STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510171	A. BUILDING: _____ B. WING _____	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD OF EFFINGHAM, THE	14061 EAST 1600TH ST EFFINGHAM, IL 62401

(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- Violations cited- 295.4000 a) 295.4010 g)1)2)h)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. Based on interview and record review, the Establishment failed to ensure R1's Physician's Assessment was completed prior to admission, as well as completed/signed by a physician. Findings include: On 3/16/2026 at 11 AM, E2, Wellness Director, confirmed R1's Physician's Assessment was signed by a Nurse Practitioner. E2 stated she	A4000		

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A4000	Continued From page 1 believes a physician did complete an additional Physician's Certification, but she was unable to produce it. R1's Progress Notes document R1 signed paperwork and took financial responsibility on 8/29/25 but did not move into the facility until 9/13/25. R1's Physician's Assessment/Certification was completed on 9/16/2025 and signed by Z1, Advance Practice Registered Nurse (APRN). On 3/16/2026 at 12:45 PM, E1, Executive Director (ED) stated R1 was in a skilled nursing facility in Northern Illinois and the physician there would not sign the certification. E1 stated R1 couldn't find a doctor until he transferred to the facility. As of 2:40 PM on 3/16/2026, E2 was still unable to produce a Physician Certification for R1 that was signed by a physician. The Establishment's Admission Process Policy dated 12/2024 documents, "Prior to admission, the resident or authorized responsible party will: Provide a recent completed and signed Medical Provider Examination report that indicates that the resident is appropriate for residency at the Assisted Living or Memory Care level of care."	A4000		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 2 This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan- g) Service plans shall address: 1) The level of service the resident is receiving, including: 2) The amount, type, and frequency of health-related services needed by the resident; 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 ensure the individualized service plan includes home health services R1's is receiving at the establishment. Findings include: On 3/16/26 at 10 AM, E1, Executive Director (ED), stated R1 was receiving home health services due to the need for intravenous (IV) medications to manage his diagnosis of hemophilia (genetic disorder that prevents the clotting of blood). On 3/16/2025 at approximately 10:45 AM, R1 stated a nurse comes to the facility weekly to administer R1's IV medication. On 3/16/2026 at 11:00 AM, E2, Wellness Director, confirmed R1's home health services were not included on R1's service plan, but she will update it. R1's Service Plan dated 3/2/26 document R1 has pain related to his diagnosis of hemophilia. R1's Service Plan does not address R1's home health	A4010		

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A4010	Continued From page 3 services or IV medications. The Establishment's Assessment and Service Plan policy dated 3/2024 documents, "Purpose: To ensure that each resident is thoroughly evaluated (assessed) and a service plan is developed based on that assessment".	A4010		