STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510092	A. BUILDING: _____ B. WING _____	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKSTONE ESTATES OF OLNEY	1110 NORTH EAST STREET OLNEY, IL 62450

(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 Violations Cited: 295.2050 a) 295.2040 d) 295.4000 a) b) Facility Reported Incident Il196964- No violations cited.	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Violation Type 3 Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. These requirements were not met as evidenced by: Based on interview and record review, the Establishment failed to ensure tornado drills were done on each shift in February for the employees. Findings include: Review of the Establishment's Disaster drills, it is noted that there was one tornado drill completed in 2025 that is dated 4/2/2025 at 6:30 PM. On 8/20/2025 at 3:12 PM, E1/Executive Director confirmed that only one tornado drill was completed on 4/2/2025 at 6:30 PM.	A2040		

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A2050	Continued From page 1	A2050		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Violation Type 3 Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. These requirements were not met as evidenced by: Based on interview and record review, the Establishment failed to ensure a resident's death that occurred at the Establishment was reported to the Illinois Department of Public Health. (R7) Findings include: R7's Service Plan documents an admission date of 4/1/2023 and that he has the diagnosis of Traumatic Brain Injury Chronic Pain, Debility, and Gastrostomy Tube. R7's progress note, dated 3/11/2025 at 1:00 PM documents that RN spoke to resident's POA regarding his decline. POA states R7 has been sleeping for the last few days and she thought that it was nearing his time to go. POA has	A2050		

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A2050	Continued From page 2 stopped G-tube feedings and given as needed Tylenol. R1's respirations are currently 30, and he is lying back in recliner as per family request. It was offered to assist getting him in bed, but they declined and wish for him to remain in recliner at this time. Family has been staying with him around the clock, and other family members have come in. They do not wish hospice come in as they felt that they are able to manage his comfort and needs at this time. R7's Progress note, dated 3/11/2025 at 8:15 PM documents, "Resident passed away at 8:15 PM". On 8/20/2025 at 3:12 PM, E1/Executive Director confirmed that R7's death was not reported to IDPH.	A2050		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Type 3 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.	A4000		

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A4000	Continued From page 3 b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements were not met as evidenced by: Based on interview and record review, the Establishment failed to ensure Physician Assessments/Certification were completed prior to admission (R1) and yearly (R3). Findings include: The Establishments resident roster, dated 8/4/2025 documents R1's admission date as 9/26/24 and R3's admission date as 7/12/24. Review of R1's record has documentation of an assessment completed by the Physician on 9/4/2024, however the Certification page that indicates resident is appropriate for assisted living is missing. Review of R3's record has a Physician Certification dated 7/15/24, greater than one year. On 8/20/2025 at 3:12 PM, E1/Executive Director confirmed that R1's record did not have the Certification page and R3's Physician Certification is greater than one year.	A4000		