

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510503	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/08/2025
NAME OF PROVIDER OR SUPPLIER LAMOINE RETIREMENT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 203 N RANDOLPH STREET MACOMB, IL 61455		
(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 #252950/IL197827 Part of this complaint was investigated in complaint 2561360/IL186607 exited 4-1-25 - Section 295.3000 a) Section 295.4060 h)6), and 295.5000 a)d) cited. Section 295.1040 cited as a Technical Infraction for the following regulations: Section 295.2000 a)c)5) Section 295.4060 h)6)	A 000		
A1040	Section 295.1040 Technical Infractions Fountain View This Regulation is not met as evidenced by: Technical infraction related to Section 295.2000 a)c)5) and Section 295.4060 h)6) Section 295.1040 Technical Infractions a) A technical infraction is a situation in which the establishment's failure to meet a requirement of this Part does not result in harm and does not have a significant negative impact on the delivery of services to residents. A technical infraction may include a Type 3 violation that is identified and corrected during the on-site survey review process. b) The establishment shall be required to correct a technical infraction. If the establishment has taken steps to correct the technical infraction, no fine, violation, or sanction shall be imposed. c) Repeat of the same technical infraction during subsequent on-site surveys may result in a Type 3 violation.	A1040		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A1040	Continued From page 1 Findings include: On 10-7-25 at 1:00 pm, E2 Memory Care Director stated three residents, R1, R2 and R3 on the memory care unit and one resident, R4 on the assisted living floor require use of a mechanical lift with two staff for transfers. E2 stated the establishment's minimum staffing at night for the whole facility is four and six staff for the day and evening shift which is not enough staff to safely evacuate all 30 residents currently residing in the establishment. Review of the establishment's schedules for the last four weeks verifies E2's staffing numbers. R1, R2, R3 and R4's current service plans document they are unable to exit the building without total assistance and required the use of a mechanical lift for transfers.	A1040		