

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/02/2026
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CARRIAGE CROSSING CHAMPAIGN

**1701 CONGRESSIONAL WAY
CHAMPAIGN, IL 61822**

(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 Facility Reported Incident IL199867 295.2000 a) c) 5) 295.4060 a) b) c) g) h) 1) 3) A) B) 295.9040 a) 295.9000 c) 295.1100 a-i)	A 000		
A1100	Section 295.1100 Alzheimer's and Related Dementias Special Car This Regulation is not met as evidenced by: Type 3 Violation Section 295.1100 Alzheimer's Disease and Related Dementias Special Care Disclosure An establishment that offers, advertises or markets to provide care for persons with Alzheimer's disease and related dementias through an Alzheimer's special care program shall disclose to the Department and to a potential or actual resident of the establishment the following information in writing: a) The form of care or treatment that distinguishes the establishment as suitable for persons with Alzheimer's disease and related dementias; b) The philosophy of the establishment concerning the care or treatment of persons with Alzheimer's disease and related dementias; c) The establishment's pre-admission, admission, and discharge procedures;	A1100		

Illinois Department of Public Health

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

TITLE

(X6) DATE

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A1100	Continued From page 1 d) The establishment's assessment, care planning, and implementation guidelines in the care and treatment of persons with Alzheimer's disease and related dementias, including whether residents are or are not monitored about eating, drinking, and personal hygiene; whether residents will be monitored for potentially dangerous behavior while in their rooms; and whether a resident representative will be contacted with concerns that might require a change in the service plan; e) The establishment's minimum and maximum staffing ratios, specifying the general licensed health care provider to resident ratio and the trainee health care provider to resident ratio; f) The establishment's physical environment, including whether doors are monitored; g) Activities available to residents at the establishment; h) The role of family members in the care of residents at the establishment; and i) The costs of care and treatment under the program. Based on interview and record review the establishment failed to disclose an Alzheimer's and Related Dementias Special Care Disclosure Form to R1 and R2. Findings include: On 2/2/26 at 10:00AM, the establishment was asked to provide their Alzheimer's and Related Dementias Special Care Disclosure Form.	A1100		

Illinois Department of Public Health

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A1100	Continued From page 2 On 2/2/26 at 12:00PM, the establishment provided a disclosure from another establishment. On 2/2/26 at 1:30PM, E7 Business Office Manager confirmed that the Alzheimer's and Related Dementia Special Care Disclosure Forms were not given out to the residents admitted in January 2026. E7 stated that these were not given out because the marketing person is new and did not know to do so until today.	A1100			
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Type 1 Violation Section 295.2000 Residency Requirements 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) Based on interview and record review, the establishment failed to ensure the residency requirements for one (R1) of one resident reviewed for residency requirements. This failure creates a substantial probability of severe harm to R1.	A2000			

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A2000	Continued From page 3 Findings include: R1's signed contract dated 12/31/25 documents admission to assisted living apartment 142. R1's careplan documents a move-in date of 1/7/26. R1's service plan dated 1/23/26 documents that Monday through Friday from 4:30PM to 7:00AM, and everyday and night on Saturday and Sunday, R1 will remain in assisted living with her spouse. R1's service plan dated 1/23/26 documents a diagnosis of Lewy body dementia with exit seeking and aggressive behaviors. R1's mini mental exam dated 12/18/25 documents severe cognitive impairment. On 2/2/26 from 8:45AM to 4:00PM, R1 wandered the hallways of the memory care unit. R1 was very surefooted and fast. R1 was also heard asking if the door was green so that she could leave the establishment. On 2/2/26 at 1:55PM, E4 Licensed Practical Nurse stated that R1's husband keeps an eye on R1 when he is awake, but "When he is sleeping and she is awake, he doesn't know what she is doing." On 2/2/26 at 8:40AM, E2 Director of Nursing stated that R1 has broken two doors trying to open locked doors since being admitted to the establishment, demonstrating aggression, and has eloped from the establishment. "We staff the assisted living with one staff member on days, one one evening and and one on nights. (R1)	A2000			

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A2000	Continued From page 4 eloped at home and was not able to attend adult day care due to behaviors. (R1) is not appropriate for this facility and especially not for assisted living and the staffing that we have available. She just isn't safe here. On 2/2/26 at 10:30AM, E8 Regional Director of Clinical Services stated that she was unaware that R1 had early onset Lewy Body Dementia and that she was living both in assisted living and memory care. E8 stated she was unaware that R1 had broken 2 doors trying to get out of the establishment. "Based on this information, I do not think that she is appropriate to live in our Assisted Living or Memory Care."	A2000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 1 Violation Section 295.4060 Alzheimer's and Dementia Programs 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) b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident 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	A4060		

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A4060	Continued From page 5 establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) c) No persons shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment. The assessment must be approved by the resident's physician and shall occur prior to acceptance for residency, annually, and at such time that a change in the resident's condition is identified by a family member, staff of the establishment, or the resident's physician. (Section 150(c) of the Act) g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation. h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 1) Disclose to the Department and to a potential or actual resident of the establishment information as specified under the Alzheimer's Special Care Disclosure Act; 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: A) May wander; and	A4060		

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A4060	Continued From page 6 B) May need supervision and assistance when evacuating the building in an emergency; Based on interview and record review, the establishment failed to ensure that residency requirements were met upon admission and upon change of condition, failed to ensure activities were provided to memory care residents, failed to ensure that Alzheimer's Disclosure Forms were provided to memory care residents, and failed to ensure that adequate staffing was available to meet the needs of three (R1, R2, and R3) of three memory care residents reviewed for alzheimer's and dementia programs. These failures create a substantial probability of severe harm to all three residents. Findings include: 1.) R1's signed contract dated 12/31/25 documents admission to assisted living apartment 142. R1's service plan documents a move-in date of 1/7/26. R1's service plan dated 1/23/26 documents that Monday through Friday from 4:30PM to 7:00AM, and everyday and night on Saturday and Sunday, R1 will remain in assisted living with her spouse. R1's service plan dated 1/23/26 documents a diagnosis of Lewy body dementia with exit seeking and aggressive behaviors. R1's service plan dated 1/23/26 documents that R1 will need assistance to evacuate and supervision once evacuated to remain safe.	A4060		

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A4060	Continued From page 7 R1's service plan dated 1/23/26 documents that R1 needs to pursue beneficial activities to assist with elopement risk. R1's mini mental exam dated 12/18/25 documents severe cognitive impairment. On 2/2/26 from 8:45AM to 4:00PM, R1 wandered the hallways of the memory care unit. R1 was very surefooted and fast. R1 was also heard asking if the door was green so that she could leave the establishment. R1's establishment provided incident report dated 1/21/26 documents that based on camera footage, R1 exited the building through the memory care kitchen door and eloped from the establishment into the 41 degree weather for nearly five minutes on 1/21/26. On 2/2/26 at 8:40AM, E2 Director of Nursing stated that R1 has broken two doors trying to open locked doors since being admitted to the establishment, demonstrating aggression, and has eloped from the establishment. (R1) is not appropriate for this facility because we do not have the staff to provide the care that she needs. E2 stated that in the memory care unit, minimal staffing includes one caregiver on days, one caregiver on evenings and one caregiver at night with a nurse for the entire establishment from 6:00AM to 10:00PM. On 2/2/26 at 10:30AM, E8 Regional Director of Clinical Services stated that she was unaware that R1 had early onset Lewy Body Dementia and that she was living both in assisted living and memory care. E8 stated she was unaware that R1 had broken 2 doors trying to get out of the establishment. "Based on this information, I do	A4060			

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A4060	Continued From page 8 not think that (R1) is appropriate to live in our Assisted Living or Memory Care." 2.) R2's service plan dated 1/19/26 documents admission to the memory care establishment on 1/5/26 with the diagnosis of dementia. R1's service plan dated 1/19/26 documents that R2 is severely cognitively impaired and requires a total assist for bathing, dressing, and evacuation. 2/2/26 12:55PM E5 Caregiver stated that it would take two staff to get R2 to evacuate in case of an emergency. Stated, "She is hard to convince. It takes two of us to bathe her and change her clothes." On 2/2/26 at 12:50PM, E2 Director of Nursing stated that R2 isn't sleeping at night and that she yells and demands assistance. "We occasionally have just one person on memory care and we cannot provide everyone what they all need with R2 taking so much of our time." 3.) R3's service plan dated 1/2/26 documents that R3 was admitted to the establishment on 10/23/21 and has the diagnosis of Alzheimer's disease. R3 is documented on hospice since 12/20/25 and requires total assistance with eating, bathing, dressing, toileting, and evacuation. On 2/2/26 at 12:21PM observed R3 sitting in the common area of the memory care unit, sleeping. R3's plate remained on the table where she left it and no food had been eaten. E2 Director of Nursing confirmed that no food had been eaten or drink taken and stated, "They just dont have the time to feed her every meal."	A4060			

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A4060	Continued From page 9 On 2/2/26 at 12:51PM, E1 Executive Director and E2 Director of Nursing both stated that they could not get all 13 memory care residents out of the establishment in thirteen minutes or less because of the high level of care required for R1, R2 and R3. E1 Executive Director stated, "Certainly not in the 13 minutes. We were just talking about that the other day." On 2/2/26 at 2/2/26 1:30PM E7 Business Office Manager stated that alzheimer's disclosures have not been given out to the people who were admitted in January (R1 and R2) because the marketing person is new and did not know to do so. "We have educated her and provided her with the document, so now it will be done. They were not a part of the contract that was given to the residents in January." On 2/2/26 at 2:50PM, E9 Activity Director stated "We are short staffed and I am not able to utilize the staffing that I have to be in memory care the way that I would like to be. I just bring out one or two people to the assisted living activities when I can."	A4060		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 2 Violation Section 295.9000 Physical Plant c) The establishment shall comply with the accessibility standards of the Americans with Disabilities Act (ADA Accessibility Guidelines).	A9000		

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A9000	Continued From page 10 (Section 20(1) of the Act) Based on observation and interview the establishment failed to ensure that the emergency call light for two (R2 and R3) of two resident call lights reviewed were accessible. This failure creates the substantial probability of harm to both residents. Findings include: 1.) R2 was admitted to the establishment on 1/5/26. On 2/2/26 at 2:45PM, R2's bathroom pull cord was wrapped around the grab bar and tied making it very difficult to pull the call light in case of emergency. 2.) R3 was admitted to the establishment on 10/23/21. On 2/2/26 at 12:25PM, R3's bathroom pull cord was wrapped around the grab bar and tied making it very difficult to pull the call light in case of emergency. On 2/2/26 at 3:00PM, R3's bathroom pull cord remained wrapped around the grab bar and tied making it very difficult to pull the cord in case of emergency. On 2/2/26 at 4:00PM, E2 Director of Nursing stated that bathroom call cords should not be tied, but remain loose so that they are easy to pull and accessible to all residents.	A9000		
A9040	Section 295.9040 Environmental Requirements	A9040		

Illinois Department of Public Health

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A9040	Continued From page 11 This Regulation is not met as evidenced by: Type 1 Violation Section 295.9040 Environmental Requirements a) The establishment shall be kept in a clean, safe and orderly condition and in good repair Based on observation, interview, and record review the establishment failed to ensure the working order of the door lock between the memory care dining room and the kitchen. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: On 2/2/26 at 2:39PM, the memory care kitchen door lock was able to be opened by pushing any four number buttons. On 2/26/26 at 2:45PM, E2 stated, "E2 Director of Nursing stated, "I have requested this lock to be fixed so that only a certain number will open the door. I do not know how long it has been broken, but I know that (R1) knows that when the color turns green on the lock, she can open the door and that she watches to see if she can exit." R1's establishment provided incident report dated 1/21/26 documents that based on camera footage, R1 exited the building through the memory care kitchen door and eloped from the establishment for nearly five minutes on 1/21/26.	A9040		