STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

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A 000	Initial Comment Annual Licensure Survey Violations cited 295.4000 b) c) 295.4060 h) 3) A) B) i) 1) iii)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: 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. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review the establishment failed to ensure Physician Assessments were completed and signed timely for two residents (R2 and R3) of three residents reviewed for Physician Assessments in the sample of three. Findings include: The undated Assisted Living Establishment Contract documents "1. Physician's Assessment & Service Plan. Annually, or when a significant change occurs, your primary care physician will need to complete a physician's certification. The information obtained from the physician's certification will be used by (The Establishment) to create a service plan to help provide for your	A4000		

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A4000	Continued From page 1 health and personal care needs." 1.The Facesheet for R2 documents Z1 as R2's PCP (Primary Care Physician). The Physician Certification for R2 dated 4/16/25 is signed as being completed by Z2 APN (Advance Practice Nurse). 2. The Facesheet for R3 documents Z3 as R3's PCP. The Physician Certification for R3 dated 4/11/25 is signed as being completed by Z4 APN. On 9/9/25 at 4:00 pm, E2 WD (Wellness Director) stated (E2) completes the annual and change in condition resident physician assessments regarding the ADL (activities of daily living) section and the TB (tuberculosis) symptoms section, faxes the form to the doctor's office, and the Physician or APN signs off on the form and sends it back to the Establishment.	A4000		
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: 3) Develop and implement policies and procedures that ensure the continued safety of all	A4060		

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A4060	Continued From page 2 residents in the establishment including, but not limited to, those who: A) May wander; and B) May need supervision and assistance when evacuating the building in an emergency. i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: iii) identifying and alleviating safety risks to residents with Alzheimer's disease. Based on observation, interview, and record review the establishment failed to ensure resident falls are investigated, documented on incident reports, and resident centered interventions are put into place to prevent recurrent falls for two residents (R1 and R3) of three residents reviewed for falls in the sample of three. Findings include: The Establishments Falls Risk Management policy and procedures dated 3/26/2019, documents "The Community will assess residents for their potential to fall prior to move-in and on an ongoing basis while resident at the community to ensure resident safety. 2. The Executive Director or designee should ensure staff members are trained on what can be done to prevent falls and identify fall risks. 4. If any resident experiences a pattern of falls (two or more in a 30-day period) or an injury from a fall, the Wellness Director or designee will: d. Investigate the situation; e. Complete a falls risk assessment and revise the resident's service plan accordingly." On 9/4/25 at 2:00 pm, E2 WD stated the fall log is generated in the computer from the incident reports. When an Incident Report is done by the Nurse it will pull over into the Incident and	A4060		

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A4060	Continued From page 3 Accident logs. On 9/5/25 at 9:00 am, E1 ED (Executive Director) stated E2 WD (Wellness Director) is responsible for doing fall investigations. E2 WD reviews the Incident Report and updates the resident Service Plan by selecting prepopulated interventions in the computer system as directed by corporate. E1 ED stated there is no way to make specific interventions for resident falls. On 9/9/25 at 8:30 am, E2 WD (Wellness Director) stated she is responsible for doing the fall investigations when there is an injury. Falls without injury are not investigated, Only the falls with injury. There is no documentation kept for the investigations. E2 WD stated she reviews the nurses incident reports and makes sure that everything is completed on the form and talks to staff if she needs to. E2 stated she updates the resident Service Plans after each fall by going into the computer system and selecting from the computer-generated interventions. E2 stated there is an option for (E2) to complete a custom intervention but, (E2) has not done yet. 1. The Establishment Incident and Accident Logs document R1 had falls on 1/30/25 and 8/1/25. R1's Fall Risk Evaluation dated 8/5/25 documents R1 is a moderate risk for falls. The Establishments Incident Reports for R1 dated 1/30/25 and 8/1/25 document R1 with recurrent falls. E1 ED (Executive Director) and E2 WD (Wellness Director) were unable to provide investigation documentation had been completed for R1's falls. R1's current Service Plan does not include	A4060		

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A4060	Continued From page 4	A4060		

resident-centered fall interventions related to R1's falls on 1/30/25 and 8/1/25.

On 9/9/25 at 8:35 am, E2 WD was unable to provide documentation of fall investigations having been completed for R1's falls.

2. The Establishment Incident and Accident Logs document R3 had falls on 12/17/24, 1/9/25, and 4/3/25.

R3's Fall Risk Evaluation dated 5/14/25 documents R3 as a moderate risk for falls.

The Establishments Incident Reports for R3 dated 12/17/24, 1/9/25, and 4/3/25 document R3 with recurrent falls. R3's 4/3/25 fall resulted in a left toe fracture and subdural hematoma.

The Progress Note for R3, dated 7/18/25 at 8:39 pm, documents R3 had an unwitnessed fall at 4:17 am per caregivers who heard R3 "screaming for help." There is no Incident Report for this fall and is not included in the Establishments fall logs.

The Progress Notes for R3 dated 7/18/25 at 8:39 pm, documents "(R3) had unwitnessed fall overnight, observed at 4:17 this morning, per caregivers who stated they heard (R3) screaming for help. (R3) had no obvious signs of injury but stated she hit her head and back. (R3) refused to go to ED (emergency department) and POA (Power of Attorney) did not answer phone. (R3) went back to bed at that time and was later up and out for breakfast and then went back to bed. This nurse told (R3) she needed to go to ED for evaluation d/t (due to) fall and previous dx (diagnosis) of brain bleed. (R3) became extremely upset, hyperventilating and wailing that she did not want to go and that she was

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A4060	Continued From page 5 comfortable in her bed." "(R3) Denied pain and showed no s/s (signs or symptoms) of injury. (R3) allowed to rest in bed and calm down before 911 called for transport." R3 went to local hospital for evaluation and returned to Establishment with no injuries. The Establishment was unable to provide an Incident Report for R3's fall on 7/18/25. R3's current Service Plan does not include resident-centered fall interventions related to R3's falls on 12/1/24, 1/9/25, 4/3/25, and 7/18/25. On 9/9/25 at 8:35 am, E2 WD was unable to provide documentation of fall investigations having been completed for R3's falls. On 9/4/25 at E2 WD (Wellness Director) stated there is not an incident report for R3's 7/18/25 fall because there was no nurse on duty at that time and only nurses complete those forms. R3's 7/18/25 fall is not on the Establishments fall log because there was not an incident report created.	A4060		