

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2025
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NAME OF PROVIDER OR SUPPLIER GENERATIONS AT OAKTON ARMS	STREET ADDRESS, CITY, STATE, ZIP CODE 1665 OAKTON PLACE DES PLAINES, IL 60018
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A 000	Initial Comment Annual Licensure Survey 295.2040 e) g) h) 295.3000 b) 295.3020 a) 295.4000 b) 295.4010 g) 1) A) 2) 295.9000 a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness e) Drills shall include residents, establishment personnel, and other persons in the establishment. 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 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	A2040		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A2040	<p>Continued From page 1</p> <p>participating in the drill, and identification of any residents who received assistance for evacuation.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to ensure residents are involved in fire drills and ensure identification residents who need assistance with each drill.</p> <p>The establishment also failed to ensure resident emergency and evacuation orientation was completed within 10 days of move in as required for one (R1) of two residents reviewed for resident orientation.</p> <p>This deficient practice has the probability to affect all residents.</p> <p>This failure creates a substantial probability of harm to a resident or residents.</p> <p>Findings include:</p> <p>On 10/16/2025, at 10:11 AM Fire drill documentation was reviewed and documented as follows: 9/24/25 - 3rd Shift 11:00 PM - 11:15 PM. Time is more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 8/29/25 - 2nd Shift 3:50 PM - 4:00 PM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 7/31/25 - 1st Shift 10:30 AM -10:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p>	A2040		

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A2040	<p>Continued From page 2</p> <p>6/12/25 - 3rd Shift 10:30 PM - No end time. Time could be more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>5/22/25 - 2nd Shift 4:45 PM - 4:55 PM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>4/28/25 - 1st Shift 11:30 AM - 11:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>3/28/25 - 3rd Shift 5:15 AM - No end time. Time could be more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>2/28/25 - 2nd Shift 3:10 PM - 3:15 PM. Time is more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>1/31/25 - 1st Shift 11:00 AM - No end time. Time could be more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>12/23/24 - 3rd Shift 2:00 AM - 2:10 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>11/22/24 - 2nd Shift 9:45 PM - 9:50 PM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>10/31/24 - 1st Shift 10:30 AM - 10:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>9/24/24 - 3rd Shift 12:30 AM - 12:40 AM. No list</p>	A2040		

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A2040	<p>Continued From page 3</p> <p>of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>Emergency Preparedness Policy with effective/revised date of 9/27/2023 documents: Procedure: 7. Evacuation training for residents must be made available at least once each year. 8. Fire/evacuation drills for staff and residents should be conducted on a regular schedule and at different times and different shifts.</p> <p>On 10/16/2025, at 10:51 AM, E10 Maintenance Director stated for fire drills we set the alarm off and the residents know to go to their rooms. If they are on first floor they come to library. I do not list the residents who attend the drill or need assistance. I can attach those lists to my drills going forward. I am not sure how long the drills are supposed to be, but it usually takes only a couple minutes.</p> <p>According to resident roster, R1 moved into the community on 10/25/24. R1's document indicated, R1 received and understand the Resident Orientation Welcome packet on 8/6/25.</p>	A2040		
A3000	<p>Section 295.3000 Personnel Requirmts, Qualifns, and Trng</p> <p>This Regulation is not met as evidenced by: Type 2 Violation</p> <p>Section 295.3000 Personnel Requirements, Qualifications and Training</p>	A3000		

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A3000	<p>Continued From page 4</p> <p>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.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to ensure at least one direct care staff was on duty at all times, who had obtained cardiopulmonary resuscitation (CPR) training with a demonstration of the individual's ability to perform CPR, and who has current valid certification in CPR. This involved eleven (E2, E5, E11, E12, E13, E15, E16, E17, E18, E19, E20) of eleven employees reviewed for CPR. This deficient practice has the probability to affect all residents. This failure creates a substantial probability of harm to a resident or residents.</p> <p>Findings include:</p> <p>On 10/16/2025 at 10:00AM, E2 (Wellness Director) provided CPR certificates for the staff members requested for review. CPR certificate for E2 (Wellness Director), E5 (Licensed Practical Nurse/LPN), E11 (Certified Nursing Assistant/CNA), E12 (CNA), E13 (Caregiver), E15 (CNA), E16 (CNA), E18 (LPN), E19 (CNA) were not from the American Heart Association and are from strictly online classes. E17 (CNA) and E20 (Caregiver) have no CPR on file. Nine employees have Online CPR without return demonstration of employee's ability to perform CPR and two of these employees work the third shift.</p>	A3000		

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A3000	<p>Continued From page 5</p> <p>On 10/16/2025, Surveyor reviewed schedules for the overnight staff from July 1, 2025, through October 15, 2025.</p> <p>Per review of July 2025 overnight schedule from 10:00 PM until 6:00 AM, there were 29 days that the only staff on duty had CPR training without CPR demonstration of the individual's skill to perform CPR.</p> <p>Per review of August (2025) overnight schedule from 10:00 PM until 6:00 AM, from 10:00 PM until 6:00 AM, there were 25 days that the only staff on duty had CPR training without CPR demonstration of the staff's skill to perform CPR.</p> <p>Per review of September (2025) overnight schedule from 10:00 PM until 6:00 AM, there were 26 days that the only staff on duty had CPR training without CPR demonstration of the staff's skill to perform CPR.</p> <p>Per review of October 2025 overnight schedule from 10:00PM until 6:00 AM, there were 13 days that the only staff on duty had CPR training without CPR demonstration of the staff's skill to perform CPR.</p> <p>On10/16/2025 at 10:27AM, E2 (Wellness Director) said that establishment has nurses until 10PM, after that only Caregivers are on duty.</p> <p>On 10/16/2025 at 2:21PM E2 said that staff do the CPR individually and E2 is not aware if the Online class have return demonstration. E2 said the only documents on file was what the employee had submitted.</p>	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training	A3020		

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A3020	<p>Continued From page 6</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.3020 Employee Orientation and Ongoing Training</p> <p>a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes:</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure proper documentation of employee orientation within 10 days of hire for two of eight (E8 and E9) employees reviewed.</p> <p>Findings include:</p> <p>On 10/16/2025, at 10:58 AM, employee files were reviewed. E8 caregiver and E9 activities aide orientation paperwork is not dated as to when it was completed.</p> <p>On 10/16/2025, at 3:01 PM, E1 Executive Director stated I do the employee files with E21 Receptionist/Administrative Assistant. For employee orientation the employees do the orientation before they start on the floor. Employees come in, fill out paperwork, get approved through corporate, then we set up orientation. There is not a certain number of days that we require orientation to be done in. We just do not start them until they have everything. Expectation of staff filling out documents is that</p>	A3020		

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A3020	Continued From page 7 documents should be dated when they are filling them out. My expectation for staff doing new hire documentation is that they verify everything is filled out correctly.	A3020		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure residents' Physician assessment was completed by a Physician as required for four (R4, R5, R6, R7) of six residents reviewed for this requirement. This deficient practice has the probability to affect all residents. Findings include: According to R4's document titled, "Physician's Assessment Form" dated 6/26/25, this assessment was completed and signed by an Advance Practiced Nurse (APN). According to R5's document titled, "Physician's Assessment Form" dated 6/26/2025 this assessment was completed and signed by an	A4000		

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A4000	Continued From page 8 Advance Practiced Nurse (APN). According to R6's document titled, "Physician's Assessment Form" dated 10/9/2025 this assessment was completed and signed by an Advance Practiced Nurse (APN). According to R7's document titled, "Physician's Assessment Form" dated 12/26/24, this assessment was completed and signed by an Advance Practiced Nurse (APN). On 10/16/2025, at 2:55 PM - E2 (Wellness Director) stated, Physician Assessments are supposed to be completed by medical doctors and/or the Nurse Practitioners.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; 2) The amount, type, and frequency of health-related services needed by the resident;	A4010		

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A4010	<p>Continued From page 9</p> <p>These requirements are not met as evidenced by: Based on interview and record review the establishment failed to follow shower assistance provided to resident as stated on service plan affecting one (R2) resident. The establishment also failed to include interventions for medications that include but not limited to the use of psychotropic medications and blood thinner. This deficient practice affected three (R2, R3 R7) three residents reviewed for service plan and has the probability to affect all residents.</p> <p>Findings include: On 10/16/25 at 2:04pm, Z1 (R1's Daughter) said, Z1 have to assist R1 to shower because there were times R1 was not assisted to shower. Z1 indicated that this issue has been discussed with E1 (Executive Director).</p> <p>R2's Service plan signed by E2 (Wellness Director) on 8/25/25, and by Z1 (Power of Attorney) on 9/9/25, indicated: Focus: Personal Hygiene Date initiated 8/25/25. Interventions/Tasks Personal hygiene- Shower 1 Caregiver assist 2x weekly. R2's documents titled "Shower Assessment" documented, R2 was assisted in the shower once a week, instead of the twice a week documented on the service plan. Week of 8/25/25- 8/31/25: R2 was assisted to shower on 8/28/25. Week of 9/1/25- 9/7/25: R2 was assisted to shower on 9/4/25. Week of 9/8/25- 9/14/25: R2 was assisted to shower on 9/11/25. Week of 9/15/25- 9/21/25: R2 was assisted to shower on 9/18/25. Week of 9/22/25-9/28/25: R2 was assisted to shower on 9/25/25.</p>	A4010		

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A4010	<p>Continued From page 10</p> <p>Week of 9/29/25-10/5/25: R2 was assisted to shower on 10/2/25. Week of 10/6/25-10/12/25: R2 was assisted to shower on 10/9/25.</p> <p>R2's shower sheets indicated R2 received shower assistance once a week, instead of the twice a week as stated on the service plan. There was no shower sheet documenting R2 was offered to shower and refused. Only on 8/28/25 shower sheet, documented R2 signature. All of the shower sheets indicated an "X" on resident signature part of the form.</p> <p>On 10/16/25 3:56pm, E8 (Caregiver) said some residents have twice a week shower. R2 take a shower once a week, refused once or twice. E8 said if resident continues to refuse, this will be reported to the nurse.</p> <p>The following residents' documents titled; Medication Review Report were reviewed. R2 has psychotropic ordered. R2 is on Sertraline 125mg at bedtime. Sertraline is a psychotropic medication. R3 has an order of Mirtazapine 45 mg for Depression, Venlafaxine 37.5 ER for Depression. Rivaroxaban 20 mg for Atrial Fibrillation (Blood thinner). R7 has an order for Eliquis 2.5 milligram (mg). Give 1 tablet orally two times a day related Personal history of Transient Ischemic Attack (TIA) and Cerebral Infarction. Eliquis is a blood thinner. R7 also have Sertraline 25 mg once a day related to Recurrent Depressive Disorder. R7 also have an order for Digoxin 0.125mg give 1 tablet one time a day for related to Atrial Fibrillation.</p> <p>Blood thinners have the potential to cause</p>	A4010		

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A4010	Continued From page 11 bleeding. On 10/16/25 at 4:11PM, E2 (Wellness Director) said Service Plan do not include psychiatric or other high alert medications such as Warfarin/Coumadin. E2 also said, the "X" on shower sheet also signifies shower was provided.	A4010		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 1 Violation Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. These requirements were not met as evidenced by: Based on record review and interview the facility failed to ensure time constraints were met when conducting fire drills. This deficient practice has the probability to affect all residents. This failure creates a substantial probability of severe harm to a resident or residents. Findings include:	A9000		

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A9000	<p>Continued From page 12</p> <p>On 10/16/2025, at 10:11 AM Fire drill documentation was reviewed and documented as follows: 9/24/25 - 3rd Shift 11:00 PM - 11:15 PM. Time is more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 8/29/25 - 2nd Shift 3:50 PM - 4:00 PM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 7/31/25 - 1st Shift 10:30 AM -10:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 6/12/25 - 3rd Shift 10:30 PM - No end time. Time could be more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 5/22/25 - 2nd Shift 4:45 PM - 4:55 PM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 4/28/25 - 1st Shift 11:30 AM - 11:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 3/28/25 - 3rd Shift 5:15 AM - No end time. Time could be more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 2/28/25 - 2nd Shift 3:10 PM - 3:15 PM. Time is more than 13 minutes. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 1/31/25 - 1st Shift 11:00 AM - No end time. Time could be more than 13 minutes. No list of</p>	A9000		

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(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
A9000	<p>Continued From page 13</p> <p>residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 12/23/24 - 3rd Shift 2:00 AM - 2:10 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 11/22/24 - 2nd Shift 9:45 PM - 9:50 PM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 10/31/24 - 1st Shift 10:30 AM - 10:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached. 9/24/24 - 3rd Shift 12:30 AM - 12:40 AM. No list of residents who participated attached or listed. No list of residents who need assistance for evacuation attached.</p> <p>On 10/16/2025, at 10:51 AM, E10 Maintenance Director stated for fire drills I am not sure how long the drills are supposed to be, but it usually takes only a couple minutes.</p>	A9000		