STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510208	A. BUILDING: _____ B. WING _____	08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMBODEN CREEK GARDENS	185 W IMBODEN DR DECATUR, IL 62521

(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 Complaint 2567774/IL197001 Complaint can be substantiated. Violations cited 295.4020 e)	A 000		
A4020	Section 295.4020 Mandatory Services This Regulation is not met as evidenced by: Violation Section 295.4020 Mandatory Services Each establishment shall provide or arrange for the following mandatory services: e) An emergency communication response system, which is a procedure in place 24 hours each day by which a resident can notify building management, an emergency response vendor, or others able to respond to his or her need for assistance These requirements were not met as evidenced by: Based on observation and interview the establishment failed to ensure resident's were provided with a working emergency communication response system that residents can notify establishment staff to respond to the resident's request for assistance.	A4020		

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A4020	Continued From page 1 Findings include: R1 was admitted to the establishment on 04-19-2023. R1's diagnoses include osteoporosis, hypothyroidism, history of skin cancer, neuropathy of both feet, and corneal ulcers to both eyes. R1's 04-24-2025 service plan includes documentation that R1 has poor vision, is alert and oriented at times with poor short-term memory. Documentation includes that R1 is sometimes confused in the evening and that R1 has a small dog that R1 lives with. On 08-18-2025, at approximately 10:15am, R1's apartment was observed with E3, (Certified Nursing Assistant.) R1 was present inside of the apartment during the time of observation. R1's apartment felt to be very warm and the apartment's wall thermostat did not appear to be working, having a blank screen even when pushing the buttons. The wall near the thermostat had signage containing documentation that the temperature was not to be decreased below 80 degrees. E3 stated that R1's air conditioning quit working on Thursday, 08-14-2025, and that it was noticed by staff who notified E1, Community Director. E3 states that E1 told the staff person to just open a window. E3 states that she thinks R1's air conditioning is now working and adjusted the termperature on the floor/wall unit. Cold air was observed to start blowing out of the unit after E3 adjusted the unit's temperature. R1 was observed during this time and was sitting up at the bedside. R1 knew who E3 was and told E3 that nothing was wrong and that R1 was comfortable in the room. R1's call pendant button was pressed and E3 states that a notification or call should go through to staff	A4020		

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A4020	Continued From page 2	A4020		

phones, but that nothing came over her phone. The call pendant button was pressed again with nothing happening. E3 states that the wall call button was flashing next to the word "fault" and this was observed while E3 was pressing the call button on the wall unit. R1's bathroom pull cord was pulled several times with no results showing to E3's phone. No other staff were noted to check on R1's room during this time. E3 further states that caregiver staff are to fill out a report log on resident call pendants and pull cords verifying that they are working. E3 states that she has completed these forms in the past and that nothing is ever fixed. E3 also states that staff on the evening of 08-14-2025 did move R1 to a different room that was cooler.

On 08-18-2025, at approximately 1115am, E2, Director of Nursing, was notified of R1's call pendant and pull cord not working. E2 states that the internet is not always working and sometimes her fax machine works and then other times it doesn't work. E2 states that she has notified the owner by electronic mail, (e-mail,) of her concers back in February of 2025.

The establishment's "Loss of Telephone Service, Internal Communication System, and/or Nurse Call System" policy was reviewed. The policy contains documentation that if the nursing call system is not working that tap or hand bells are to be provided to residents and that increased monitoring of residents should be done.

The establishment's "Loss of Electric Service" policy was reviewed. The policy contains documentation that if a problem involving any portion of the electrical system is noted that the staff should immediately notify the Administrator, Maintenance, Healthcare Coordinator, and

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A4020	Continued From page 3 Director of Rehab. Further documentation is that nursing staff should frequently check resident rooms if the nurse call system is not working. The establishment's "Call System Check" forms were reviewed for 2025. The April 2025 forms contain documentation that resident rooms 201, 206, 222, and 223 have issues of call systems not working with either the pendant, bathroom pull cord, or bedroom panel. The May 2025 forms contain documentation that rooms 201, 202, 203, 221, and 222 have issues of call systems not working. The July 2025 forms contain documentation that rooms 201, 202, 222, the living room on the 2nd floor, and the basement exit have issues with call systems not working. The August 2025 forms contain documentation that rooms 102, 104, 105, 106, 113, 114, 116, 117, and the south bathroom having issues with the call systems not working. On 08-18-2025, at approximately 3:45p, when notifying E1 and E2 of concerns with the call system not working, E1 states that they have been having issues with the call lights, phones, and faxes not always working.	A4020		