STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510506	A. BUILDING: _____ B. WING _____	04/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE MORTON	1717 NORTH MAIN MORTON, IL 61550

(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 Annual Licensure Survey. VIOLATION : 295.4010 c)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan c) The service plan shall be signed and dated by all individuals involved in its development. VIOLATION Based on record review and interviews, the establishment failed to have the service plan's signed and dated by the family representative for three of three sampled residents. (R1, R2, R3) Findings include: R1's Service Plan dated 3/5/25, does not have the signature and date of the family representative that is involved in the development of R1's service plan. R2's Service Plan dated 4/4/25, does not have the signature and date of the family representative that is involved in the development of R2's service plan. R3's Service Plan dated 3/18/24, does not have the signature and date of the family representative that is involved in the development of R3's service plan.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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
A4010	Continued From page 1 On 4/14/25 at 1:40 P.M., E1 (Regional Director of Operations) confirmed that the establishment failed to have R1's, R2's, and R3's Service Plans signed and dated as required.	A4010		