STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510290	A. BUILDING: _____ B. WING _____	12/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - SAVOY	62 E AIRPORT ROAD SAVOY, IL 61874

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A 000	Initial Comment Annual Licensure Survey 295.2040 c) 1) 2) 3) 295.3000 b) 2) A) f) 2) 3) 295.3030 a) b) c) d) e) 1) 2) 295.3040 295.4010 a) b) 1) 2) 3) c) g) 1) A) C) 295.3010 a) Facility Reported Incident IL199019 295.4010 a) b) 1) 2) 3) c) g) 1) A) C)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness 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: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility; 3) Evaluate the effectiveness of disaster plans, procedures and training. Based on interview and record review the	A2040		

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A2040	Continued From page 1 establishment failed to ensure that fire drills were conducted every other month with at least two drills conducted during sleeping hours. This failure creates a substantial probability of severe harm or death to all 32 residents who reside in the establishment. Findings include: The establishment provided Community Policy and Procedures Policy dated 3/26/19 documents that fire drills for staff on fire safety procedures will be conducted in accordance with state regulations, local fire codes, and fire marshall requirements. The establishment provided annual fire drills document the following drills were conducted on: February 20, 2025 at 6:00AM and April 23, 2025 at 3:11PM. On 12/15/25 at 1:30PM, E2 Wellness Director stated, "Our maintenance director quit and the only fire drills are what is in the book. We don't have enough of them." On 12/15/25 at 3:00PM, E1 Acting Executive Director stated that fire drills should be completed routinely so that staff know how to handle emergencies appropriately.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation	A3000		

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A3000	Continued From page 2 Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. 2) Documentation of: A) Freedom from pulmonary tuberculosis; f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 2) Initial health evaluation; 3) Compliance with the Health Care Worker Background Check Act; Based on interview and record review the establishment failed to ensure that there was always at least one direct care staff person on duty with certified pulmonary resuscitation (CPR) certification and failed to ensure that three (E5, E6, and E7) of six employees reviewed for Health Care Worker Background Checks, Health Evaluations, and Tuberculosis Testing had all of the required documentation in their personnel files. These failures create a substantial probability of sever harm or death to a resident or residents residing in the facility. . Findings include:	A3000		

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A3000	Continued From page 3 On 12/15/25 at 3:30PM, E1 Acting Executive Director provided a list of employees with CPR certification. The schedule dated December 1, 2, 3, 5, 7, 9, and 14, 2025 documents the employees who were scheduled on those days at those times, there was no staff member on duty with current and documented CPR certification from 12:00AM to 7:00AM. On 12/15/25 from 9:30AM to 4:30PM, establishment personnel files were reviewed. During this review; E5 Dietary Manager had no documented Healthcare Worker Background Checks, E6 had no documented initial health evaluation, and E7 had no documented tuberculosis testing. On 12/15/25 at 3:10PM, E1 Acting Executive Director reviewed the employee personnel files and confirmed that E5 Dietary Manager had not healthcare worker background checks, E6 Licensed Practical Nurse had no initial health evaluation, and E7 Certified Nursing Assistant had no TB testing in their files and that these files should have contained this documentation.	A3000		
A3010	Section 295. 3010 Manager's Qualifications This Regulation is not met as evidenced by: Type 2 Violation Section 295.3010 Manager's Qualifications a) Each assisted living establishment shall have a full-time manager.	A3010		

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A3010	Continued From page 4 Based on observation, interview, and record review the establishment failed to ensure that a full time manager was employed as the executive director. Findings include: On 12/15/25 at 9:30AM, E2 Wellness Director stated that there is currently no Executive Director (ED), as the previous ED was no longer with the company. On 12/15/25 at 10:00AM, E1 Acting Executive Director stated that she was covering for both establishments at present. On 12/15/25 at 1:00PM, E2 Wellness Director stated that E1 Acting Executive Director was not working at the establishment full time, or at least 36 hours a week. These failures create a substantial probability of harm to all 32 residents who reside in the establishment.	A3010		
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,	A3030		

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A3030	Continued From page 5 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. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. Based on interview and record review the establishment failed to ensure that E6 Licensed Practical Nurse had an initial health evaluation completed and documented and failed to ensure that E7 Certified Nursing Assistant had a Tuberculosis test completed within 10 days of employment. These failures create a substantial probability of harm to all 32 residents who reside	A3030		

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A3030	Continued From page 6 in the establishment. Findings include: On 12/15/25 at approximately 2:00PM, employee files were reviewed. E5 Dietary Manager's file did not contain healthcare worker background checks. E6 Licensed Practical Nurse's file did not contain an initial health evaluation and E7 Certified Nursing Assistant's file did not include a tuberculosis test. On 12/15/25 at 3:10PM, E1 Acting Executive Director reviewed the personnel files and confirmed that E5 had not healthcare worker background checks, E6 had no health evaluation, and E7 had no TB testing in their files and that they could not be located in the establishment, but should be accessible.	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Based on interview and record review the	A3040		

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A3040	Continued From page 7 establishment failed to ensure that a Healthcare Worker Background Check was completed for one (E5 Dietary Manager) of five employees reviewed for Healthcare Worker Background Checks. This failure creates a substantial probability of harm to all 32 residents who reside in the establishment. Findings include: On 12/15/25 from 9:30AM to 4:30PM, establishment personnel files were reviewed. During this review; E5 Dietary Manager had no documented Healthcare Worker Background Checks. On 12/15/25 at 3:10PM, E1 Acting Executive Director reviewed the employee personnel files and confirmed that E5 Dietary Manager had not healthcare worker background checks and stated that they should have been completed.	A3040		
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), 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	A4010		

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A4010	Continued From page 8 resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. 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; Based on interview and record review the establishment failed to ensure that three (R1, R2, and R3) of three residents reviewed for service plans were developed and signed by all parties and failed to ensure that two (R1 and R2) resident careplans of three were updated to reflect the cares provided. These failures create a substantial probability of harm to a resident or residents. Findings include: 1.) R1's establishment provided 2025 fall log documents R1 falling on eight occasions in the past nine months.	A4010		

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A4010	Continued From page 9 R1's reportable incident dated 10/28/25 documents a fall resulting in a left hip fracture. R1's reportable incident dated 12/9/25 documents a fall resulting in a sacral vertebral fracture. R1's service plan dated 12/9/25 does not document fall interventions for either fall. On 12/15/25 at 12:45PM E2 Wellness Director stated that R1's service plan has discrepancies and is not reflective of the care and services that R1 is provided. 2.) On 12/15/25 at 10:30AM, E2 Wellness Director stated that R2 is receiving hospice care. R2's billing report dated 10/24/25 documents admission to hospice. R2's establishment provided careplan dated 10/13/25 does not document that R2 is on hospice care. On 12/15/25 at 12:30PM, the establishment provided service plans for R1, R2 and R3. None of the service plans were signed by the resident or resident's representative, the nurse, the manager or the physician. On 12/15/25 at 3:45PM, E2 Wellness Director confirmed that none of R1, R2, or R3's service plans were signed by all parties as required and that the care delivered should be reflected in the service plans.	A4010		