allergic to Gabapentin. Resident has foley catheter. Catheter intact with no issues noted. Bruising noted to extremities. Resident has wound to sacrum. Resident currently eating in bed. Resident able to ambulate without the use of assistive devices. Home health services to perform catheter and bowel care. Family to set up med's. Visiting nurse to administer med's as scheduled. Resident has no current complaint of pain or discomfort at this time. B/P 131/76, p 73, T97.8, R16.

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A2000	Continued From page 3 R1's progress note dated 6/20/2025 documents: Correction to admitting nurses progress note. Resident has a healed wound to his sacrum and is being monitored by the community nurses as well as the VA visiting nurse. On 9/18/2025, at 12:19 PM Z3 stated, "I have worked with R1 for about 5-6 weeks. It takes 3 people to transfer R1 when Z4 is not here. When Z4 is not here the physical therapy (PT), facility CNA and myself transfer R1 with his walker for stability. R1 is total care for dressing, toileting, bathing, shaving, catheter care and transfers. R1 can brush his own teeth if you give him the toothbrush with toothpaste on it. R 1 can feed himself." On 9/18/2025, at 12:00 PM, R1 stated, "I am not able to walk by myself. I can stand to transfer. Usually, 2 people help me transfer. I take my baths in bed and 2 people help me with my baths." On 9/18/2025, at 11:10 PM, E2 (Director of Health and Wellness) stated, "R1 is not able to walk by himself, R1 can stand pivot. R1 was never able to walk or transfer by himself since he has been here. When we do our assessments, extensive care means the care staff has to do a lot more for the resident. That would mean a full assist. For transfers R1 would be considered a full assist. R1 he also has a caregiver and refuses for us but is considered extensive or full assist. For dressing R1 is a full assist. R1 can lift his arms up, but he refuses. R1 is independent on oral hygiene. R1 does have a foley. R1 has a VA visiting nurse that takes care of that. Our staff drains R1's foley. Foley care is also considered extensive or full assist as R1 does not care for this himself but has the visiting nurse as well.	A2000		

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A2000	Continued From page 4 Toileting, R1 is also extensive care/full assist as he can identify when he needs to go but uses a brief and needs to be changed by our community staff or private caregiver whoever is here at that time. R1 is total assistance for evacuation, bathing, toileting, transfers, and mobility. R1 is independent for oral hygiene and activities. R1 is partial assistance for dressing as he can raise his arms. R1's levels of care have not changed since he has been admitted. R1 has only been here a couple months. R1 does not have a wound. R1 did have a previous wound on the coccyx that was healed prior to admitting. This has not opened up again and we are using preventative measures to prevent from this from happening. The requirements for us to admit residents to our facility are that we follow the IDPH guidelines. There are no requirements on level of care restrictions but if they are total care for everything then we call corporate and do a huddle call and corporate advises us on each incidence of that. The times R1 was requiring 3 person transfers was when R1 was first admitted and was just to be on the safe side. R1's medical concerns are incomplete tetraplegia, foley catheter, hypotension, hypertension, chronic pain, diabetes - not on insulin, neurogenic bowel and bladder cancer. R1's Service Plan dated 7/22/2025 documents in part: Mobility/Ambulation - Level of Assistance/Escorts: Extensive, Transferring - Level of Assistance: Extensive, Medication Level of Assistance - Total, Bathing - Level of Assistance: Extensive, Dressing - Level of Assistance: Extensive, Toileting - Level of Assistance: Total, Emergency and Evacuation - Level of Assistance: Extensive.	A2000		

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A2000	Continued From page 5 2. R3 is a 83 year old resident who moved into the establishment 6/19/25. R3 has diagnoses including Parkinson's disease, Hypertension and Osteoporosis. The progress notes were reviewed and show the following: -6/21/25; R3 wanders in and out of the facility -7/26/25: it was reported that R3 was observed exiting the courtyard and beginning to walk down the sidewalk. When approached, R3 was unable to say where she was going or where she was -8/8/25: R3 was noted wandering near the dining room area. When approached, R3 said she was looking for her husband -8/13/25; R3 was very confused and wandering on the 1st floor looking for her husband The initial incident and accident report dated 8/21/25 mirrors the progress note of the same date. On 9/18/25 at 10:53am E2 (health and wellness director) stated, "the residents are allowed to sit outside in front in the chairs. We had a conversation with R3's family about transferring R3 to another facility because R3 needed another level of care. The family hired a private caregiver. The private caregiver was here from 2pm to 8pm. R6 (husband) lives here also. R6 has dementia as well. They both now reside in memory care. For that incident (6/26/25) R6 was fixated on his vehicle. We don't know if R3 or R6 signed out or not."	A2000		

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A2000	Continued From page 6 Concerning the garbage exit door E2 stated, "the double doors lead to the dining room and the employee breakroom. On 7/26/24, the courtyard gates are not secured. There is a sidewalk that is not enclosed." Regarding the incident of 8/21/25 E2 stated, "the door to go outside to the courtyard is not alarmed. After 8pm, to get out of the front door with a key fob. If no one is available, people can go thru the side door that leads to the patio. It's on camera. We can't tell how far down R3 went on Shamut Ave. After R3 was assisted back into the floor, the AL (assisted living) manager took turns watching her room. R6(husband)and R3 reside in the room together. R6 didn't know R3 was out of the room."	A2000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness 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: g) Drills shall involve the actual evacuation 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	A2040		

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A2040	Continued From page 7 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. 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. These requirements were not met as evidenced by: Based on interview and record review, establishment failed to identify residents needing assistance for evacuation in fire drill evaluations. The facility also failed to involve actual evacuation of all or majority of residents to provide residents with experience using various means of escape. These failures have the probability to affect all residents in the establishment. Findings include: During the active survey the establishment had an active census of 81 residents. On 9/17/2025, at 9:05 AM, Fire drills reviewed by surveyor. Fire drills do not list resident names or who needed assistance for evacuation. Fire drills also do not list all residents who participated. Drill evaluations list resident head counts as follows for the dates listed: 11/14/24 - 0 residents	A2040		

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A2040	Continued From page 8 12/31/24 - 8 residents 1/15/25 - 3 residents 2/5/25 - 10 residents 3/13/25 - 5 residents 4/11/25 - 15 residents 5/13/25 - 3 residents 6/4/25 - 10 residents 7/9/25 - 5 residents 8/14/25 - 5 residents On 9/17/25, at 11:21 AM, E9 (Director of Plant Operation) stated, "I am in charge of fire drills. My process of fire drills are myself and E10 (Executive Director) do the drills. We would switch up on shift and location every month. Someone pulls the alarm after going offline, so it stays local. Staff is trained to know once the alarms go off to go to the panel and locate fire, they grab an extinguisher. I train them on how to use them. They go to the area. Evacuation takes place with staff and residents depending on location of fire. I do normally have a list of the residents that attended fire drills. I do not have them for these drills that you are looking at for this year. I do not have a list of residents that need evacuation for each drill. We do require all residents to participate in the fire drills. The ones that are in the hallways at the time of the drill are usually the ones that participate. Census right now is about 81 residents. Some residents are allowed to stay in the room and not respond for the ones that have restricted mobility. I can find you a list of those residents. The numbers of resident head count on the fire drill evaluations is so low because they are required to respond to drills but not all residents respond to drills and participate. Aside from the restricted mobility residents we still do have a lot of residents who do not want to participate in the fire drills."	A2040		

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A2040	Continued From page 9 On 9/17/2025, at 11:52 AM, E10 stated, "for fire drills we do zone evacuation, so each zone is evacuated where the zone is and all residents in that zone are evacuated but there are times when a zone has no residents, and no residents are evacuated. We do not do a full facility evacuation for every fire drill. We have done 0 full evacuation fire drills in the last year. I am unsure if we have a list of residence who need assistance with evacuation. We do not print off a list of residents currently who need assistance with evacuation for each drill. We do have some residents sign when they participate in fire drills but not memory care residents and not all residents, but some do sign. Of the fire drills reviewed one fire drill has 3 resident signatures on it dated 5/13/25. Two of the other fire drills were in memory care and we do not have those resident's sign. The fire drill for 11/14/24 was done in the area of a loading dock where there were no residents. The purpose of the fire drills is to familiarize all residents and staff of the procedure in case there is a fire. When asked if doing area evacuations maximizes on the ability to familiarize residents and staff with procedures E10 stated, "All staff are always involved. There are evacuation maps on back of all doors. We do different areas, so all residents have opportunity to participate in a more active way. Normally we do one full evacuation a year. We do have residents that refuse to participate in fire drills, but it is not that often."	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by:	A3000		

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A3000	Continued From page 10 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. This requirement was not met as evidenced by: Based on interview and record review the facility failed to ensure at least one direct staff person was on duty at all times that had 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. This was found in four of eight employees (E4, E8, E11, and E12) reviewed. This failure had the probablility to affect all residents in the establishment. Findings include: On 9/18/2025, at 11:01 AM E8's (Memory Care Director/Hire date 10/30/23) CPR card noted from American CPR (cardiopulmonary resuscitation) Core Association noted to be online CPR training with date completed as 9/18/2025. E11's (Licensed Practical Nurse/hire date 10/23/23) CPR certification from National CPR Foundation dated 9/17/24 noted to be from online CPR training. E4 (LPN's/hire date 9/25/24) CPR certification noted to be from American Health Care Academy dated 9/11/2024 which is online	A3000		

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A3000	Continued From page 11 CPR training. E12 (LPN's/hire date 1/22/25) CPR certificate noted to be from National CPR Foundation dated 12/18/23 which is online CPR training. On 9/18/2025, at 9:41 AM, E10 (Executive Director/ED) stated, "E4's CPR card is here. Card is from American Health Care Academy and is an online only course. I am unsure if we accept online CPR classes for staff. Nurses at minimum are required to have CPR because we have nurses 24 hours around the clock." On 9/18/2025, at 10:46 AM, E10 stated E4 confirmed her CPR training was strictly online. E8 (Memory Care Director) renewed her CPR today and it was done strictly online as well. When surveyor asked E10 if she accepts strictly online CPR training certificates, E10 ED, stated, "I have reached out to corporate to see if we accept online CPR." When asked what they have accepted in the past E10 stated, "in the past we have accepted online CPR training certificates as E4's CPR is an online only training certificate." On 9/22/2025, at 9:00 AM, Surveyor reviewed timecard punches for nursing staff provided to surveyor by E10 from 6/1/2025 through 9/17/2025. This document in conjunction with CPR certification trainings verify that on 33 different dates the facility did not have a correctly certified CPR direct care staff on site at the facility for full 24 hours. Those dates are as follows: 6/1/2025, 6/6/2025, 6/12/2025, 6/14/2025, 6/15/2025, 6/20/2025, 6/25/2025, 6/28/2025, 6/29/2025, 7/5/2025, 7/10/2025, 7/12/2025, 7/13/2025, 7/18/2025, 7/19/2025, 7/26/2025, 7/27/2025, 7/30/2025, 8/1/2025, 8/3/2025, 8/7/2025, 8/9/2025, 8/10/2025, 8/15/2025,	A3000		

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A3000	Continued From page 12 8/16/2025, 8/21/2025, 8/23/2025, 8/24/2025, 8/29/2025, 9/6/2025, 9/7/2025, 9/12/2025, and 9/16/2025.	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. 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 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,	A4010		

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A4010	Continued From page 13 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). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; This requirement was not met as evidenced by: Based on record review and staff interviews, the establishment failed to review and revise the service plan with interventions to address: -a history of elopement, exit seeking and aimlessly wandering behaviors for 1 of 1 residents (R3) reviewed for behaviors; -fall that resulted in a fracture to the sacrum and pain management for one resident (R4) out of 5 residents reviewed for falls; -outside services for one resident (R4) out of 5 residents in the sample reviewed for therapy. The service plan was not revised to address the agency name, frequency, duration of therapy and the correlation of care between direct care staff and therapy staff.	A4010		

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	ASL510540	A. BUILDING: _____ B. WING _____	09/22/2025

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A4010	Continued From page 14	A4010		

This failure has the probability to affect all residents who reside in the establishment. This failure creates a substantial probability of harm to a resident or residents.

Findings include:

1. R3 is a 83 years old resident who moved into the establishment 6/19/25. R3 has diagnoses including Parkinson's disease, Hypertension and Osteoporosis.

The progress notes from June 2025 through August 2025 were reviewed and show the following:

-6/21/25: R3 wanders in and out of facility. R3 won't take her coat off

-6/22/25: R3 noted wandering and observed crying at the time and confused to location, R3 asking where is her husband and can he drive her home to get her clothes.

6/26/25: R3 was accompanied (R6) husband. Both residents went to the front dest and asked concierge can they go outside in the parking lot and look for R6's car. R3 and R6 were allowed to go out, Nurse on duty was notified by the CNA R3 was outside in the parking lot pulling on door handles searching for R6's car

-6/28/25: nurse spoke to Z2, informed of incident at the garbage exit door

-7/26/25: it was reported that R3 was observed exiting the courtyard via gate and beginning to walk down the sidewalk, when approached, R3 was unable to say where she was going or where

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A4010	Continued From page 15 she was -8/8/25: R3 was noted to be wandering near the dining room area. When R3 was approached, R3 was said she was looking for R6 -8/13/25: R3 was very confused and wandering on the 1st floor hallway looking for R6 -8/21/25: informed by LEA (life enrichment aide) while rounding R3 was not in her room. Per Z1, R3 was left safely in bed before ending shift at 8pm. A thorough search was conducted, however R3 wasn't found. During a outside search R3 was spotted walking toward the building with the police and paramedics. Paramedic said that a bystander noticed R3 seemed confused. The bystander called 911 The initial incident and accident report dated 8/21/25 at 8:53pm mirrors the progress note of the same date. On 9/18/25 at 10:53am, E2 (health and wellness director) stated the following concerning R3: The residents are allowed to sit outside in front in the chairs. We had a conversation with the family about transferring the R3 to another facility because R3 needed another level of care. The family hired a private caregiver. Z1 was here from 2pm to 8pm. The husband lives here also. He has dementia as well. They both now reside in memory care." For that incident, (6/26/25 R6 was fixated on his vehicle. We don't know if R3 signed out or not. Re: Garbage exit door: the double doors lead to the dinning room and the employee breakroom.	A4010		

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A4010	Continued From page 16 Re: 7/26/24: the courtyard gates are not secured. There is a sidewalk that is not enclosed, it leads to the front which is Shamut Ave." Re: 8/21/25: the door to go outside to the courtyard is not alarmed. After 8pm, to get out of the front door you need a key fob. If no one is available, people can go thru the side door that leads to the patio. It's on camera. We can't tell how far down R3 went on Shamut Ave. After R3 was assisted back into the floor, the AL (assisted living) manager took turns watching R3's room. R6 and R3 were rooming together. R6 didn't know R3 was out of the room." The service plan dated 8/28/25 shows the intervention for the incident dated 8/21/25 is to provide family with getting a companion and to monitor R3 for exit seeking behaviors inside of community. The service plan wasn't revised with interventions to address R3's history of eloping, exit seeking behavior and aimlessly wandering. 2. R4 is a 86 year old resident who moved into the establishment 12/6/24. R4 has diagnoses including Fracture of the sacrum, cognitive communication deficit, adult failure to thrive, Hypertension, Hypothyroidism, Muscle weakness, Insomnia, , Cervical disc degeneration and Hyperlipidemia. The progress notes from December 2024 through September 2025 were reviewed and in part show the following: -12/28/24: R4 complained of pain and showed nurse where. Lower abdomen/pelvic area indicated and said it could be her bowel or bladder. R4 denies burning or pain with urination,	A4010		

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A4010	Continued From page 17	A4010		

area is soft and non distended. Daughter in room and asked daughter, she said they are in the process of evaluating exact location and cause of pain. R4 requested Tylenol and given.

-12/31/24: R4 went to appt at The Bone Institute escorted by her family member. Images now show superior and inferior left pubic fractures, Bone Institute isn't sure if fractures were noted on x-ray from Northwestern. OK to continue weight bearing as tolerated, unlimited hip motion, no restrictions, Tylenol for pain.

-9/11/25: R4 complained of pain and showed nurse where. Lower abdomen/pelvic area indicated and said it could be her bowel or bladder. R4 denies burning or pain with urination, area is soft and non distended. Daughter in room and asked daughter, she stated they are in the process evaluating exact location and cause of pain. Resident requested Tylenol and given.

-9/11/25: Nurse was requested to apartment. Upon arrival R4 was left side lying on the bathroom floor, between toilet and bathroom sink. R4 said she had bumped her head when she fell after standing up. Complained of neck and left arm pain. Call to paramedics for hospital transfer. Upon arrival of paramedics R4 noted to have a small red knot on back of her head.

-9/12/25 (12:01am): R4 returned to facility via ambulance family member. Discharge paperwork: no new orders, no new diagnoses.

The service plan dated 8/5/25 was not revised with interventions to address the fracture to the sacrum, to continue weight bearing as tolerated, unlimited hip motion, no restrictions or Tylenol for pain. The service plan also does not address the

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A4010	Continued From page 18 therapy agency name, frequency or duration of therapy, nor the correlation of care between direct care staff and therapy staff were not addressed.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 2) Staff training: B) Direct care staff must receive 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	A4060		

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A4060	Continued From page 19 v) techniques for successful communication. Based on interview and record review the estabishment failed to provide documentation for 16 hours of on-the-job dementia supervision and training for two employees (E3 and E7) out of eight employees reviewed for on-the-job dementia supervision and training. Findings include: On 9/17/2025, surveyor reviewed employee files. Surveyor did not see any 16-hour dementia hands on training in employee files for E3 (Care Associate Assisted Living/hire date 9/18/24) and E7 (Certified Nursing Assistant/hire date 11/27/24). On 9/17/2025, at 2:54 PM, E10 (Executive Director) stated, "E3 Assisted Living Care Associate and E7 do not have the 16-hour training as they do not work in memory care."	A4060		