| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ASL510221 | A. BUILDING: _____ B. WING _____ | 11/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LIBERTY VILLAGE OF STREATOR | 2322 N EASTWOOD AVE STREATOR, IL 61364 |

| (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<br><br>Annual Licensure Survey | A 000 | | |
| A2040 | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>Section 295.2040 Disaster Preparedness<br><br>d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.<br><br>Violation<br><br>Based on interview and record review, the facility failed to conduct tornado drills on each shift during February 2024. This could affect all 15 assisted living residents residing in the facility.<br><br>Findings include:<br><br>The facility's Fire or Disaster Drill Reports for Tornado drills are dated 4-29-24 for the night shift, 4-23-24 for the second shift and 4-19-24 for the first shift.<br><br>On 11-6-24 at 11:30 am, E1 (Manager) stated she is aware the tornado drills should have been completed in February of this year. | A2040 | | |