

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510270	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/02/2025
NAME OF PROVIDER OR SUPPLIER COURTYARD ESTATES OF GIRARD		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 W NORTH ST GIRARD, IL 62640		
(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 CHOW survey entered on 11/25/25 and exited on 12/2/25. Initial Comment For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. Technical Infraction: 295.3040 and 295.2010 c During this survey, it was identified that the establishment did not have a current license posted and did not have the annual background checks completed. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040 a) b). No violation imposed.	A 000		

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

TITLE

(X6) DATE