

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>ASL5105835</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/07/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW PERSPECTIVE OF LONG GROVE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2300 IL RTE 53<br/>LONG GROVE, IL 60047</b> |
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| A 000              | Initial Comment<br><br>Annual Survey conducted on 4/7/2025.<br><br>Violations Cited:<br>295.2040-Type 2 REPEAT<br>295.3000-Type 2 REPEAT<br>295.3030-Type 2 REPEAT<br>295.4050-Type 2 REPEAT   | A 000         |   |                    |
| A2040              | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation (REPEAT)<br>Section 295.2040 Disaster Preparedness<br><br>e) Drills shall include residents, establishment personnel, and other persons in the establishment.<br><br>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.<br><br>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 | A2040         |   |                    |

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

TITLE

(X6) DATE

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| A2040              | <p>Continued From page 1</p> <p>residents who received assistance for evacuation.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to identify resident and visitor involvement in fire and tornado drills. This failure involves all residents, visitors, and employees of the facility. This failure creates a substantial probability of harm to residents.</p> <p>Findings include:</p> <p>During record review on 4/7/2025 at 10:00 AM it was found that the facility was cited for 295.2040- Disaster Preparedness during their last annual survey, conducted on 3/26/24-4/1/24.</p> <p>During record review on 4/7/2025 at 12:42 PM the facility fire and tornado drills from 4/22/2024 to 4/7/2025 were reviewed along with the entire emergency preparedness binder. It was found that facility fire and tornado drills did not identify any residents or visitors who may have participated in the drill. Without this documentation, the facility failed to prove that residents and visitors were involved in the drills.</p> <p>These findings were verbally confirmed during exit interview.</p> | A2040         |   |                    |
| A3000              | <p>Section 295.3000 Personnel Requirmts, Qualifns, and Trng</p> <p>This Regulation is not met as evidenced by:<br/>Type 2 Violation (REPEAT)<br/>Section 295.3000 Personnel Requirements,</p>   | A3000         |   |                    |

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| A3000              | <p>Continued From page 2</p> <p>Qualifications and Training</p> <p>a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a) (3) of the Act)</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 record review and interview, the facility failed to ensure that at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training was on duty at all times. This failure creates a substantial probability of harm to residents.</p> <p>Findings include:</p> <p>During record review on 4/7/2025 at 10:00 AM it was found that the facility was cited for 295.3000-Personnel Requirements, Qualifications and Training during their last annual survey, conducted on 3/26/24-4/1/24.</p> <p>During record review on 4/7/2025 employee CPR certifications were requested by the surveyor.</p> <p>During record review on 4/7/2025 it was found that on the following dates the facility did not have a CPR certified staff person on the overnight shift:</p> | A3000         |   |                    |

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| A3000              | Continued From page 3<br><br>3/2/25, 3/6/25, 3/9/25, 3/13/25, 3/16/25, 3/20/25, 3/23/25, 3/27/25, 3/28/25, 3/29/25, 3/30/25, 4/3/25, & 4/6/25.<br><br>During interview with E1 (Executive Director) on 4/7/2025 at 4:14 PM they stated, "I don't have CPR certs for anyone else that you requested. I have been concerned about the employee files."  | A3000         |   |                    |
| A3030              | Section 295.3030 Initial Health Eval for Dir Care and FS empl<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation (REPEAT)<br>Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees<br><br>a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.<br><br>b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment.<br><br>c) The initial health evaluation shall include the employee's immunization status.<br><br>d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign | A3030         |   |                    |

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| A3030              | <p>Continued From page 4</p> <p>to the employee.</p> <p>e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames:</p> <p>1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or</p> <p>2) The test must be commenced no more than ten days after the date of initial employment in the establishment.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure that employees had initial health evaluations and a tuberculin skin test. This failure involves 4 of 8 employees reviewed for this requirement (E3, E4, E5, &amp; E6). This failure creates a substantial probability of harm to residents.</p> <p>Findings include:</p> <p>During record review on 4/7/2025 at 10:00 AM it was found that the facility was cited for 295.3030-Initial Health Evaluation for Direct Care and Food Service Employees during their last annual survey, conducted on 3/26/24-4/1/24.</p> <p>During record review on 4/7/2025 at 12:30 AM it was found that the following employees did not have documentation of an initial health evaluation or TB testing in their employee file;</p> <p>E3 (Caregiver) with a hire date of 1/13/2025<br/>E4 (Caregiver) with a hire date of 12/20/2024<br/>E5 (Caregiver) with a hire date of 3/3/2025</p> | A3030         |   |                    |

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| A3030              | Continued From page 5<br><br>E6 (Caregiver) with a hire date of 2/7/2025<br><br>The facility was unable to provide initial health evaluations and TB testing for E3, E4, E5, or E6 during the survey.<br><br>On 4/7/2025 at 3:40 PM, when asked about the employee health evaluations and TB testing, E1 (Executive Director) stated, "Full transparency, I think we probably don't have them."  | A3030         |   |                    |
| A4050              | Seciton 295.4050 Tuberculin Skin Test Procedures<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation (REPEAT)<br>Section 295.4050 Tuberculin Skin Test Procedures<br><br>Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).<br><br>Section 696.130 Responsibilities of Health Care Settings<br>f) Records. Records shall be maintained on TB screening test results; TB diagnostic evaluation results (including whether the tuberculosis was drug-resistant); other information about any persons exposed to tuberculosis; and the current written plan as required in subsection (b). Individual and aggregate data shall be analyzed periodically to identify the health care setting's level of risk and changes in the risk of TB transmission. All records required in this subsection shall be made available for inspection by the Department or | A4050         |   |                    |

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| A4050              | <p>Continued From page 6</p> <p>the local TB control authority upon request by the Department or the local TB control authority.</p> <p>(Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024)</p> <p>Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease</p> <p>A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings.</p> <p>a) Screening for Latent TB Infection</p> <p>1) Persons who are contacts to suspected or confirmed cases of active TB disease shall be evaluated in accordance with the CDC Guidelines for the Investigation of Contacts.</p> <p>2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC.</p> | A4050         |   |                    |

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| A4050              | <p>Continued From page 7</p> <p>A) Health care workers and workers in other residential care settings shall have baseline (preplacement) TB symptom evaluation, TB test (Interferon Gamma Release Assay (IGRA) blood test or Mantoux Tuberculin Skin Test (TST)), and an individual risk assessment.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to provide documentation of health care worker TB screening. This failure involves 4 of 8 employees reviewed for this requirement (E3, E4, E5, &amp; E6). This failure creates a substantial probability of harm to residents.</p> <p>Findings include:</p> <p>During record review on 4/7/2025 at 10:00 AM it was found that the facility was cited for 295.4050-Tuberculin Skin Test Procedures during their last annual survey, conducted on 3/26/24-4/1/24.</p> <p>During record review on 4/7/2025 at 12:30 AM it was found that the following employees did not have documentation of TB testing in their employee file;</p> <ul style="list-style-type: none"> <li>E3 (Caregiver) with a hire date of 1/13/2025</li> <li>E4 (Caregiver) with a hire date of 12/20/2024</li> <li>E5 (Caregiver) with a hire date of 3/3/2025</li> <li>E6 (Caregiver) with a hire date of 2/7/2025</li> </ul> <p>The facility was unable to provide documentation of TB testing for E3, E4, E5, or E6 during the survey.</p> <p>On 4/7/2025 at 3:40 PM, when asked about the employee health evaluations and TB testing, E1 (Executive Director) stated, "Full transparency, I</p> | A4050         |   |                    |

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| A4050              | Continued From page 8<br>think we probably don't have them."   | A4050         |   |                    |