STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510297	A. BUILDING: _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOYAGE SENIOR LIVING - MARION SOUTH	815 MISSISSIPPI DRIVE MARION, IL 62959

(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 b)	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 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 complete a Physician's Assessment in a timely manner. Findings include: R3's Face Sheet documents R3 was admitted to the establishment on 2/26/2023. R3's Medical Record was reviewed and documents R3's annual Physician Certification was completed on 2/28/2025. On 4/7/2026 at 11:56 AM, E4, Social Services, stated she has called R3's doctor's office requesting they complete a Physician's Certification and added, "It's hard to get the doctors to sign and return them". On 4/7/2026 at 1:05 PM, E2, Facility Nurse	A4000		

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A4000	Continued From page 1 Manager stated the Physician's Certification in R3's Medical Record, dated 2/28/25, was the most current one they have. On 4/7/2026 at 3:42 PM, E2 provided a new Physician's Certification for R3, dated 4/7/2026. On 4/8/2026 at 1:40 PM, E1, Administrator, confirmed R3's Physician's Certification should have been completed prior to 4/7/2026.	A4000		