

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/03/2026
NAME OF PROVIDER OR SUPPLIER GRIGGSVILLE ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 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) Complaint Investigation IL199819 Unsubstantiated. No violation cited.	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation 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.	A4010		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A4010	Continued From page 1 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 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	A4010		

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A4010	Continued From page 2 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. 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	A4010			

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A4010	Continued From page 3 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		