STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510172	A. BUILDING: _____ B. WING _____	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD OF MAHOMET, THE	1709 SOUTH DIVISION STREET MAHOMET, IL 61853

(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 295.4000 b)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on interview and record review, the establishment failed to ensure a Physician's Assessment was completed annually for one of three residents (R1) reviewed for Physician's Assessments in the sample of three. This failure creates a substantial probability of harm to a resident or residents. Findings include: The establishment's current Resident Roster documents R1 was admitted to the establishment on 01/20/13. R1's current medical record was reviewed and did not contain documentation of a Physician's Assessment completed on R1 within the past year. The most current Physician's Assessment in R1's medical record was dated 10/24/24. On 02/09/26 at 11:45 AM, E1 (Executive Director)	A4000		

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A4000	Continued From page 1 stated a Physician's Assessment for R1 has not been completed within the past year. E1 stated, "It's overdue. It was last completed 10/24/24."	A4000		