STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510290	A. BUILDING: _____ B. WING _____	C 10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - SAVOY	62 E AIRPORT ROAD SAVOY, IL 61874

(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 Original investigation 179436. Violations cited: 295.6000 13) Type 3.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 3 violation Section 295.6000 Resident Rights 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; These requirements were not met as evidenced by: Based on interview and record review the establishment failed to keep R1 free from abuse. Findings include: Record Review: Documents reviewed state that R2 was aggressive towards R1. R2 stood over R1, grabbed R1, and forced R1 to the floor. Both R1 and R2 were uninjured during the altercation. Video of the altercation was reviewed and confirms the altercation. R1 was not harmed. R2 was sent out for behavioral treatment and has returned to the facility. R2 currently has 1:1 care provided by the family from 2pm to 8pm daily. Interview: Interview with E1 was completed. E1 confirmed the altercation.	A6000		