STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510281	A. BUILDING: _____ B. WING _____	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF DECATUR	1145 W ARBOR DRIVE DECATUR, IL 62526

(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 Incident Report Investigation IL 187021 Cannot be substantiated. No violations cited. Annual Licensure Survey	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 Violation Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. Based on record review and interview the establishment failed to conduct a tornado drill on each shift during February of each year. Findings include: The establishment's tornado drills were reviewed. E1, Executive Director, presented tornado drills that were conducted in 2024. E1 was asked for tornado drills conducted in 2025. On 03-11-2025, at approximately 9:40am, E1 states that they do their tornado drills in March so they don't have any done yet for this year.	A2040		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 1	A4010		

This Regulation is not met as evidenced by:
Type 3 Voilation

Section 295.4010 Service Plan

g) Service plans shall address:
1) The level of service the resident is receiving, including:
A) assistance with activities of daily living;
2) The amount, type, and frequency of health-related services needed by the resident;
h) The service plan shall include all support services provided or arranged for by the establishment.

Based on record review and interview the establishment failed to ensure resident service plans addressed the level of service the resident receives with each activity of daily living. The establishment failed to ensure resident service plans included the amount, type, and frequency of health-related services that residents receive. The establishment failed to ensure resident service plans included all support services that residents receive.

Findings include:

R1 was admitted to the establishment on 07-26-2022. R1's diagnoses include hypertension, osteoporosis, and glaucoma.

R1's 02-18-2025 service plan was reviewed. The service plan includes documentation that R1 requires assistive/adaptive devices of eyeglasses and a wheeled walker. Further documentation includes that R1 is ambulatory and that R1

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A4010	Continued From page 2	A4010		

requiers verbal cues to safely evacuate the building. The service plan does not include documentation of how much assistance is required for each activity of daily living.

R2 was admitted to the establishment on 11-13-2022. R2's diagnoses include hypertension, hypothyroidism, and paroxysmal atrial flutter.

R2's 02-26-2025 service plan was reviewed. The service plan includes documentation that R2 requies assistive/adaptive devices of a walker and pendant. The service plan also includes documentation that R2 requires staff to reorient and redirect R2 as needed and that R2 requires staff to provide standby assistance with bathing twice a week. The service plan includes documentation that R2 requires staff to "provide device oversight," but does not specify which device. The same service plan also includes documentation that R2 is a fall risk and requires staff to "regularly perform interventions with (R2) who is at high risk for falls." The service plan does not include documentation of what those interventions are. The service plan does not include documentation of how much assistance is required with each activity of daily living.

The establishment's 03-10-2025, "Census Details Report" contains documentation that R2 is receiving physical therapy, occupational therapy, and speech therapy services. R2's current service plan does not include documentation of R2 receiving these services or of how often R2 receives these services.

R3 was admitted to the establishment on 01-20-2025. R3's diagnoses include Parkinson's disease, urinary frequency, anxiety, and benign

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A4010	Continued From page 3 essential hypertension. R3's 02-03-2025 service plan was reviewed. The service plan includes documentation that R3 requires assistive/adaptive devices of eyeglasses and a walker. The service plan includes documentation that R3 requires staff to provide set-up and cueing assistance for bathing and that R3 requires staff to "provide device oversight." The service plan includes documentation that R3 is capable of evacuating the building independently. The service plan does not include documentation of how much assistance is required with each activity of daily living or if R3 is ambulatory or not. The establishment's 03-10-2025 "Census Details Report" contains documentation that R3 is receiving physical and occupational therapy services. R3's current service plan does not include documentation of R3 receiving these services or of how often the services are received. R4 was admitted to the establishment on 02-24-2024. R4's diagnoses include memory loss, diabetes mellitus type 2, and bilateral lower extremity edema. R4's 09-28-2024 service plan was reviewed. The service plan includes documentation that R4 does not require any assistive/adaptive devices and that R4 is ambulatory. The service plan includes documentation that R4 requires staff to reorient and redirect R4 as needed and that R4 requires staff to give reminders with bathing. The same service plan includes documentation that staff "will provide device oversight," but does not specify which device the oversight is for. The service plan includes documentation that R4 is a	A4010		

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A4010	Continued From page 4 fall risk and that "staff to regularly perform interventions with (R4) who is high risk for falls," but does not include documentation of what those interventions include. The service plan includes documentation that R4 is able to evacuate the building independently. The service plan does not include documentation of how much assistance is required with each activity of daily living. On 03-11-2025, at approximately 11:00am, E1 was spoken with regarding resident service plans not including the amount of services residents receive with each activity of daily living. E1 did not have a response on why the information was not included in the resident service plans.	A4010		