STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510298	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOYAGE SENIOR LIVING MURPHYSBORO EAST	5 N SHAWNEE DR MURPHYSBORO, IL 62966

(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- Technical Infraction: 295.4010 d)2)h)	A 000		
A1040	Section 295.1040 Technical Infractions Fountain View This Regulation is not met as evidenced by: Technical Infraction: 295.4010 d)2)h) During this survey, it was identified that the establishment did not identify the home health/wound care services that R2 was receiving weekly on R2's Individualized Service Plan. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040 a) b). No violation imposed. Based on observation, interview and record review, the Establishment failed to update R2's Service Plan to include home health/wound care services. Interview: On 3/26/26 During the Entrance Conference, E1, Executive Director, stated R2 was receiving home health services for her feet on 12/23/25. On 3/26/2026, R2 stated a nurse comes to the facility to complete dressing changes on her feet every Friday. R2 had no concerns with the delivery of this service/care.	A1040		

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A1040	Continued From page 1 Observations: On 3/26/2026 and 3/30/2026, R2 was observed in her wheelchair with bandages on bilateral feet. R2's Individualized Service Plan, dated 11/21/2025 was not updated/revised to include home health services were utilized.	A1040		