STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510281	A. BUILDING: _____ B. WING _____	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE OF DECATUR	1145 W ARBOR DRIVE DECATUR, IL 62526

(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 295.2040 a) d) e) f) g) h) 295.4000 b) 295.4010 a) d) e) g) 1) A) C) 2) 3) h)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in	A2040		

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A2040	Continued From page 1	A2040		

the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply.

h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.

Based on interview and record review, the establishment failed to conduct a tornado drill on each shift during the month of February, and document a list of residents who received assistance for evacuation during fire drills. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

On 03/11/26, E7 (Maintenance Director) provided copies of disaster drills conducted at the establishment since their last annual survey in April of 2025. This documentation included monthly fire drill summaries completed on various shifts. Upon review, this documentation did not contain a list of residents that required assistance with evacuation during any of the fire drills that were conducted. No documentation of tornado drills performed in February 2026 was provided.

On 03/11/26 at 01:15 PM, E7 (Maintenance

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A2040	Continued From page 2 Director) verified that no tornado drills were conducted at the establishment during the month of February 2026. E7 also confirmed that a list of residents who required assistance with evacuation had not been maintained with the establishment's monthly fire drill summaries since their last annual survey.	A2040		
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 comprehensive assessment was completed annually by a physician for one of five residents (R3) reviewed for Physician's Assessments in the sample of five. This failure creates a substantial probability of harm to a resident or residents. Findings include: On 03/11/25, E2 (Director of Nursing) provided a copy of the establishment's current resident roster. This roster documents that R3 was admitted to the facility on 01/11/25. R3's most recent Physician's Assessment documents that it was completed by R3's	A4000		

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A4000	Continued From page 3 physician on 01/08/25. On 03/12/26 at 11:30 AM, E2 (Director of Nursing) verified that R3 has not had a Physician's Assessment completed in over a year.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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).	A4010		

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A4010	Continued From page 4 g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; h) The service plan shall include all support services provided or arranged for by the establishment. Based on interview and record review, the establishment failed to document Oxygen use and Hemodialysis status within a resident Service Plan for two of five residents (R1 and R3) reviewed for Service Plans in the sample of five. This failure creates a substantial probability of harm to a resident or residents. Findings include: 1. R1's Physician's Order (dated 02/27/26) documents R1 was discharged from a local hospital with the following order: "O2 (Oxygen). Diagnosis: Acute on Chronic Heart Failure 1-2 Liters with activity. Frequency PRN (as needed)." R1's Physician's Order (dated 03/04/26) documents the following: "Requesting order for continuous Oxygen due to O2 sats (pulse oximetry) dropping. Order from hospital discharge	A4010		

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A4010	Continued From page 5 states with activity. Place order for continued O2 rather than only with activity." R1's Service Plan has no mention of R1's Oxygen use. On 03/12/26 at 11:20 AM, E2 (Director of Nursing) confirmed that R1's Service Plan was not revised to reflect R1's use of Oxygen. 2. R3's medical record documents R3's Diagnoses to include: End Stage Renal Disease on Hemodialysis; Presence of AV (arteriovenous) Fistula to Left Arm. R3's current Service Plan (dated 09/16/25) has no mention of R3's hemodialysis status or the presence of R3's AV fistula site, and therefore, no goals or interventions specific to R3's hemodialysis status or R3's AV fistula site were currently implemented. On 03/12/26 at 11:25 AM, E2 (Director of Nursing) confirmed that R3's Service Plan has no mention R3's hemodialysis status or the presence of R3's AV fistula site.	A4010		