STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510008	A. BUILDING: _____ B. WING _____	10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANAM CARE INC	8104 SAYER RD ROCKFORD, IL 61108

(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 conducted Violations: 295.8000a)1) - Food Service (Repeat Violation)	A 000		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 3 Repeat Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. These requirements are not met as evidenced by: Based on observation, and interview the facility failed to label food after opening. This has to potential to impact all the residents residing in the facility. The findings include: On 10/27/2025 at 1:24PM, observations of the establishment's kitchen were made. The reach in refrigerator had a bag of cooked bacon and a bag of sliced turkey inside individual sealable bags without opened dates or expiration dates.	A8000		

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A8000	Continued From page 1 On 10/27/2025 at 1:24PM, E3 (Food Service Director - FSD) said they normally label open items. E3 said it is important to label opened food so they don't use outdated items.	A8000		