STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510175	A. BUILDING: _____ B. WING _____	10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VICTORIAN OF SYCAMORE	1440 SOMONAUK STREET SYCAMORE, IL 60178

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A 000	Initial Comment Annual Licensure Survey 295.2040a)b)1)4)d)e)h) 295.4010a)c)d)e)g)1)c)2)3)h Facility Reported Incident IL197452 - No Violations	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, because of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 1) Have a written plan for protection of all persons in the event of disasters, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan shall address the physical and cognitive needs of residents and include special staff response, including the procedures needed to ensure the safety of any resident. The plan shall be amended or revised whenever any resident with unusual needs is admitted. The plan shall also:	A2040		

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A2040	Continued From page 1 4) Ensure that there is a means of notification to the establishment when the National Weather Service issues a tornado or severe thunderstorm warning covering the area in which the establishment is located. The notification mechanism must be other than commercial radio or television. Notification measures include being within range of local tornado warning sirens, an operable National Oceanic and Atmospheric Administration weather radio in the establishment, or arrangements with local public safety agencies (police, fire, ESDA) to be notified if a warning is issued. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements are not met as evidence by: Based on record review and interview the facility failed to conduct a tornado drill on each shift during the month of February and failed to include residents during the drills. This failure has the substantial probability to cause harm to all residents in the facility.	A2040		

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A2040	Continued From page 2 Findings include: On 9/30/25 at 11:00am documentation for Tornado drills in Maintenance binder showed that in the month of February the facility did not complete tornado drills. Binder showed three Tornado drills were completed on following dates, 3/26/25 at 6:02 AM, 3/25/24 at 3:01 PM, 3/15/24 at 12:34PM. These drills did not include residents and were done on the incorrect month. On 9/30/25 at 1:30 PM E1 (Executive Director) , E7 (Maintenance Assistant) did not realize that drills had to be completed in the month of February.	A2040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 VIOLATION Repeat Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. 3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care.	A4010		

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A4010	Continued From page 3 c) The service plan shall be signed and dated by all individuals involved in its development. 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) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: C) special accommodations for the resident. 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. h) The service plan shall include all support services provided or arranged for by the establishment. These requirements are not met as evidence by: Based on record review and interview the facility failed to address and include in the residents	A4010		

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A4010	Continued From page 4 individualized Service Plan services the residents are receiving for foley catheter, and dialysis services. They failed to ensure service plans addressed the staff responsible for the provision of the service plan. This applies to two residents, (R2, R3) reviewed for Service Plans in the sample of six. These failures have the substantial probability to cause harm to the resident or residents. Findings include: 1) On 9/30/25 R2's medical record showed R2 admitted to facility on 3/23/24 with following diagnoses iron deficiency anemia, hypertension, hyperlipidemia, chronic renal disease (on dialysis) gout, bradycardia, pacemaker. On 9/30/25 R2's service plan dated 7/30/25 documents R2 receives dialysis 3 times a week, service plan does not identify what type of device R2 has, what care is rendered to the device and who is responsible for the device. Service plan does not have any interventions in place. 2) On 9/30/25 R3's medical records showed R3 admitted to facility on 8/25/23 with following diagnoses hypertension, major depressive disorder retention of urine, foley catheter, senile degeneration. On 9/30/25 R3's service plan dated 9/22/25 under problem/need R3 needs assistance with changing and emptying, catheter bag in am, pm and prn. Service plan did not address who is responsible for changing/emptying the catheter bag, and what type of supplies to render peri care to R3's foley. On 10/1/25, E1 (Executive Director) and E2 (DON) confirmed the findings.	A4010		

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