STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

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A 000	Initial Comment Annual Licensure Survey conducted.	A 000		
A2060	Section 295.2060 Quality Improvement Program This Regulation is not met as evidenced by: Annual Licensure Survey Entrance 4/24/25, Exit 4/28/25 Type 3 Violation Section 295.2060 Quality Improvement Program a) The establishment shall establish an effective quality improvement program that encompasses oversight and monitoring, resident satisfaction, and ongoing quality improvement and implementation of any plan that addresses improved quality services. The quality improvement process implemented by the establishment must benchmark performance, be customer centered, be data driven, and focus on resident satisfaction. (Section 30(a) of the Act) For the purpose of this Section, "benchmark" means creating points of reference from which measurements can be made. b) A system shall be in place to facilitate the detection of issues and problems, to expedite the implementation of action, and to resolve problems. 1) Data analysis shall be used to identify and implement changes that will improve performance or reduce the risk of additional events.	A2060		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

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A2060	Continued From page 1 2) The establishment shall maintain documentation that shows that data analysis has occurred and that actions, as appropriate, have been implemented to address identified issues and to resolve problems, as well as any follow-up actions taken by the establishment. c) The existence, results, and process of a quality improvement program cannot be used as evidence in any civil or criminal court proceeding. d) The result of the quality improvement program cannot be the sole basis for citing a violation. This requirement was not met, as evidence by: Based on interview and record review, the establishment failed to establish a quality improvement program that encompassed the required components of the program. The findings include: On 4/24/25, E1 (Executive Director) was asked to provide their quality improvement policy and annual satisfaction survey, and if they had a quality improvement committee. During interview, E1 indicated they did not have a policy or current committee. E1 indicated, the company was in the process of starting one up - expected by May 1st. E1 indicated resident council met every other month and satisfaction surveys were done upon move-in and move-out but not annually.	A2060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

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A3030	Continued From page 2	A3030		
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 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. Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings.	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

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A3030	Continued From page 3 a) Screening for Latent TB Infection ... 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. A) Health care workers and workers in other residential care settings shall have baseline (preplacement) TB symptom evaluation, TB test (Interferon Gamma Release Assay (IGRA) blood test or Mantoux Tuberculin Skin Test (TST)), and an individual risk assessment. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed follow their policy and state regulation when they did not ensure a new employee had a TB test within the required timeframes. This applies to 1 of 9 employees (E2) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, in that it would pose undue risk of infection. The findings include: On 4/24/25, E2's (Director of Nursing) two-step TB test documentation showed the test was completed more than 90 days prior, which would	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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
A3030	Continued From page 4 be 1/30/24, to the date of initial employment on 4/29/24. The documentation showed the first step completed on 8/3/23 and the second step on 8/14/23. On 4/24/25, E1 (Executive Director) confirmed the finding. The establishment policy titled Infection Prevention and Control Manual - Employee Health (2019) showed:...Procedure: (Example) Each new employee will undergo a two-step Tuberculin Skin Test (TST) or a TB blood test for detection of latent Tuberculosis infection or disease or testing in accordance with State requirements...	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) Section 955.145 Employment Verification a) Each health care employer or its designee shall provide an employment	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

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A3040	Continued From page 5	A3040		

verification and update the demographic information for each employee no less than annually. (Section 33(i) of the Act)

1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act)

2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act)

3) The health care employer shall provide the employment category and type. (Section 33(i) of the Act)

b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act)

c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Department of State Police. (Section 33(i) of the Act)

(Source: Amended at 43 Ill. Reg. 3665, effective March 1, 2019)

This requirement was not met, as evidenced by:

Based on interview and record review, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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
A3040	Continued From page 6 establishment failed to ensure employment verification and updated demographic information for each employee was completed no less than annually. This applies to 3 of 9 employees (E7, E8, E9) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents in that the establishment would not be notified of any disqualifying offenses that are reported by the state police. The findings include: On 4/24/25, employment records were reviewed and there was no documentation to show the following employees' employment verification and demographic information was updated since the last annual in March 2024: E7 (Dietary Aide) - Date of Hire (DOH) 9/6/05 E8 (Housekeeping) - DOH 11/8/21 E9 (Task Aide) - DOH 9/13/21 On 4/24/25, the Health Care Worker Registry (HCWR) was checked for E7, E8, and E9 and showed the last employment verification was completed on 6/12/2023. On 4/24/25, E1 (Executive Director) indicated they did not currently have a business office person and she was not aware they were not completed.	A3040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by:	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 7 Type 2 Violation Section 295.4010 Service Plan (REPEAT) 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 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. 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) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical,	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 8	A4010		

cognitive, or functional condition (see Section 295.4000).

f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)

g) Service plans shall address:

1) The level of service the resident is receiving, including:

A) assistance with activities of daily living;

B) dietary needs, if the establishment provides therapeutic diets; and

C) special accommodations for the resident;

2) The amount, type, and frequency of health-related services needed by the resident;

3) Staff responsible for the provisions of the service plan;

4) Any risk being negotiated; and

5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.

h) The service plan shall include all support services provided or arranged for by the establishment.

i) Nothing in this Part limits a resident's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 9	A4010		

ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan.

This requirement was not met, as evidenced by:

Based on interview and record review, the establishment failed to follow their policy and state regulation when resident service plans were not individualized to the resident's needs. The service plans did not address the level of assist for Activities of Daily Living (ADLs); the use of psychotropics, opioids, and blood thinners for residents who are fall risks; the reason for and frequency of home health services; and/or fall incidents and interventions put in place. This applies to 5 of 5 residents (R1, R2, R3, R4, R5) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, in that it cannot be determined that the establishment is aware of or meeting the needs and safety concerns of the resident.

The findings include:

On 4/24/25, resident records were reviewed and showed the following concerns with service plans:

1. R1's medical record showed R1 moved into the establishment on 2/14/25 and has multiple diagnoses, including diabetes mellitus type 2,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 10 osteoarthritis, right hip osteoarthritis, congestive heart failure, chronic kidney disease stage 2, atrial fibrillation, hypertension, and altered mental status. R1's Service Plan, dated 3/6/25, showed R1 used an assistive device, but the type of device was not selected. On 4/24/25, E2 (Director of Nursing - DON) indicated, R1 used a walker and cane. R1's service plan did not address the use opioids and increased risk of falls. R1's Order Summary showed R1 takes scheduled and as needed Norco (analgesic opioid). R1's service plan showed R1 is a fall risk. R1's service plan did not address the use and frequency of home health services for physical therapy (PT). On 4/24/25, the establishment identified E1 for PT services. On 4/24/25, E2 verified R1 still receives services with Tri-State Home Health. 2. R2's medical record showed R2 moved into the establishment on 1/31/25 and has multiple diagnoses, including dementia, chronic obstructive pulmonary disease, Alzheimer's disease, and hypertension. R2's Service Plan, dated 3/27/25, did not address the use of psychotropics and opioids and the increased risk of falls. R2's Order Summary showed R2 takes scheduled citalopram (antidepressant), as needed lorazepam (antianxiety), haloperidol (antipsychotic), and scheduled and as needed Norco (analgesic opioid). R2's service plan showed R2 has a history of falls.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 11 R2's service plan did not address the use of compression stockings and who provided the service. R2's Order Summary showed an order for knee-hi compression stockings, on in the morning/off at night. On 4/24/25 E2 confirmed caregivers assisted R2 with putting on and taking off the stockings. 3. R3's medical record showed R3 moved into the establishment on 7/1/22 and has multiple diagnoses, including diabetes mellitus type 2, neuropathy, hypertension, major depressive, and anxiety disorder R3's Service Plan, dated 6/24/24, did not address the use of psychotropics, opioids, and blood thinners and increased risk of falls or injury with fall. R3's service plan showed R3 is a fall risk. R3's Order summary showed R3 takes scheduled Duloxetine (antidepressant), as needed Norco (analgesic opioid), and scheduled Xarelto (blood thinner). R3's service plan did not address the use of compression stockings and who provided the service. R3's Order Summary showed an order for knee-hi compression stockings, on in the morning/off at night. On 4/24/25 E2 confirmed caregivers assisted R3 with putting on and taking off the stockings. R3's service plan was not reviewed, and interventions updated for a fall. R3's Incident/Accident Report, date of occurrence 3/29/25, showed R3 fell outside, was sent to the hospital for evaluation, and diagnosed with a rib fracture to the right side.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 12	A4010		

4. R4's medical record showed R4 moved into the establishment on 1/31/25 and has multiple diagnoses, including chronic kidney disease stage 3B, retention of urine, and atherosclerotic heart disease.

R4's Service Plan, dated 2/1/25, did not address the use and frequency of home health services for indwelling catheter care. On 4/24/25, the establishment identified R4 for catheter use. On 4/24/25, E2 confirmed the services were still provided by Tri-State Home Health.

5. R5's medical record showed R5 moved into the establishment on 8/21/21 and has multiple diagnoses, including atherosclerotic heart disease, hemiplegia and hemiparesis to left non-dominant side, congestive heart failure, muscle weakness, difficulty walking, anxiety disorder, and hypertension.

R5's Service Plan, dated 6/28/24, did not address the use of psychotropics and opioids and the increased risk of falls. R5's Order Summary showed R5 takes scheduled alprazolam (antianxiety) and as needed Tramadol (analgesic opioid). R5's service plan showed R5 is a fall risk.

R5's service plan was not reviewed, and interventions updated for multiple falls. R5's following progress notes showed falls: 5/17/24 at 9:52 (AM), 7/14/24 at 18:21 (6:21 PM), 9/27/24 at 14:14 (2:14 PM), 10/5/24 at 8:00 (AM), 11/21/24 at 10:45 (AM), 12/4/24 at 12:23 (PM), 12/7/24 at 14:19 (2:19 PM), 1/22/25 at 12:55 (PM), 1/31/25 at 17:00 (5:00 PM), 2/6/25 at 9:49 (AM), 3/12/25 at 10:28 (AM), and 3/25/25 at 9:50 (AM).

R5's Service plan did not address the accurate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510262	A. BUILDING: _____ B. WING _____	04/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKLEY COURTS	3117 KUNKLE BLVD FREEPORT, IL 61032

(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 13 level of assistance for Activities of Daily Living (ADLs). R5's Progress Note, dated 4/3/25 at 7:30 A.M, showed R5's level of assist for bathing was changed to assist. On 4/3/25, E2 confirmed the change and indicated all of R5's ADLs were changed to assist, due to multiple falls. R5's service plan continued to show independent for bathing, toileting, transferring, oral hygiene, dressing, and mobility. R5's service plan did not address the use and frequency of home health services for physical therapy (PT). R5's Progress Note, dated 3/12/25 at 10:28 (AM), showed R5 fell during PT. On 4/24/25, E2 confirmed R5 receives PT through Tri-State Home Health. On 4/24/25, concerns were reviewed and confirmed with E2 (DON). The establishment policy titled Fall Policy (Revised 6/21/21) showed: ...Program: ...Following any falls, the facility completes an Occurrence Report. Details of the fall will be recorded, and potential causal factors identified and investigated. Interventions will be implements and Service Plan Updated. The establishment policy titled Service Plans for Senior Living (no date) used the same language as state regulation.	A4010		