| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | ASL510095 | A. BUILDING: _____ B. WING _____ | 10/09/2025 |

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| CARRIAGE CROSSING CHAMPAIGN | 1701 CONGRESSIONAL WAY CHAMPAIGN, IL 61822 |

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| A 000 | Initial Comment<br><br>Annual Licensure Survey<br><br>295.2040 c) 1) 2) 3)<br><br>295.3020 c) 1) 2) 3) 4) 5) 6) d) 1) 2) 3) 4) 5)<br><br>295.4050<br><br>295.4060 6) 8) i) 2) c) i) ii) iii) iv) v) vi) vii) viii) | A 000 | | |
| A2040 | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>General Violation<br><br>Section 295.2040 Disaster Preparedness<br><br>c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:<br>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br>2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;<br>3) Evaluate the effectiveness of disaster plans, procedures and training.<br><br>Based on interview and record review, the establishment failed to conduct six fire drills on a bimonthly. This failure creates a substantial probability of harm to a resident or residents.<br><br>Findings include: | A2040 | | |

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| A2040 | Continued From page 1<br><br>On 10/08/25, E2 (Director of Nursing) stated the establishment's last Annual Survey was conducted on 11/19/24. E2 then provided documentation of the fire drills that were conducted at the establishment on the following dates: 11/07/24 (1st shift), 01/23/25 (1st shift), 04/25/25 (1st shift), 05/16/25 (2nd shift), 05/23/25 (3rd shift), 06/27/25 (1st shift), 06/30/25 (2nd shift), and 08/29/25 (3rd shift).<br><br>On 10/08/25 at 02:35 PM, E2 verified the establishment's fire drills were not conducted bi-annually and there was a three-month duration between fire drills conducted at the establishment from 01/23/25 to 04/25/25. E2 then stated, "The month of April is when a change in Maintenance Directors occurred, so one of the drills must have been missed." | A2040 | | |
| A3020 | Section 295.3020 Employee Orientation and Ongoing Training<br><br>This Regulation is not met as evidenced by:<br>General Violation<br><br>Section 295.3020 Employee Orientation and Ongoing Training<br><br>c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include:<br>1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident | A3020 | | |

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| A3020 | Continued From page 2<br>rights;<br>2) Disaster procedures;<br>3) Hygiene and infection control;<br>4) Assisting residents in self-administering medications;<br>5) Abuse and neglect prevention and reporting requirements; and<br>6) Assisting residents with activities of daily living.<br>d) All training shall be documented with:<br>1) Date;<br>2) Starting and ending time;<br>3) Instructors and their qualifications;<br>4) Short description of content; and<br>5) Staff member's written signature.<br><br>Based on interview and record review, the establishment failed to ensure employees completed a minimum of 8 hours of ongoing training, applicable to the employee's job responsibilities, for two of six employees reviewed that creates a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>1. The establishment's current Employee Roster documents E7 (Certified Nursing Assistant) was hired at the establishment on 08/29/24.<br><br>On 10/08/25, E7's current Employee File did not contain any documentation of any ongoing training/education completed within the past year.<br><br>On 10/08/25 at 02:25 PM, E4 (Business Office Manager) stated E7 has not completed any ongoing education/training within the past year, and therefore, she cannot provide any documentation of completion for E7. | A3020 | | |

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| A3020 | Continued From page 3<br><br>2. The establishment's current Employee Roster documents E8 (Registered Nurse) was hired at the establishment on 10/19/21.<br><br>On 10/08/25, E8's Employee File was reviewed and contained the following: a signed in-service sheet indicating Fire Extinguisher and Evacuation Training was attended on 06/30/25. E8's Employee File did not contain any documentation of additional training completed within the past year.<br><br>On 10/08/25 at 02:30 PM, E4 (Business Office Manager) stated the only record of E8's training she can provide is documentation of the 06/30/25 in-service that E8 attended for Fire Extinguisher and Evacuation Training. E4 stated she cannot provide any documentation that E8 has completed any ongoing dementia-specific education within the past year, or any other training topic that is required by the establishment to be completed. | A3020 | | |
| A4050 | Seciton 295.4050 Tuberculin Skin Test Procedures<br><br>This Regulation is not met as evidenced by:<br>General Violation<br><br>Section 295.4050 Tuberculin Skin Test Procedures<br><br>Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).<br><br>Based on interview and record review, the | A4050 | | |

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| A4050 | Continued From page 4<br>establishment failed to conduct an annual screening for Tuberculosis for one of six employees reviewed for Tuberculin procedures that creates a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>The establishment's current Employee Roster documents E7 (Certified Nursing Assistant) was hired at the establishment on 08/29/24.<br><br>On 10/08/25, E7's current employee File was reviewed and did not contain any documentation that an annual TB (Tuberculosis) screening had been completed.<br><br>On 10/08/25 at 02:15 PM, E4 (Business Office Manager) verified that an annual TB screening has not been completed on E7 within the past year. | A4050 | | |
| A4060 | Seciton 295.4060 Alzheimer's and Demential Programs<br><br>This Regulation is not met as evidenced by:<br>Type 2 Violation<br><br>Section 295.4060 Alzheimer's and Dementia Programs<br><br>6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who | A4060 | | |

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| A4060 | Continued From page 5<br>participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;<br>8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section;<br>i) Training requirements for individuals working in a special program:<br>2) Staff training:<br>C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include:<br>i) assessing resident capabilities and developing and implementing service plans;<br>ii) promoting resident dignity, independence, individuality, privacy and choice;<br>iii) planning and facilitating activities appropriate for the dementia resident;<br>iv) communicating with families and other persons interested in the resident;<br>v) resident rights and principles of self-determination;<br>vi) care of elderly persons with physical, cognitive, behavioral and social disabilities;<br>vii) medical and social needs of the resident;<br>viii) common psychotropics and side effects;<br>ix) local community resources; and<br>x) other related issues.<br><br>Based on interview and record review, the establishment failed to ensure an employee completed 12 hours of in-service education regarding Alzheimer's Disease and other related dementia disorders on an annual basis for one of two employees that provide direct care in the Memory Care Unit, who were reviewed for staff training requirements. This failure creates a | A4060 | | |

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| A4060 | Continued From page 6<br>substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>The establishment's current Employee Roster documents E8 (Registered Nurse) was hired at the establishment on 10/19/21.<br><br>On 10/09/25 at 10:40 AM, E2 (Director of Nursing) stated E8 (Registered Nurse) is a nurse at the establishment that is assigned to work throughout the community, which includes the establishment's Memory Care Unit.<br><br>On 10/08/25, E8's current Employee File was reviewed and did not contain any documentation that any ongoing education/training specific to Alzheimer's Disease, dementia disorders or any cognitive deficit had been completed.<br><br>On 10/08/25 at 02:30 PM, E4 (Business Office Manager) stated she could not provide any documentation indicating that E8 had completed any ongoing dementia-specific education within the past year. E4 also stated she could not provide any documentation of any other training topic that the establishment required E8 to complete within the past year. | A4060 | | |