STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510119	A. BUILDING: _____ B. WING _____	11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	203 STAHLHUT DR LINCOLN, IL 62656

(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 Section 295. 2050 a) b) Section 295.4060 h) 3) A) B) 6)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. Violation Based on interview and record review, the establishment failed to report an injury of unknown origin to the Department for R1, one of three residents reviewed. This failure creates a substantial probability of harm to a resident or	A2050		

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A2050	Continued From page 1 residents. Findings include: R1's 8-7-25 progress note documents "Resident noted to have a whole right upper inner arm with bluish purple bruising/discoloration." On 11-6-25 at 1:15 pm, E1 Administrator stated she is unsure what happened to R1's arm. E1 stated she did not complete an investigation into the injury. E1 did ask two nurses about the incident. E1 stated one thought it could be from R1 leaning in her wheelchair and the other thought it was from lifting R1 up. This injury was not reported to the Department.	A2050		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: 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 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;	A4060		

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A4060	Continued From page 2 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 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; Type 2 Violation Based on observation, interview and record review, the establishment failed to use a gait belt to safely transfer a resident, failed to have a policy regarding resident's transfers, failed to investigate an injury of unknown origin, and failed to have a nurse on duty to assess and give physician ordered as needed medications for two of three residents (R1 and R3) reviewed in a sample of three. These failures caused harm to a resident or creates a substantial probability of harm to a resident or residents. R1 sustained an upper arm bruising of unknown origin. Findings include: 1. R1's 8-7-25 progress note documents "Resident noted to have a whole right upper inner arm with bluish purple bruising/discoloration." On 11-6-25 at 1:15 pm, E1 Administrator stated she is unsure what happened to R1's arm. E1 stated she did not complete an investigation into the injury. E1 did ask two nurses about the incident. E1 stated one thought it could be from R1 leaning in her wheelchair and the other thought it was from lifting R1 up.	A4060		

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A4060	Continued From page 3 On 11-12-25 at 9:30 am, Z1 Hospice CNA/Certified Nursing Assistant and E10 LPN/Licensed Practical Nurse lifted R1 under her armpits and transferred R1 to her wheelchair without the use of a gait belt. R1 was then taken into her bathroom. Z1 attempted to help R1 to stand without success. Z1 and E9 Cook/Resident Assistant attempted to stand R1 up from wheelchair again by putting their arms under her armpits and pulling up. R1 refused to stand. Z1 and E7 Resident Assistant then again attempted to stand R1 up. All these attempts were made without use of a gait belt. E10 then entered the room with a gait belt saying they should use the gait belt as it was "probably hurting her under the arms" without the gait belt. On 11-12-25 at 9:45 am, Z1 stated sometimes R1 needs at least one and sometimes two people to assist her with transfers. . R1's 9-4-25 service plan documents R1 is receiving hospice services and needs assistant from staff for all activities of daily living. On 11-12-25 at 10:20 am, E1 Administrator stated they do not have a policy on how to transfer residents who require assistance. E1 nodded in agreement when talking about needing a gait belt for hands on transfers. E1 stated they do not have a policy on how to proceed if they have an injury of unknown origin. 2. R1's November 2025 POS/Physician Order Sheet documents R1 is receiving hospice services. R1 POS documents the following as needed medications were ordered for R1: Lorazepam 0.5 mg (milligrams) every four hours as needed for anxiety/sleep, Morphine solution 5	A4060		

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A4060	Continued From page 4	A4060		

mg every two hours as needed for shortness of breath/pain, Ondansetron 4 mg every six hours as needed for nausea/vomiting, Hyoscyamine 0.125 mg every four hours as needed and Senna Plus 8.6 mg-50 mg tab as needed daily.

R3's November 2025 POS/Physician Order Sheet documents R2 is receiving hospice services. The following as needed medications were ordered for R2. Acetaminophen 1000 mg as needed every six hours for fever/pain, Loperamide A-D 4 mg as needed, Ibuprofen 400 mg as needed every six hours for fever/pain, and Lorazepam 0.5 mg as needed every eight hours for restlessness.

On 11-6-25 at 1:15 pm, E1 Administrator stated they only have nursing staff from 7:00 am to 7:00 pm. If a nurse is needed, establishment staff will call her. E1 stated she is not a nurse but will then call one of the nurses or the corporate nurse.

The establishment's undated Alzheimer's Disease Special Care Disclosure documents "A licensed nurse will be on staff from 7:00 am to 7:00 pm every day. 3:00 pm to 11:00 pm will have 6 staff to 30 residents (LPN 1, CNA/RA 4 Cook 1)."

The establishment provided Medication Management reviewed 12/2024 does not address how residents needing as needed medication will be assessed and administered their medication when there is not a nurse on duty.