STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF0015	A. BUILDING: _____ B. WING _____	C 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR ROSE OF MONTICELLO	1009 SOUTH IRVING MONTICELLO, IL 61856

(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 complaint #IL183604 Violations cited: Section 295.2050 b) General violation.	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Section 295.2050 Incident and Accident Reporting b) The report shall be made by contacting the Department of Public Health Central Complaint Registry or by fax or by other electronic means within 24 hours after the occurrence of the incident or accident. These requirements were note met as evidenced by: Based on record review and interview the establishment failed to report an incident with injury within 24 hours to the department. Findings Include: Record Review: The incident with injury related R1 was reported to the department at 11/15/24 at 5:07pm. Documentation affirms that the incident with injury was noted at 7:15am on 11/14/24. Interview: Interview with E2 was completed. E2 affirms that the documentation is valid.	A2050		