STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510464	A. BUILDING: _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINN PRAIRIE	1545 S FOREST ROAD 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
A 000	Initial Comment Annual Licensure Survey conducted Violations: 295.2040c) 295.2050a)b) 295.4050 Investigation of Facility Reported Incidents (FRI) 5/28/25 IL193270 - Substantiated. No violations written.	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General Violation Section 295.2040 Disaster Preparedness c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to conduct at least two drills during the night when resident were sleeping. This has the potential to affect all residents in the establishment. The failure to conduct drills during hours of sleep creates a substantial probability of severe harm to a resident or residents, in that emergency situations can occur during any time of the day, and if staff did not practice how to respond to and manage cognitively and physically impaired residents awakened out of sleep, lack of preparedness may increase the risk of injury or	A2040		

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A2040	Continued From page 1 death. The findings include: On 6/12/25, establishment fire and tornado drills were reviewed, and there was no documentation to show the establishment conducted at least two drills during the night when residents are sleeping. Documentation provided showed the establishment conducted drills on the following date/times: Fire Drills: 5/14/24 6:30 PM 5/17/24 11:00 AM 6/25/24 4:30 PM 9/16/24 12:30 PM 11/13/24 8:00 AM 1/10/25 1:00 PM 2/20/25 2:30 PM Tornado Drills: 2/10/25 2:00 PM 2/21/25 7:00 PM During interview on 6/11/25 at 11:30 AM, E1 reviewed the drill documentation and confirmed there were no drills conducted during hours of sleep.	A2040		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by:	A2050		

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A2050	Continued From page 2 Type 3 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. (Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to report to, or reported late to, the Department serious incidents/accidents that caused physical and emotional harm or injury. This applies to 1 of 6 residents (R1) reviewed for this requirement. The findings include: On 6/12/25, R1's medical record was reviewed,	A2050		

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A2050	Continued From page 3 and there was no documentation to show the following serious incidents/accidents were reported to the Department, or they were reported late: R1's Progress Note, date/time 4/6/25 at 22:01 (10:01 PM), showed R1 had a fall that resulted in pain to the right side of the back and a reddened abrasion to the right back flank area. R1's Progress Note, date/time 5/4/25 at 7:48 (AM), showed R1 had a fall that resulted in complaint of pain to the back of the head. The note showed R1 became agitated, stating, "You don't know what you are doing. All you want to do is put me in a corner and leave me. You hate me." R1's incident report to the Department, date of occurrence 5/24/25, showed R1 had a fall that resulted in multiple rib fractures and hospitalization. The Department incident tracking system showed the report was submitted late on 5/27/25 at 8:40 AM. On 6/12/25 at 2:07 PM, E2 (Director of Nursing) confirmed the findings.	A2050		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 3 Violation Section 295.4050 Tuberculin Skin Test Procedures	A4050		

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A4050	Continued From page 4 Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). 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. 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 ... C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in	A4050		

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A4050	Continued From page 5	A4050		

cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf.

(Source: Amended at 49 Ill. Reg. 202, effective December 18, 2024)

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 a resident did not receive a two-step TB test upon entry. This applies to 1 of 6 residents (R1) reviewed for this requirement.

The findings include:

On 6/12/25, R1's medical record was reviewed and showed no documentation of a two-step TB test administered upon entry to the establishment.

The establishment policy titled Tuberculosis (Residents) (No date) showed: ...III) Procedure i) New Admissions: Upon admission, residents must be screened for TB. This can involve a two-step skin test, chest x-ray, or IGRA blood test.

R1's medical record showed R1 moved into the establishment on 2/5/25.

R1's Immunizations record, from Oakley Courts, showed R1 had a negative step-one administered on 2/21/24, and a negative step-two administered on 2/28/24.

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A4050	Continued From page 6 R1's Employee/Resident/Volunteer Tuberculin Skin Test Record, from Oakley Courts, showed R1 had a negative one-step, administered on 1/28/25. During interview on 6/12/25 at 2:07 PM, E2 (Director of Nursing) indicated new residents are given a two-step, chest x-ray, or Quantiferon Gold blood test prior to admit. When asked why R1 was not given a two-step, E2 indicated, since the two-step was administered in the past year, they were okay with the documented one step.	A4050		