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 _____	C 04/04/2025

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

(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 Complaint # IL 188923. Violations cited: 295.2050 violation 295.6000 violation	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. These requirements were not met as evidenced by: Based on interview and record review the facility failed to report R1's injury to the department.	A2050		

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A2050	Continued From page 1 Findings include: Record Review: R1 was noted to have a fall on 3/10/25 and sustained an injury that required hospitalization. Interview: E1 stated that the establishment failed to report the incident to the department.	A2050		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; These requirements were not met as evidenced by: Based on interview and record review the facility failed to provide services specified in the service plan. Findings include:	A6000		

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 _____	C 04/04/2025

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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A6000	Continued From page 2 Record Review: According to the MAR and the Service Plan for R1, R1 is to receive medication as prescribed. R1 has several PRN medications prescribed by a physician. Interview: E1 stated that PRN medications are usually removed from the residents MAR. The facility does not provide licensed services past 7 PM and the family is responsible for any PRN medications. E1 stated that the establishment failed to have the physician change the orders to match the working schedule of licensed care staff of the establishment.	A6000		