STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510575	A. BUILDING: _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRULEE EVANSTON	1815 RIDGE AVENUE EVANSTON, IL 60201

(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	Initial Comment Annual Licensure Survey Conducted	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, because of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be. signed and dated by the resident or the resident's representative. These requirements are not met as evidenced by: Based on record review and interview, the establishment failed to ensure all new residents go over an orientation and emergency evacuation plan within the first 10 days, and sign This has the	A2040		

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A2040	Continued From page 1 potential to affect all residents Finding include: On 4/1/25 surveyor viewed 4 resident files which did not contain any documentation showing residents and or POA received orientation for emergency and evacuation plans the first 10 days after admitted. On 4/1/25 E1 Executive Director noted that none of the resident files contained documentation of orientation to emergency and evacuation plans for residents. E1 stated other facilities I've worked with had them in every resident file with their signatures or the POA's signatures. I will make a form for this and have everyone sign one and place in their chart and bring them up to date.	A2040		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Tuberculin skin tests for employees and residents	A4050		

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A4050	Continued From page 2 shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). A) Health care workers and workers in other residential care settings serving high risk groups shall obtain a TB screening test within seven days after being employed. I Mantoux skin testing is used two step testing shall be done, with the first test placed within seven days after employment. However, a second skin test in not needed if the worker has a documented skin test result from anytime during the previous 12 months. The need for routine periodic screening shall be determined by a risk assessment. These requirements are not met as evidenced by: Based on record review and interview, the establishment failed to ensure all new staff members had their 2 step TB test completed, the first test placed within seven days of employment and 2nd test thereafter. This applies to 9 employees, (E3, E8, E9, E10, E11, E12, E13, E14, E15) reviewed for TB testing in the sample of 9 employees. This has the potential to affect the health and safety of the residents and other employees in the building. Findings include: On 4/1/25 surveyor requested 9 employee files for review of Staff Requirements for Annual review. The following are employees who upon employment only received 1st step TB vaccination. Facility did not give the 2nd step	A4050		

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A4050	Continued From page 3 vaccination to these employees: " E3 Director of Memory Care " E8 Life enrichment Coordinator " E9 Cook " E10 Nurse " E11 Caregiver " E12 Caregiver " E13 Housekeeping " E14 Dishwasher " E15 Dining Staff On 4/1/25 E1 Executive Director noted that at other facilities where he worked all employees received either Mantoux two step skin testing, or Quantiferon blood test. I'm not sure what was going on, but I did instruct E7 (Business Office Manager) that we will have to bring the files all up to date on every employee who did not get the 2 step Mantoux. On 4/1/25 E7 (Business Office Manager) noted that she had only been at her job for a few months and noted that the employee files are not containing the needed information. As of today, she will make every attempt to get the files all updated.	A4050		