STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	C 12/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

(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 Original Investigation of Facility Reported Incident IL199072. 295.4010e)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition. Type 1 Violation Based on record review and interviews, the facility failed to revise and address the service plan for one of three residents (R1) that has multiple falls. This creates a substantial probability of severe harm to a resident or residents. Finding include: R1's Face Sheet notes that R1 was admitted to memory care unit on 4/8/25 with Diagnosis including but not limited to Deficit in Cognitive Functioning. Facility incident report notes that R1 has had three falls since October 2025, on dates 10/20/25, 11/3/25, and 12/2/25. R1's current service plan dated 8/12/25 does not	A4010		

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A4010	Continued From page 1 address falls as a potential problem or list interventions to help reduce the risk. No reviews or revisions have been made to R1's service plan following any of R1's falls. On 12/20/25 at 10:45 A.M., E1 (Executive Director) confirmed that R1's service plan has not been reviewed and or revised following any of R1's falls.	A4010		