STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510468	A. BUILDING: _____ B. WING _____	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE OF GALENA	1 PRAIRIE RIDGE DRIVE GALENA, IL 61036

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A 000	Initial Comment Annual Licensure Survey 295.2040a)c)d)e)f)g)h) 295.3030a)b)c)d) 295.4010a)g)1)2)3)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: TYPE 1 VIOLATION Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result 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. 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: 3) Evaluate the effectiveness of disaster plans, procedures and training. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.	A2040		

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A2040	Continued From page 1 e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. 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. This requirement was not met, as evidenced by: Based on record review and interview of Emergency Preparedness logbooks, the establishment failed to conduct 6 fire drills in 2025. The facility failed to complete a written evaluations after each fire and tornado drill. Failed to include residents participating in drill and if they needed assistance for evacuation. This failure has the substantial probability to cause severe harm or death to a resident or residents. Findings include. On 12/11/25 surveyor requested from E1	A2040		

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A2040	Continued From page 2 (Executive Director) Emergency preparedness logbooks. E1 presented following documentation. Three fire drills were held during the 2025 year. Fire drill on 4/2/25 at 7:30pm on Fire drill inspection checklist. Did not contain names of residents included in on drill what employees participated and a complete evaluation of drill. Fire drill on 8/4/25 at 9:00 am on fire drill inspection checklist. Did not contain names of resident included in on drill what employees participated and a complete evaluation of drill. Fire drill on 6/10/25 at 11:00pm on fire drill inspection checklist. Did not contain names of resident included in on drill what employees participated and a complete evaluation post drill. Tornado drills were held in the month of February 2025. Tornado drill dated 2/20/25 at 2:00pm documentation was placed on Fire drill inspection check list. Did not contain names of residents included in on drill and a complete evaluation of drill was not done. Tornado drill dated 2/20/25 at 630pm there was no documentation of drill. No evaluation documented post drill, no names of residents included in drill. Tornado drill date 2/21/25 5:30am there was no documentation of drill. No evaluation completed post drill, no names of residents included in drill. On 12/11/25 at 14:00pm, E1 (Executive Director), stated she did not realized drills have to include residents or Drills had to be done on different days. E1 will reorganize and speak to Maintenance Director.	A2040		

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A3030	Continued From page 3	A3030		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure employee files contained all required documentation for hire. E7	A3030		

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A3030	Continued From page 4 (Director of Food) E8 (Housekeeper) files were missing initial health evaluation. This has the substatial probability to cause harm to a resident or residents. This applies to 2 (E7, E8) employees reviewed for staff requirements in a sample of 8. Findings include. On 12/11/25 at 10:00am surveyor requested 8 employee files for review of staff requirements. E7 (Director of Food) hire date of 6/29/21 file was reviewed showing an initial health evaluation was missing. E8 (Housekeeper) hire date of 12/11/23 file was reviewed showing an initial health evaluation was missing. E1(Executive Director) noted that about 6 months ago file were pulled and reviewed by the state some of the documentation was not put back into employee files. E9(Human Resource) noted that she was on a 4-month medical leave and will be reviewing each employee file.	A3030		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000),	A4010		

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A4010	Continued From page 5 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. g) Service plans shall address: 1) The level of service the resident is receiving, including: 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. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to address and include in the resident individualized Service plans services the resident are receiving such as injections from an outside provider, diabetic and catheter supplies from outside provider. This failure has the substantial probability to cause harm to a resident or residents. This applies to 2 (R1 and R3) reviewed for Service Plans in the sample of 4. Findings include. R1 moved to facility on 4/3/25 with following diagnoses hyperlipidemia, urine retention, type 2 diabetes, hypertension.	A4010		

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A4010	Continued From page 6 Community Service plan did not address that R1 straight caths himself three times a day/whenever necessary, who supplies and delivers his supplies and how often. Service plan did not address how often R1 sees his urologist for checkups. The community service plans also did not address where R1 gets supplies for his diabetes, how often delivered and by who. R3 moved to facility on 4/15/25 with following diagnoses hypertension, Gerd, major depression anxiety, bipolar. Community Service plan did not address that R3 goes to outside Psychiatrist for Haldol injection. Service plan did not address how often R3's appointments for psychiatry visits are and amount and how often R3 receives her injections of Haldol. On 12/11/25, E2 (Director of Nursing) noted she will make sure the facility will address all the information and services the residents are receiving in the residents Community Service plan.	A4010		