

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHURCH CREEK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1250 W CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005</b>
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A 000	Initial Comment  Annual Licensure Survey conducted.  Violations Section 295.3020 Employee Orientation and Ongoing Training and Section 295.4010 Service Plan was written.	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training  This Regulation is not met as evidenced by: Annual Licensure Survey Entrance 3/31/25, Exit 4/1/25  Type 3 Violation  Section 295.3020 Employee Orientation and Ongoing Training  c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:  1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights;  2) Disaster procedures;  3) Hygiene and infection control;  4) Assisting residents in self-administering medications;	A3020		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A3020	<p>Continued From page 1</p> <p>5) Abuse and neglect prevention and reporting requirements; and</p> <p>6) Assisting residents with activities of daily living ...</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure managers completed a minimum of eight hours of training, every 12 months after the starting date of employment and/or ensure all required topics were covered. This applies to 2 of 9 employees (E1, E3) reviewed for this requirement.</p> <p>The findings include:</p> <p>On 3/31/25, employee training records were reviewed and showed the following concerns:</p> <p>E1 (Executive Director) - date of hire 5/13/2002.</p> <p>-E1's Relias training records, reviewed for the 12-month period of 5/13/2023 to 5/12/2024, showed no documentation that E1 completed the required topic of Disaster Procedures.</p> <p>E3 (Food Service Director) - date of hire 4/9/2018.</p> <p>-Relias training records, reviewed for the 12-month period of 4/9/2023-4/8/2024, showed E3 completed six point seven five hours of ongoing training, which was short of the required minimum of eight hours.</p>	A3020		

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A3020	<p>Continued From page 2</p> <p>-There was no documentation to show E3 completed the required topics of Disaster Procedures and Abuse and Neglect Prevention and Reporting Requirements.</p> <p>On 3/31/25, E2 (Director of Health and Wellness) was given the opportunity to provide any further documentation of required training and there was no documentation to show the above lack of hours and topics were completed.</p> <p>On 4/1/25, E1 confirmed the findings.</p>	A3020		
A4010	<p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.4010 Service Plan</p> <p>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)</p> <p>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) ...</p> <p>g) Service plans shall address:</p>	A4010		

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A4010	<p>Continued From page 3</p> <p>1) The level of service the resident is receiving, including:</p> <p style="padding-left: 40px;">A) assistance with activities of daily living;</p> <p style="padding-left: 40px;">B) dietary needs, if the establishment provides therapeutic diets; and</p> <p style="padding-left: 40px;">C) special accommodations for the resident;</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the service plan;</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment ...</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed follow their policy when they did not ensure resident service plans were updated post-fall and were individualized to resident needs/concerns. This requirement was not met for 4 of 4 residents (R1, R2, R3, R4) reviewed for this requirement.</p>	A4010		

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A4010	<p>Continued From page 4</p> <p>The findings include:</p> <p>The annual licensure review showed the following concerns with service plans:</p> <p>1. On 3/31/25, R1's medical record showed R1 moved into the establishment on 10/11/24 and had multiple diagnoses, sequele of cerebal infarction and atherosclerotic heart disease.</p> <p>R1's Service Plan, updated 3/7/25, did not address the reason for and use of psychotropic medications and related moods/behaviors to monitor for, and the use of opioids. R1's Order Summary Report showed R1 takes scheduled buspirone (antianxiety) for anxiety, but there is no documented diagnosis of anxiety, and takes as needed oxycodone (analgesic opioid) for pain. R1's service plan showed R1 is a fall risk, and these medications increase the risk of falls.</p> <p>2. On 4/1/25, R2's medical record showed R2 moved into the establishment on 10/31/24, resides in memory care, is on hospice, and has multiple diagnoses, including hyperlipidemia, hypertension, and type 2 diabetes.</p> <p>R2's Service Plan, updated 3/11/25, did not address the reason for and use of psychotropic medications and related moods/behaviors to monitor for, and the use of opioids. R2's Order Summary Report showed R2 takes scheduled quetiapine (antipsychotic) for anxiety, but there is no documented diagnosis of anxiety, and takes as needed hospice comfort medications - lorazepam (antianxiety) for anxiety and restlessness and morphine (analgesic opioid) for pain and shortness of breath, and scheduled and</p>	A4010		

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A4010	<p>Continued From page 5</p> <p>as needed tramadol (analgesic opioid) for pain.</p> <p>It could not be determined if R2's Service Plan was reviewed and interventions updated for falls, as fall incident dates were not documented on the service plan and revision dates did not correspond with fall incident dates. R2's Progress Notes showed fall incidents on 11/2/24, two on 11/4/24, 11/7/24, two on 1/16/25, 1/21/25, 1/25/25, 2/9/25, 2/12/25, 3/10/25, 3/15/25, 3/24/25, and 3/28/25.</p> <p>3. On 4/1/25, R3's medical record showed R3 moved into the establishment on 10/31/24, resides in memory care, and has multiple diagnoses, including atherosclerosis of coronary artery bypass graft, difficulty walking, need for assistance with personal care, fracture of nasal bones, and traumatic subarachnoid hemorrhage.</p> <p>It could not be determined if R3's Service Plan, dated 3/18/25, was reviewed and interventions updated for falls, as fall incident dates were not documented on the service plan and revision dates did not correspond with fall incident dates. R3's Progress Noes showed fall incidents on 12/11/24, 1/10/25, 1/31/25, and 2/12/25.</p> <p>4. On 4/1/25, R4's medical record showed R4 moved into the establishment on 1/25/21, resides in memory care, is on hospice, and has multiple diagnoses, including osteoporosis, dementia, Alzheimer's disease, right femur fracture, and nontraumatic intracerebral hemorrhage.</p> <p>R4's Service Plan, dated 3/4/25, did not address the reason for and use of psychotropic medications and related moods/behaviors to</p>	A4010		

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A4010	<p>Continued From page 6</p> <p>monitor for, and the use of opioids. R4's Order Summary Report showed R4 takes scheduled quetiapine (antipsychotic) related to dementia, as needed hospice comfort medications - lorazepam (antianxiety) for anxiety and restlessness and morphine (analgesic opioid) for pain and shortness of breath, and scheduled tramadol (analgesic opioid) for pain management.</p> <p>It could not be determined if R4's Service Plan was reviewed and interventions updated for falls, as fall incident dates were not documented on the service plan and revision dates did not correspond with fall incident dates. R4's Progress Notes showed falls on 5/13/24, 9/19/24, 11/19/24, and 2/6/25.</p> <p>The establishment policy titled Resident Service Plans (Effective Date: 5/12/23) showed: ...I. Policy Statement: This policy provides guidelines on documenting, via individualized service plans, the services required and provided to individual residents, including Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), medication assistance and other personal care needs ...IV) Provision(s) and Procedure(s) ...F) The content of the resident service plan includes the following: 1) Areas of resident needs/concern (ADL's, IADLs, medication management, health concerns, ancillary services.) ...</p> <p>The establishment policy titles Fall Management and Investigation (Effective Date: 3/19/24) showed: I) Policy Statement: Five Star utilizes all reasonable efforts to provide a system to review residents' potential risk for falls. A proactive program of supervision, assistive devices and interventions are used to manage and minimize</p>	A4010		

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A4010	<p>Continued From page 7</p> <p>falls and determine residents' continued needs ...III) Policy Guidelines: ...F) Fall interventions are documented in the resident's service plan ...IV) Provision(s) and Procedure(s): A) Fall Risk Factors 1) Intrinsic Risk Factors a) Medications ...</p> <p>On 4/1/25, E2 (Director of Health and Wellness) indicated service plans are reviewed and interventions updated with each fall incident, but confirmed he did not put the fall incident date and date the corresponding intervention.</p> <p>On 4/1/25, concerns were reviewed and confirmed with E1 (Executive Director) and E2.</p>	A4010		