| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| REFLECTIONS MEMORY CARE - HERRIN | 517 RUSHING DRIVE CARTERVILLE, IL 62918 |

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| A 000 | Initial Comment<br><br>Complaint Investigation #2650377/IL199518-Violations cited: 295.2000a)c)3)5),295.2050a)b)c),295.4010a)d)e)g)1)A)C)2,295.4040a),295.4060a)6)<br>Complaint Investigation #2650240/IL199454-No Violations cited.<br>Complaint Investigation #2650137/IL199415-No Violations cited.<br>Complaint Investigation #2650080/IL199394-Violation cited: 295.4060a)6)<br>Complaint Investigation #2650211/IL199435-No Violations cited.<br>Complaint Investigation #2650226/IL199447-Violaton cited: 295.4040a)<br>Complaint Investigation #2650265/IL199465-Violation cited: 295.4040a)<br>Complaint Investigation #2650274/IL199480-Violatons cited: 295.2000a)c)3)5), 295.4060a)6)<br>Complaint Investigation #2650249/IL199463-Violaton cited: 295.4040a)<br>Complaint Investigation #2650243/IL199476-Violations cited: 295.2000a)c)3)5),295.2050a)b)c),295.4010a)d)e)g)1)A)C)2,295.4040a),295.4060a)6)<br>Complaint Investigation #2650258/IL199478-Violations cited: 295.2000a)c)3)5),295.2050a)b)c),295.4010a)d)e)g)1)A)C)2,295.4040a),295.4060a)6)<br>Complaint Investigation #2650391/IL199523-Violations cited: 295.2000a)c)3)5),295.2050a)b)c),295.4010a)d)e)g)1)A)C)2,295.4040a),295.4060a)6) | A 000 | | |
| A2000 | Section 295.2000 Residency Requirements | A2000 | | |

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| A2000 | Continued From page 1<br>This Regulation is not met as evidenced by:<br>Violation Type 2<br><br>Section 295.2000 Residency Requirements<br>a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act)<br>c) A person shall not be accepted for residency if:<br>3) The person requires total assistance with 2 or more activities of daily living;<br>5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building;<br><br>Based on observation, interview and record review, the Establishment failed to ensure resident's continued to meet residency requirements for Assisted Living prior to surveyor's observations for 2 of 7 sampled residents. (R1 and R2). This failure has the substantial probability of harm to the residents residing in the facility.<br><br>Findings include:<br><br>The Establishment is Licensed as Memory Care under Assisted Living Regulations.<br><br>The Surveyor entered the Establishment for | A2000 | | |

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| A2000 | Continued From page 2<br>investigation on 1/12/2026.<br><br>R1's Nurses note, dated 12/31/2025 at 10:45 AM documents, "Monthly charting for December: res (resident) A&O x 1, short term and long term memory impairment related to Dementia. no hearing impairment, res has glasses but doesn't wear them often, speech unclear at times, incontinent of B&B (bowel and bladder), bowels monitored related to POA request, Needs assist per staff for all ADL's skin warm and dry, resident ambulates with 1 assist or 2 assist when needed, at times resident weak and will utilize W/C (Wheelchair) staff assists with res eating at meals, appetite good, res has routine medication and takes best with mixed in yogurt, Res hands continue to be contracted. Utilize carrot when needed. POA/wife in several times a week. No major changes this month.<br><br>On 1/12/2026 at 11:00 AM, surveyor observed R1 be transferred with a gait belt by two staff members, R1 did not bear any weight to his legs and was a total assist with transfer.<br><br>On 1/12/2026 at 12:20 PM R1 was observed in the dining room and was observed being fed by his wife Z1. R1 was not observed attempting to assist with being fed.<br><br>On 1/12/2026 at 9:15 AM, E1/Administrator and E2/Wellness Director stated that R1 has been declining and that at the first of the year staff had a stand up meeting to discuss the need for possible move out for higher level of care but has not had any discussion with R1's POA and there is no documentation of the stand up meeting discussions.<br><br>On 1/13/2025 at 9:00 AM, E1/Administrator | A2000 | | |

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| A2000 | Continued From page 3 | A2000 | | |

informed the surveyor that an involuntary discharge paper work had been completed and discussions would be done on this day with Z1/R1's POA.

The Establishments notification of R1's 30 day notice for eviction is dated 1/14/2025 that documents R1 no loner meets the requirements of residency 295.2000 due to the person requires total assistance with 2 or more activities of daily living.

R2's Service Plan, dated 10/22/25 documents an admission date of 11/11/2022. R2's Service Plan documents that she requires (x) team members to provide moderate amount of assistance with evacuation, has difficulty getting out of bed/chair, will need the following physical assistance to evacuate the community-Wheeled out. The Service Plan also documents that she is a total assistance with ambulation/mobility and is unable to ambulate, will need care for staff to assist me into wheelchair. The Service Plan documents that she needs assistance to and from the dining room, however will be able to independently feed myself. R2's Service Plan documents that she utilizes briefs for incontinence and requires assistance with changing further documenting that she requires extensive assistance with using the bathroom and moderate assistance with transferring and extensive assistance with bathing and dressing.

R2's Nurses note, dated 12/31/2025 at 10:30 AM documents, "Monthly Charting for December: resident alert and oriented x1, short term and long term memory impairment related to Dementia, res unable to make decision s with the exception of food choices, no visual or hearing impairment, res is incontinent of B&B, requires

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| A2000 | Continued From page 4 | A2000 | | |

assist x 1 with ADL's utilizes high back wc (wheelchair) for mobility, res requires staff assist at meals, appetite good, res takes routine PO medications, takes better in pudding or yogurt. no major changes this month."

On 1/12/2026 at 12:20 PM, R2 was observed being fed lunch by E4/RA.

On 1/14/2026 at 11:25 AM, R2 was observed being ambulated by E2/Director of Wellness and E7/LPN with the use of a gait belt. R2 was noted to lean to the left side and required much redirection to put one foot in front of the other. R2 was taken to her bathroom for depend change due to having an incontinence episode that leaked onto her clothing/pants. R2 required total assistance with the changing of her depend, pants and shoes. R2 did not participate in any activity of changing her depend or assisting with putting on new pants or putting on her shoes. R2 required much direction to pick up her feet.

R2's Progress note, dated 1/13/2026 document, "Spoke with POA daughter about hospice services. She is going to think about it and call me tomorrow. Explained that resident needs extra services to keep her in place or we can start to look for alternative placement in another community."

R2's Progress note, dated 1/14/2026 at 2:45 PM documents that Local Hospice has been contacted to assess R2 on 1/16/2026.

On 1/12/2026 at 10:00 AM, E4/RA (Resident Assistant) and E10/RA stated that R1 and R2 were a total assist with all of their ADL's and could not assist in any way.

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| A2000 | Continued From page 5<br>On 1/13/2026 at 10:40 AM, E3/RA confirmed that R1 and R2 were a total assist with all of their ADL's and were unable to assist.<br><br>On 1/13/2026 at 3:35 PM, E8/CNA and E9/RA confirmed that R1 and R2 were a total assist with all of their ADL's and at times it is very difficult for two staff to complete on R1. | A2000 | | |
| A2050 | Section 295.2050 Incident and Accident Reporting<br><br>This Regulation is not met as evidenced by:<br>Violation Type 2<br>Section 295.2050 Incident and Accident Reporting<br>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.<br>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.<br>c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident.<br>(Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023)<br><br>Based on interview and record review, the Establishment failed to ensure an incident report | A2050 | | |

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| A2050 | Continued From page 6<br>was completed after the incident (fall) and to report an incident that resulted in hospitalization to the Illinois Department of Public Health. (R3 and R4) These failures have the substantial probability of harm to the residents residing in the facility.<br><br>Finding include:<br><br>The Establishment's resident roster, dated 1/12/2026 documents 36 residents that reside in the facility. (R1-R36)<br><br>The Establishment's Policy, Subject: Incident Reporting, Reference: Admin Code 295.2050, revised 3/26/2019 Documents: "Policy: all incidents or unusual occurrences at the community will be documented in a timely manner and appropriate action taken according to established procedures and state regulations. Incident or unusual occurrence means any accident or episode involving a resident, staff member, or other individual in the community that presents a risk to the health, safety, or well-being of a resident, staff member, or other individual in the community. Procedures: 1. The Executive Director will ensure all necessary reports are completed and all specified timelines are followed according to state regulations. 2. Staff will take immediate and proper steps to see that residents or parties involved receive necessary intervention, including emergency medical treatment as needed. 3. The Wellness Director or trained designee will complete an incident report after taking proper steps to see that the resident or parties involved receive necessary intervention. Incidents may include the following:<br>b. Falls<br>i. a resident or residents being sent to ER. (Emergency Room) | A2050 | | |

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| A2050 | Continued From page 7<br><br>4. The Community shall report to the Department an incident or accident that has a significant negative effect on a residents's health, safety or welfare. a. A significant negative effect shall be assumed whenever an unplanned or unscheduled visit to a hospital is necessary as a result of that accident, treatment is provided, and follow-up care is provided. b. The report shall be made by contacting the Department of Public Health Central Complaint Registry or by fax or by other electronic means 24 hours after the occurrence of the incident or accident."<br><br>R3's Observation Note, dated 11/22/25 at 1:30 PM documents, "resident in Local Hospital related to a fall, admitted for respiratory monitoring. R3's Observation Note, dated 11/24/25 at 3:30 PM documents, "spoke with Local Hospital nurse at this time, CT scans are negative, res admitting Diagnosis of hypoxia and resp virus, nurse also stated that res has sutures to had (hand) from previous fall on 11/22." Further review of R3's notes, it is documented that R3 returned back to the Establishment on 11/24/25 and had an abrasion to left side of forehead and eight sutures to the left hand.<br><br>Additional review of R3's record, it is noted that there is no incident report related to R3's fall on 11/22/25 to determine what happened to cause the fall and no reportable incident notifying IDPH.<br><br>R4's Observation Note, dated 1/2/2026 at 10:45 AM, documents, "Nurse was called in resident room at 0730 and saw res ( sic /resident) sitting in her chair with an aide in her bathroom. She came out of shower and lost her balance, slid down the wall while the aide was protecting her fall. Resident was alert and not in pain. All extremities and joints were assessed with no signs of injury | A2050 | | |

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| A2050 | Continued From page 8<br>no bruising on her head, slight scrape on her lower back. POA was notified and will continue to monitor."<br><br>R4's Observation Note, dated 1/3/2026 at 1:45 PM documents,"07:47AM Res was sent via ambulance to hospital, res was in dining room floor unwitnessed fall and hit head, POA called and met res at hospital. 11:30 AM Res returned back to the facility."<br><br>Further review of R4's record, it is noted that an incident report was completed on the unwitnessed fall on 1/3/206 at 1:45 PM. however there is no incident report on the fall on 1/2/2026 at 10:45 AM.<br><br>On 1/14/2026 at 12:24 PM, E1/Administrator confirmed that there was no incident report of R3's fall that occurred on 11/22/25 that resulted in a hospital admission that required 8 stitches to her left hand. E1 stated that there is no reproducible evidence that the incident was reported to IDPH. E1 further stated that R4's incident on 1/2/26 at 10:45 AM was not an actual fall so no incident report was completed on that incident. | A2050 | | |
| A4010 | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>Violation Type 2<br>Section 295.4010 Service Plan<br>a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), | A4010 | | |

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| A4010 | Continued From page 9<br>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 resident's choices regarding the service plan.<br>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)<br>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 (see Section 295.4000).<br>g) Service plans shall address:<br>1) The level of service the resident is receiving, including:<br>A) assistance with activities of daily living;<br>C) special accommodations for the resident;<br>2) The amount, type, and frequency of health-related services needed by the resident;<br><br>Based on observation, interview and record review, the Establishment failed to ensure :<br>1) The Service Plans were revised to reflect the current physical an cognitive condition of the residents to include the level of assistance with activities of daily living, (R1 and R2)<br>2) To include the special accommodations for the resident to include fall interventions after a fall, (R3)<br>3) Include the amount, type and frequency of health-related services needed by the resident. (R7)<br><br>These failures have the substantial probability of harm to the residents residing in the Establishment. | A4010 | | |

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| A4010 | Continued From page 10<br>Findings include:<br><br>The Establishment's resident roster documents 36 residents that reside in the facility. (R1-R36)<br><br>R1's Service Plan, dated 3/24/25 documents an admission date of 3/25/24. R1's Service plan documents he requires 1 care team member to provide moderate assistance with evacuation, and that he will need to be taken by hand and led out or wheeled out by wheelchair. R1's Service Plan documents he requires moderate assistance with personal hygiene,minimal assist with ambulation and mobility,minimal assistance with dining and occasionally needs help eating, Utilizes a brief for incontinence, provide assistance with perineal care,has bowel incontinence with moderate assistance with 1-2 care members, requires minimal assistance with transferring, requires extensive assistance with bathing and extensive assistance with dressing and undressing.<br><br>On 1/12/2026 at 11:00 AM, surveyor observed R1 be transferred with a gait belt by two staff members, R1 did not bear any weight to his legs and was a total assist with transfer.<br><br>On 1/13/2026 at 12:20 PM R1 was observed in the dining room and was observed being fed by his wife Z1. R1 was not observed attempting to assist with being fed.<br><br>R2's Service Plan, dated 10/22/25 documents an admission date of 11/11/2022. R2's Service Plan documents that she requires (x) team members to provide moderate amount of assistance with evacuation, has difficulty getting out of bed/chair, will need the following physical assistance to evaluate the community-Wheeled out. The | A4010 | | |

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| A4010 | Continued From page 11<br><br>Service Plan also documents that she is a total assistance with ambulation/mobility and is unable to ambulate, will need care for staff to assist me into wheelchair. The Service Plan documents that she needs assistance to and from the dining room, however will be able to independently feed myself. R2's Service Plan documents that she utilizes briefs for incontinence and requires assistance with changing further documenting that she requires extensive assistance with using the bathroom and moderate assistance with transferring and extensive assistance with bathing and dressing.<br><br>R2's Nurses note, dated 12/31/2025 at 10:30 AM documents, "Monthly Charting for December: resident alert and oriented x1, short term and long term memory impairment related to Dementia, res unable to make decision with the exception of food choices, no visual or hearing impairment, res is incontinent of B&B, requires assist x 1 with ADL's utilizes high back wc (wheelchair) for mobility, res requires staff assist at meals, appetite good, res takes routine PO medications, takes better in pudding or yogurt. no major changes this month.<br><br>On 1/14/2026 at 11:25 AM, R2 was observed being ambulated by E2/Director of Wellness and E7/LPN with the use of a gait belt. R2 was noted to lean to the left side and required much redirection to put one foot in front of the other. R2 was taken to her bathroom for depend change due to having an incontinence episode that leaked onto her clothing/pants. R2 required total assistance with the changing of her depend, pants and shoes. R2 did not participate in any activity of changing her depend or assisting with putting on new pants or putting on her shoes. R2 required much direction to pick up her feet. | A4010 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REFLECTIONS MEMORY CARE - HERRIN | 517 RUSHING DRIVE CARTERVILLE, IL 62918 |

| (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 |
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| A4010 | Continued From page 12<br><br>On 1/12/2026 at 10:00 AM, E4/RA (Resident Assistant) and E10/RA stated that R1 and R2 were a total assist with all of their ADL's and could not assist in any way.<br><br>On 1/13/2026 at 10:40 AM, E3/RA confirmed that R1 and R2 were a total assist with all of their ADL's and were unable to assist.<br><br>On 1/13/2026 at 3:35 PM, E8/CNA and E9/RA confirmed that R1 and R2 were a total assist with all of their ADL's and at times it is very difficult for two staff to complete on R1.<br><br>R1 and R2's Service Plans have not been updated to include the level of total assistance with all of their ADL's.<br><br>R3's Observation Note, dated 11/22/25 at 1:30 PM documents, "resident in Local Hospital related to a fall, admitted for respiratory monitoring. R3's Observation Note, dated 11/24/25 at 3:30 PM documents, "spoke with Local Hospital nurse at this time, CT scans are negative, res admitting Diagnosis of hypoxia and resp virus, nurse also stated that res has sutures to had (hand) from previous fall on 11/22." Further review of R3's notes, it is documented that R3 returned back to the Establishment on 11/24/25 and had an abrasion to left side of forehead and eight sutures to the left hand.<br><br>R3's Service Plan, dated 2/18/25 documents that R3 requires minimal assistance with ambulation/mobility. R3's Service Plan documents that she is at risk for falls related to sundowning and has interventions dated 2/18/25 to include avoiding stimulant activities, involve me in daily exercises and make sure I have a night | A4010 | | |

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| A4010 | Continued From page 13<br>light in my apartment at night time. There are no interventions implemented on R3's Service Plan after R3's fall on 11/22/25.<br><br>On 1/15/2026 at 1:17 PM, E2/Director of Wellness confirms that there are no fall interventions included on R3's Service Plan after her fall on 11/22/25.<br><br>R7's Service Plan, dated 10/20/2025 documents an admission date of 5/27/25. R7's Assessment for the Service Plan documents skin issues of stasis ulcers of the lower extremities and the Service of Home Health.<br><br>R7's progress note, dated 11/28/25 documents, "HH(Home Health) visit, hard pressure area on outer hip has gotten smaller, legs have improved."<br><br>On 1/13/2026 at 11:40 AM, observed R7's pressure ulcer of the left hip. the area was less than 0.1 cm open area with intact surrounding skin, nearly healed.<br><br>Further review of R7's Service Plan does not document the pressure ulcer to left hip.<br><br>On 1/15/2026 at 11:48 AM, E2/Director of Wellness confirms that R7's pressure ulcer of the left hip is not identified on the Service Plan and the Service Plan does not document the frequency of R7's Home Health provider visits. | A4010 | | |
| A4040 | Section 295.4040 Communicable Disease Policies | A4040 | | |

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| A4040 | Continued From page 14<br>This Regulation is not met as evidenced by:<br>Violation Type 2<br><br>Section 295.4040 Communicable Disease Policies<br>a) The establishment shall meet the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).<br><br>Based on interview and record review, the Establishment failed to ensure that staff wore appropriate Personal Protective Equipment (gloves) when performing resident incontinence checks.<br><br>This failure has the substantial probability of harm/cross contamination to the residents residing in the Establishment.<br><br>Findings include:<br><br>The Establishment's resident roster, dated 1/12/2026 documents 36 residents that reside in the facility.<br><br>The Establishment's Policy, Subject: Personal Care Infection Control, dated 7/8/2020 documents, " Policy: All staff will follow proper procedures to prevent spread of infection. Procedures: 1. Staff will receive training on general procedures for infection control. 2. The Community will provide appropriate personal protective equipment employees who may be exposed to blood or other potentially infectious material. Such equipment includes: exam gloves (including powder-less), utility gloves, gowns, masks and goggles. When Performing Routine Personal Tasks: 1. Staff must wear other types of personal protective equipment (PPE) (i.e. gowns, masks goggles) if soiling or splattering is likely to | A4040 | | |

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| A4040 | Continued From page 15<br>occur while performing a task."<br><br>R2's Service Plan, dated 10/22/25 documents that she utilizes incontinence briefs, requires assistance with perineal cleansing and changing of her brief.<br><br>R3's Service Plan, dated 2/18/25 documents that she utilizes a brief for incontinence and requires staff assistance with cleansing perineal area and changing of her brief.<br><br>R7's Service Plan, dated 10/20/2025 documents that she utilizes incontinence briefs, requires assistance with perineal care and changing of her brief.<br><br>Review of R2, R3 and R7's Observation Notes, it is noted that R2 had a UTI on 12/2/25, R3 had a UTI on 12/21/25 and R7 had a UTI on 11/24/25.<br><br>On 1/14/2026 at 10:51 AM, E6/CNA stated, " When I do my bed checks to check for incontinence and check the briefs, I do not wear my gloves, if the resident is soiled, I will put them on but I am old school and believe in hand washing."<br><br>On 1/13/2026, at 3:19 PM, E1/Administrator stated, " I would expect the staff to wear gloves during bed checks." | A4040 | | |
| A4060 | Seciton 295.4060 Alzheimer's and Demential Programs<br><br>This Regulation is not met as evidenced by:<br>Violaton Type 2 | A4060 | | |

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| A4060 | Continued From page 16<br><br>Section 295.4060 Alzheimer's and Dementia Programs<br>a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act)<br>6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times.<br><br>Based on observation, interview and record review, the Establishment failed to ensure that staff were sufficient in number to prevent leaving the Memory Care Units unsupervised. This failure has the substantial probability of harm to the residents that reside in the facility.<br><br>Findings include:<br><br>The Establishment is Licensed as Assisted Living/Memory Care.<br><br>The Establishment's resident roster, dated 1/12/2026 documents 36 residents (R1-R36) residents that reside in the facility. 18 residents on the "White" unit and 18 residents on the "Green" unit of the facility.<br><br>On 1/12/2025 at 3:40 PM, the Surveyor entered the "Green" unit, there were residents observed in the common area with no staff present. The surveyor observed two staff members E8 and E9 | A4060 | | |

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| A4060 | Continued From page 17<br>in the back of the unit providing care to R5. The location of R5's room is in an area where the common area can not be observed.<br><br>On 1/12/2026 between 1:34 PM and 2:30 PM, Z1,Z3,Z4 and Z4 (POA's of Residents who wish to remain anonoymous) all stated that they have concerns with staffing and frequently observe the units being unsupervised.<br><br>On 1/12/2026 at 3:50 PM, E1/Administrator stated that E8 and E9 should have had another staff or nurse come supervise the unit and not leave the unit unsupervised.<br><br>On 1/13/2026 at 3:25 PM, E8/CNA and E9/RA both confirmed that they were the only staff on the "Green" unit 1/12/26 redirecting R5's behavior. E8 and E9 stated that most times the unit is only staffed with two caregivers.<br><br>On 1/15/2026 at 9:10 AM, The surveyor and E1/Administrator did a walk through the "White" unit, there were several residents observed out in the common area, some eating breakfast. There were no staff observed supervising the unit. Two staff were noted in a residents room providing care. E1 instructed them that they should have called for assistance and not leave the unit unsupervised.<br><br>The Establishment's Staffing roster documents that on 1/12/26 there were two care givers scheduled for the Green Unit on the second shift.<br><br>The Staffing Schedule for 1/14/2026 day shift documents four care givers scheduled/ two for each side. | A4060 | | |