STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105900	A. BUILDING: _____ B. WING _____	C 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER CENTER	111 W STATE ST ROCKFORD, IL 61101

(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 Investigations IL00197234, IL00197235, IL00197239, & IL00197313 conducted on 9/3/2025. Complaint IL00197313: Unsubstantiated IL00197234, IL00197235, & IL00197239: Violations: 295.2050 b) 295.4000 b) 295.4010 d)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: General Violation Section 295.2050 Incident and Accident Reporting b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to sent incident reports to the Illinois Department of Public Health (IDPH) within 24 hours after the occurrence of the incident or accident. This failure involves 2 of 3 residents reviewed for this requirement (R1 & R2).	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105900	A. BUILDING: _____ B. WING _____	C 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER CENTER	111 W STATE ST ROCKFORD, IL 61101

(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
A2050	Continued From page 1 Findings include: During record review on 9/3/2025 at 9:40 AM it was noted that R1's 7/23/2025 incident was not reported to the Illinois Department of Public Health (IDPH) until 8/13/2025. This is outside of the required 24 hour reporting window. During record review on 9/3/2025 at 9:40 AM it was found that R2's 7/31/2025 incident was not sent to the Illinois Department of Public Health (IDPH) until 8/7/2025. This is outside of the required 24 hour reporting window. During interview with E1 (Director, RN) on 9/3/2025 at 9:10 AM they stated, "It took forever to get access to the reporting system. Some of the reports are late because of that."	A2050		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: General Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that residents had a physician assessment at least annually. This failure involves 3 of 3 residents reviewed for this	A4000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105900	A. BUILDING: _____ B. WING _____	C 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER CENTER	111 W STATE ST ROCKFORD, IL 61101

(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
A4000	Continued From page 2 requirement (R1, R2, and R3). Findings include: During record review on 9/3/2025 at 9:55 AM it was found that R1's physician assessment was overdue with the last completion date being 7/26/2024. During record review on 9/3/2025 at 10:00 AM it was found that R2's physician assessment was overdue with a completion date of 7/17/2023. During record review on 9/3/2025 at 10:15 AM it was found that R3, with an admission date of 7/11/2025, did not have a physician's assessment in their chart. There was a fax that was sent to their primary care physician requesting that a physician's assessment be completed. During interview with E1 on 9/3/2025 at 9:53 AM they stated, "I know the physician certifications and the service plans are overdue. I am working on getting everyone's up to date." It should be noted that the establishment had an annual survey on 8/27/2025 and was written for a violation of 295.4000- Physician Assessment.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General Violation Section 295.4010 Service Plan	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105900	A. BUILDING: _____ B. WING _____	C 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER CENTER	111 W STATE ST ROCKFORD, IL 61101

(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
A4010	Continued From page 3 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) This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to review service plans annually. This failure involves 2 of 3 residents reviewed for this requirement (R1 & R2). Findings include: During record review on 9/3/2025 at 9:55 AM it was found that R1's service plan was overdue with the last completion date being 8/29/2024. During record review on 9/3/2025 at 10:05 AM it was found that R2's service plan was overdue with a completion date of 11/16/2023. During interview with E1 on 9/3/2025 at 9:53 AM they stated, "I know the physician certifications and the service plans are overdue. I am working on getting everyone's up to date."	A4010		