

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/12/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE OAK PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 ONTARIO ST OAK PARK, IL 60302
---	--

(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	<p>Initial Comment</p> <p>Complaint Investigation Survey</p> <p>2586277/IL196240 unsubstantiated 2591317/IL196249 unsubstantiated</p> <p>Annual Licensure Survey</p> <p>295.1070 d)</p> <p>Technical Infraction</p> <p>295.2040 a)b)2). During this survey, it was identified 4 new staff members (E4, E6, E7, E8) did not receive fire extinguisher training. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the survey was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040 a) b). No violation imposed.</p>	A 000		
A1070	<p>Section 295.1070 Annual on-Site Review and Complaint Procedure</p> <p>This Regulation is not met as evidenced by: General Violation</p> <p>Section 295.1070 Annual On-Site Review and Complaint Investigation Procedures</p> <p>d) An establishment shall not restrict or hamper access by Department staff to the building, residents or designated records required to conduct routine or periodic review or investigations. A resident may limit access to their private dwelling space to reviewers, except if</p>	A1070		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/12/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE OAK PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 ONTARIO ST OAK PARK, IL 60302
---	--

(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
A1070	<p>Continued From page 1</p> <p>suspected violations exist that may pose a threat to the resident's or others' health, safety or well-being. A resident may also elect to limit access to themselves and their records, except as required as a condition of payment for publicly funded housing and/or services.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation and interview, facility entrance on 8/22/25 for annual licensure with complaint investigations was marked by extensive delays due to onsite absence of facility administration. When survey was resumed on 9/5/25, facility failed to provide reportable accident/incident for review as requested on data entrance form of 8/22/25 causing further delay in the completion of required survey.</p> <p>Findings include:</p> <p>On 8/22/25 at 9:10 am E13 (receptionist at entrance) stated, "Executive Director not here. I will get you a nurse. She's probably passing medications."</p> <p>By 9:30 am no contact with facility administration or nurse had been made. After informing E13 supervisor was being called due to delays on entrance and lack of onsite administration, E1(Interim Health and Wellness Coordinator/Licensed Practical Nurse) appears. E1 has been the interim Coordinator of Health and Wellness for 2 months.</p> <p>Attempt at entrance was further delayed when E1 stated, "I don't have my laptop. Can I bring my laptop?"</p>	A1070		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/12/2025
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE OAK PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1111 ONTARIO ST OAK PARK, IL 60302
---	--

(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
A1070	<p>Continued From page 2</p> <p>E12(Associate Executive Director) did not arrive onsite until 10:40 am. Both E1 and E12 were informed due to extensive delay, violation for lack of timely response was being cited.</p> <p>On return to facility on 9/5/25, despite request for reportable incidents on 8/22/25, E12 had not forwarded these documents for review. Reportable incidents are required to be reviewed before additional survey tasks can be completed.</p>	A1070		