STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510180	A. BUILDING: _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGSVILLE ESTATES	201 S OAK GRIGGSVILLE, IL 62340

(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 Incident Report Investigation IL199881 295.4010d)e) 295.1070d) Complaint Investigation IL199819 Unsubstantiated. No violation cited.	A 000		
A1070	Section 295.1070 Annual on-Site Review and Complaint Procedure This Regulation is not met as evidenced by: General Violation Section 295.1070 Annual On-Site Review and Complaint Investigation Procedures d) An establishment shall not restrict or hamper access by Department staff to the building, residents or designated records required to conduct routine or periodic review or investigations. A resident may limit access to his or her private dwelling space to reviewers, except if suspected violations exist that may pose a threat to the resident's or others' health, safety or well-being. A resident may also elect to limit access to himself or herself and his or her records, except as required as a condition of payment for publicly funded housing and/or services. Based interview and record review the establishment failed to provide a staff and resident roster as requested mulitple times by Department staff. Findings include:	A1070		

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A1070	Continued From page 1 On 02-03-2026, at 10:49am, the Department surveyor sent E1, (Owner/Manager,) via electronic mail, (E-mail,) the "Establishment Notification" form that includes the requested documentation needed for the survey investigation. On 02-03-2026, at approximately 2:15pm, the Department surveyor informed E1 that the pest control information requested still needed to be reviewed and that resident and staff rosters were still needed. E1 replied that she would get the infomation sent later that day or the next day. On 02-04-2026, at 8:48am, an e-mail was sent to E1 reminding E1 that the pest control information, staff and resident rosters were still needed for the survey investigation as requested on 02-03-2026. On 02-05-2026 the pest control information was received from E1 by e-mail. A reply e-mail was sent to E1 that the staff and resident rosters were still needed for the survey investigation. As of 02-09-2026 at 9:45am, the resident and staff rosters have still not been provided for this survey investigation.	A1070		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation	A4010		

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A4010	Continued From page 2 Section 295.4010 Service Plan 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, cognitive, or functional condition (see Section 295.4000). Based on record review and interview the establishment failed to ensure R1's service plan was updated with fall interventions. This failure resulted in harm to R1 who has 21 documented falls from June 2025 through 01-19-2026 and resulted in R1's pelvic fracture discovered on 01-21-2026. This failure creates the substantial probability of severe harm to a resident or residents. Findings include: R1 was admitted to the establishment on 08-29-2023. R1's diagnoses include Parkinson's disease and constipation. R1's 10-14-2025 service plan includes documentation that R1 is independent with dressing, toileting, transferring, eating, and with mobility. Documentation includes that R1 requires assistance with bathing and hygiene. Further documentation includes that R1 uses a walker for mobility and wears eyeglasses. The service plan does not include documentation of R1 being a fall risk or include any fall interventions. The service plan documents that R1 does not utilize home health or hospice	A4010		

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A4010	Continued From page 3 services. R1's record contains documentation of incident reports which were reviewed. Incidents were reviewed from June 2025 to 01-21-2026. R1 had eight documented falls without injury on the following dates: 06-08-2025, 06-18-2025, 09-16-2025, 10-10-2025, 10-19-2025, 12-04-2025, 01-05-2026, and on 01-20-2026. R1 has had 14 documented falls with injury on the following dates: 08-29-2025, 09-13-2025, 09-15-2025, 09-27-2025, 10-13-2025, 10-19-2025, 10-31-2025, 11-09-2025, 11-13-2025, 12-19-2025, 12-21-2025, 12-29-2025, and on 01-19-2025. R1's incident reports do not contain documentation of physician notification. R1's incident reports for 01-05-2026, 01-19-2026, and 01-20-2026 incident reports contain documentation that R1's family was not notified. R1's 01-15-2026 incident report contains documentation that R1 has been falling a lot, that R1 also complains of "pulling in stomach," and that R1's family took R1 to the local emergency room and was diagnosed with constipation. R1's 01-21-2026 incident report contains documentation that R1 complains of hip pain, that R1 has fallen and feels weak. Further documentation is that R1 was seen in the local emergency room on 01-15-2026 and diagnosed with constipation. Documentation also includes that R1's family was notified and that R1 has a pelvic fracture. R1's 05-06-2025 "Communication Log" notes include documentation that R1 went to the physician and that R1's carbidopa/levodopa dosage has been decreased.	A4010		

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A4010	Continued From page 4 R1's 11-09-2025 "Communication Log" notes include documentation that R1 is still falling a lot, that R1 has started complaining of "pulling in stomach" again, and that R1's family is aware. Further documentation is that R1 is to see the physician soon. R1's 12-08-2025 "Communication Log" notes include documentation that R1 continues to "fall periodically" and that R1's family has been contacted. R1's 01-07-2026 "Communication Log" notes include documentation that R1 continues to have falls and that R1 informs R1's family. Documentation also includes that they are thinking about moving R1's room around to see if this helps due to R1 always falling in R1's room. R1's 10-02-2025 Physician Certification paperwork includes documentation that R1 is to have a home health referral for lower extremity weakness and a decrease in the carbidopa/levodopa dosage. On 02-03-2026, at approximately 12:00pm, E1, (owner/manager,) states that R1 is currently in a skilled facility for rehabilitation and that R1 did have therapy for weakness late last year. E1 states that R1 always falls in R1's room and finds it weird because R1 is walking around outside during warm weather and hasn't fallen while walking outside. E1 also confirms that R1's service plan has not been updated with fall interventions.	A4010		