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	ASL510129	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY LANE MEMORY CARE	875 RIVERTON ROAD RIVERTON, IL 62561

(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 Complaint Investigation 2547048/IL196671 Violation 295.500 c) Violation 295.2000 a) c) 5) Violation 295.4000 a) b) Violation 295.4010 (a - h) Violation 295.4050 (all) Violation 295.4060 h) 6) Violation 295.6000 a) 5)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Violation Section 295.2000 Residency Requirements a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act) c) A person shall not be accepted for residency if: 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an	A2000		

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A2000	Continued From page 1	A2000		

emergency to protect themselves, given the staffing and construction of the building;

Based on interview, observation and record review, the facility failed to ensure adequate staffing was scheduled to provide services specified according to the resident population, and a resident with established residency required the level of service the facility is currently licensed to provide.

Findings include:

1. The Establishment's Resident Roster (provided on 08/12/25) documents 31 residents currently reside at the facility, and 13 of the 31 residents require assistance with evacuation.

On 08/12/25 at 09:05 AM, E2 (Director of Nursing) stated, "We have a nurse in the building at all times, except a few night shifts per week. Right now, we have a nurse in the building working on night shift four days per week. We've been trying to hire someone on night shift, and have been having a hard time. I am on call at all times when a nurse is not in the building." E2 then stated the facility currently has two residents under the care of local hospice services who transfer with the assistance of a full mechanical lift, and two staff members are required to assist at all times when performing a full mechanical lift transfer on a resident.

On 08/12/25 at 10:05 AM, E4 (Certified Nursing Assistant) stated there are currently two residents in the building who utilize a full mechanical lift for transfers (R2 and R3).

R2 and R3's current Service Plans document that both R2 and R3 require the assistance of a full

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A2000	Continued From page 2	A2000		

mechanical lift for transfers.

R2's Resident Evacuation Evaluation (dated 07/18/23) documents R2 requires total assistance to evacuate the establishment in the event of an emergency.

R3's Resident Evacuation Evaluation (dated 06/15/24) documents R2 requires total assistance to evacuate the establishment in the event of an emergency.

On 08/12/25 at 11:00 AM, E2 (Director of Nursing) verified that in the event of an emergency requiring evacuation, the facility is required to evacuate all residents within 13 minutes. E2 stated the establishment typically has three staff members scheduled during night shift. E2 stated, "There have been nights when two staff members were scheduled. Someone who worked night shift recently quit." E2 verified the following: the facility currently has two residents who utilize a full mechanical lift, and two staff members are required to complete a transfer with a full mechanical lift. E2 agreed that in the event of an emergency, a minimum of five staff members would be required to safely evacuate all of the residents timely, including four staff members to assist the two residents that utilize mechanical lift transfers, and one staff member for all other residents, totaling five staff members. E2 then verified from July 1, 2025 to August 11, 2025, the establishment had two residents who utilized mechanical lift transfers, and five staff members were not scheduled to work on night shift throughout this time.

2. On 08/12/25 at 08:45 AM, E1 (Administrator) stated the building currently runs an, "adult daycare," and there is one daycare resident in the

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A2000	Continued From page 3	A2000		

building at this time. E1 stated, "She is just mixed in with everyone else."

On 08/12/25 at 09:05 AM, E2 (Director of Nursing) stated there is an adult day care being run in the building, and its census can, "fluctuate." E2 stated the maximum number of residents the building will carry in their adult daycare is three or four residents per day, which depends on the building's census and staffing.

On 08/12/25 at 09:00 AM, R4 was sitting at a table in the dining room with several other establishment residents while an activity was in progress.

R4's medical record has no documentation that a Service Plan, Tuberculosis screening, or a Physician's Assessment was completed for R4.

On 08/12/25 at 01:00 PM, E2 (Director of Nursing) verified the facility is currently licensed by (State Agency) for 30 Alzheimer's Units for Assisted Living. E2 stated, "The adult daycare we have in the building is not regulated by (State Agency). It's a personal program on our end. Our staff does not administer any medications to the adult daycare residents. We currently have one person (R4) who attends adult daycare three days a week. Family drops her off in the morning and picks her up around 3:30 PM - 4:00 PM in the afternoon." E2 verified since R4 established residency in the building, R4 has not been treated as an Assisted Living resident for which the establishment is currently licensed for. E2 then verified that R4 has not had a Physician's Assessment, Tuberculosis screening, or Service Plan completed.

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A4000	Continued From page 4	A4000		
A4000	Section 295.4000 Physician/s Assessment	A4000		

This Regulation is not met as evidenced by:
Violation

Section 295.4000 Physician's Assessment

a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.

b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.

Based on interview, observation and record review, the facility failed to ensure a Physician's Assessment was completed prior to establishment of residency for one of four residents (R4) reviewed for Physician's Assessments in the sample of four.

Findings include:

R4's residency contract with the establishment documents it was signed on 05/03/24.

The Establishment's Resident Roster (provided

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A4000	Continued From page 5 on 08/12/25) documents R4 was present in the establishment on 08/12/25 and also documents a move in date of 06/04/24. On 08/12/25 at 09:00 AM, R4 was sitting at a table in the dining room with several other establishment residents while an activity was in progress. R4's medical record has no documentation that a Physician's Assessment was completed for R4. On 08/12/25 at 01:00 PM, E2 (Director of Nursing) verified a Physician's Assessment has not been completed for R4 prior to R4's establishing residency at the establishment.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or	A4010		

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A4010	Continued From page 6 any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act) g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and	A4010		

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A4010	Continued From page 7 C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment. Based on interview, observation and record review, the facility failed to develop a service plan after residency was established for one of four residents (R4) reviewed for service plans in the sample of four. Findings include: R4's residency contract with the establishment documents it was signed on 05/03/24. The Establishment's Resident Roster (provided on 08/12/25) documents R4 was present in the establishment on 08/12/25 and also documents a move in date of 06/04/24. On 08/12/25 at 09:00 AM, R4 was sitting at a table in the dining room with several other establishment residents while an activity was in progress.	A4010		

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A4010	Continued From page 8 R4's medical record has no documentation that a service plan was completed for R4. On 08/12/25 at 01:00 PM, E2 (Director of Nursing) verified a service plan has not been completed for R4 after R4's residency was established in the facility.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: 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). Based on interview, observation and record review, the facility failed to screen one resident (R4) for Tuberculosis prior to establishing residency in the facility. Findings include: R4's residency contract with the establishment documents it was signed on 05/03/24. The Establishment's Resident Roster (provided on 08/12/25) documents R4 was present in the establishment on 08/12/25 and also documents a move in date of 06/04/24. On 08/12/25 at 09:00 AM, R4 was sitting at a	A4050		

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A4050	Continued From page 9 table in the dining room with several other establishment residents while an activity was in progress. R4's medical record contains no documentation that a Tuberculosis screening has ever been conducted. On 08/12/25 at 01:00 PM, E2 (Director of Nursing) verified a Tuberculosis screening has not been completed prior to R4 entering the establishment.	A4050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Violation Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;	A4060		

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A4060	Continued From page 10 Based on interview and record review, the facility failed to ensure an appropriate number of staff members were scheduled to provide services according to the resident population. Findings include: The Establishment's Resident Roster (provided on 08/12/25) documents 31 residents currently reside at the facility, and 13 of the 31 residents require assistance with evacuation. On 08/12/25 at 09:05 AM, E2 (Director of Nursing) stated, "We have a nurse in the building at all times, except a few night shifts per week. Right now, we have a nurse in the building working on night shift four days per week. We've been trying to hire someone on night shift, and have been having a hard time. I am on call at all times when a nurse is not in the building." E2 then stated the facility currently has two residents under the care of local hospice services who transfer with the assistance of a full mechanical lift, and two staff members are required to assist at all times when performing a full mechanical lift transfer on a resident. On 08/12/25 at 10:05 AM, E4 (Certified Nursing Assistant) stated there are currently two residents in the building who utilize a full mechanical lift for transfers (R2 and R3). R2 and R3's current Service Plans document that both R2 and R3 require the assistance of a full mechanical lift for transfers. R2's Resident Evacuation Evaluation (dated 07/18/23) documents R2 requires total assistance to evacuate the establishment in the event of an emergency.	A4060		

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A4060	Continued From page 11 R3's Resident Evacuation Evaluation (dated 06/15/24) documents R3 requires total assistance to evacuate the establishment in the event of an emergency. On 08/12/25 at 11:00 AM, E2 (Director of Nursing) verified that in the event of an emergency requiring evacuation, the facility is required to evacuate all residents within 13 minutes. E2 stated the establishment typically has three staff members scheduled during night shift. E2 stated, "There have been nights when two staff were scheduled. Someone who worked night shift recently quit." E2 verified the following: the facility currently has two residents who utilize a full mechanical lift, and two staff members are required to complete a transfer with a full mechanical lift. E2 agreed that in the event of an emergency, a minimum of five staff members would be required to safely evacuate all of the residents timely, including four staff members to assist the two residents that utilize mechanical lift transfers, and one staff member for all other residents, totaling five staff members. E2 then verified from July 1, 2025 to August 11, 2025, the establishment had two residents who utilized mechanical lift transfers, and five staff members were not scheduled to work on night shift throughout this time.	A4060		
A500	Section 295.500 Application for License This Regulation is not met as evidenced by: Violation Section 295.500 Application for License	A500		

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A500	Continued From page 12 c) If all units are not licensed, the establishment shall maintain documentation of which units are providing assisted living services. This number shall not exceed the number of units on the license. The entire building having any licensed units shall meet the physical plant requirements of this Part. Based on interview, observation and record review, the facility failed to ensure a resident who has established residency in the establishment was handled under the guidelines in which the facility is currently licensed. Findings include: On 08/12/25, the establishment's current License with (State Agency, date of expiration 12/04/25) was hanging in an area of high visibility near the main entrance to the building. This license documents the establishment is currently licensed for 30 Alzheimer's Units in Assisted Living. R4's residency contract with the establishment documents it was signed on 05/03/24. The Establishment's Resident Roster (provided on 08/12/25) documents R4 was present in the establishment on 08/12/25 and also documents a move in date of 06/04/24. On 08/12/25 at 08:45 AM, E1 (Administrator) stated the building currently runs an, "adult daycare," and there is one daycare resident in the building at this time. E1 stated, "She is just mixed in with everyone else." On 08/12/25 at 09:05 AM, E2 (Director of Nursing) stated there is an adult day care being	A500		

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A500	Continued From page 13 run in the building, and its census can, "fluctuate." E2 stated the maximum number of residents the building will carry in their adult daycare is three or four residents per day, which depends on the building's census and staffing. On 08/12/25 at 09:00 AM, R4 was sitting at a table in the dining room with several other establishment residents while an activity was in progress. R4's medical record has no documentation that a service plan, Tuberculosis screening, or a Physician's Assessment was completed for R4. On 08/12/25 at 01:00 PM, E2 (Director of Nursing) verified the facility is currently licensed by (State Agency) for 30 Alzheimer's Units for Assisted Living. E2 stated, "The adult daycare we have in the building is not regulated by (State Agency). It's a personal program on our end. Our staff does not administer any medications to the adult daycare residents. We currently have one person (R4) who attends adult daycare three days a week. Family drops her off in the morning and picks her up around 3:30 PM - 4:00 PM in the afternoon." E2 verified since R4 established residency in the building, R4 has not been treated as an Assisted Living resident for which the establishment is currently licensed for. E2 then verified that R4 has not have a Physician's Assessment, Tuberculosis screening, or service plan completed.	A500		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by:	A6000		

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COUNTRY LANE MEMORY CARE	875 RIVERTON ROAD RIVERTON, IL 62561

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A6000	Continued From page 14 Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; Based on interview, observation and record review, the facility failed to ensure the level of assistance specified in the service plan was available to be received at all times for residents, and failed to ensure one resident (R4) with established residency had a service plan specifying services received. Findings include: 1. On 08/12/25 at 09:05 AM, E2 (Director of Nursing) stated, "We have a nurse in the building at all times, except a few night shifts per week. Right now, we have a nurse in the building working on night shift four days per week. We've been trying to hire someone on night shift, and have been having a hard time. I am on call at all times when a nurse is not in the building." E2 then stated the facility currently has two residents under the care of local hospice services (R2 and R3) who transfer with the assistance of a full mechanical lift, and two staff members are	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510129	A. BUILDING: _____ B. WING _____	08/12/2025

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A6000	Continued From page 15	A6000		

required to assist at all times when performing a full mechanical lift transfer on a resident.

R2 and R3's current Service Plans document that both R2 and R3 require the assistance of a full mechanical lift for all transfers, and two staff members are required to provide this assistance.

R2's Resident Evacuation Evaluation (dated 07/18/23) documents R2 requires total assistance to evacuate the establishment in the event of an emergency.

R3's Resident Evacuation Evaluation (dated 06/15/24) documents R3 requires total assistance to evacuate the establishment in the event of an emergency.

On 08/12/25 at 11:00 AM, E2 (Director of Nursing) verified that in the event of an emergency requiring evacuation, the establishment is required to evacuate all residents within 13 minutes. E2 stated the establishment typically has three staff members scheduled during night shift. E2 stated, "There have been nights when two staff were scheduled. Someone who worked night shift recently quit." E2 verified the following: the facility currently has two residents who utilize a full mechanical lift, and two staff members are required to complete a transfer with a full mechanical lift. E2 agreed that in the event of an emergency, a minimum of five staff members would be required to safely evacuate all of the residents timely according to services specified in the service plans, including four staff members to assist the two residents that utilize mechanical lift transfers, and one staff member for all other residents, totaling five staff members. E2 then verified from July 1, 2025 to August 11, 2025, the establishment had two

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	ASL510129	A. BUILDING: _____ B. WING _____	08/12/2025

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A6000	Continued From page 16	A6000		

residents who utilized mechanical lift transfers, and five staff members were not scheduled to work on night shift throughout this time.

2. On 08/12/25, the establishment's current License with (State Agency, date of expiration 12/04/25) was hanging in an area of high visibility near the main entrance to the building. This license documents the establishment is currently licensed for 30 Alzheimer's Units in Assisted Living.

R4's residency contract with the establishment documents it was signed on 05/03/24.

The Establishment's Resident Roster (provided on 08/12/25) documents R4 was present in the establishment on 08/12/25 and also documents a move in date of 06/04/24.

On 08/12/25 at 08:45 AM, E1 (Administrator) stated the establishment currently runs an, "adult daycare," and there is one daycare resident in the building at this time. E1 stated, "She is just mixed in with everyone else."

On 08/12/25 at 09:05 AM, E2 (Director of Nursing) stated there is an adult day care being run in the building, and its census can, "fluctuate." E2 stated the maximum number of residents the building will carry in their adult daycare is three or four residents per day, which depends on the building's census and staffing.

On 08/12/25 at 09:00 AM, R4 was sitting at a table in the dining room with several other establishment residents while an activity was in progress.

R4's medical record has no documentation that a

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A6000	Continued From page 17 service plan specifying services received was completed. On 08/12/25 at 01:00 PM, E2 (Director of Nursing) verified the facility is currently licensed by (State Agency) for 30 Alzheimer's Units for Assisted Living. E2 stated, "The adult daycare we have in the building is not regulated by (State Agency). It's a personal program on our end. Our staff does not administer any medications to the adult daycare residents. We currently have one person (R4) who attends adult daycare three days a week. Family drops her off in the morning and picks her up around 3:30 PM - 4:00 PM in the afternoon." E2 verified since R4 established residency in the building, R4 has not been treated as an Assisted Living resident for which the establishment is currently licensed for. E2 then verified that R4 has not have a service plan completed.	A6000		