STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510290	A. BUILDING: _____ B. WING _____	06/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - SAVOY	62 E AIRPORT ROAD SAVOY, IL 61874

(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 Facility Reported Incident IL193878 Violation cited at 295.6010a)2)b)	A 000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Violation Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following: 1) Dates, times, and description of the alleged abuse, neglect or financial exploitation; 2) Description of any injury to the resident; 3) Description of any change in the resident's physical, cognitive, functional, or	A6010		

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A6010	Continued From page 1 emotional condition; 4) Any actions taken by the licensee; 5) A list of individuals and agencies interviewed or notified by the establishment; 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; and 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future. These requirements were not met as evidence by: Based on interview and record review, the establishment failed to conduct an incident investigation of an injury or unknown origin. Findings include: The establishment's Incident Reporting policy (revised 03/26/19) documents the following: "All incidents or unusual occurrences at the community will be documented in a timely manner and appropriate action taken according to established procedures and state regulations." This policy also documents, "The Wellness Director or trained designee will complete an incident report after taking proper steps to see that the resident or parties involved receive necessary intervention. Incidents may include the following: "Elopement; Falls; Medication errors; Death; Skin tears, cuts, abrasions, bruises, etc.; An aggressive act by a resident toward him/herself, a staff member, another resident,	A6010		

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A6010	Continued From page 2 family member and/or other visitor; An alleged violation or resident's rights; Alleged resident abuse; A resident or residents being sent to ER (emergency room); Visit needing first aid or medical attention." On 06/18/25 at 10:15 AM, E1 (Executive Director) stated she believes that R1 had an unwitnessed fall at the facility, and believes it likely occurred on 06/02/25. E1 stated R1 started reporting right hip pain on the morning of 06/02/25, and was later transported to a local emergency department by her daughter on 06/03/25 to be evaluated. E1 stated R1 was diagnosed with a right hip fracture in the local emergency department on 06/03/25. E1 stated R1 is confused, but could usually answer basic questions and had no recollection of any recent fall or injury. E1 stated R1 is still currently hospitalized, family has indicated they do not plan to have R1 return. On 06/18/25 at 01:05 PM, E1 stated the establishment did not complete an incident investigation regarding R1's right hip injury. On 06/18/25 at 01:10 PM, E2 (Wellness Director/Licensed Practical Nurse) stated no formal investigation was completed for R1 after being made aware of her right hip fracture.	A6010		