STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

(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 Original Investigation for Facility Reported Incident IL200914 - Section 295.4060 a) b) g) Original Investigation for Facility Reported Incident IL200946 - No deficiency cited	A 000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type One Violation Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

(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
A4060	Continued From page 1	A4060		

day to assist in evacuation.

Based on observation, interview, and record review the establishment failed to ensure the sufficient staffing for safe evacuation of four (R2, R3, R5, and R7) of four total assist, memory care residents. This failure creates a substantial probability of severe harm to all four residents.

Findings include:

The establishment provided census dated 3/31/26 for the assisted living area was 30 residents, the north memory care was 12 residents and the south memory care was 4 residents for a total of 46 residents.

On 3/31/26 at 11:00AM, E2 Director of Nursing stated that the establishment is staffed with four staff members on the night shift.

1.) R2's undated service plan documents admission to the establishment's memory care unit on 3/17/26 with the diagnoses of Frontal-Temporal Lobe Dementia, Diabetes Mellitus Type Two, Congestive Heart Failure and Renal Failure.

R2's undated service plan documents admission to hospice care on 3/11/26 with wheelchair assistance for evacuation.

On 3/31/26 at 10:45AM, E4 Licensed Practical Nurse stated that R2 was declining and moved from the Assisted Living side to the Memory Care side recently and became hospice due to her decline. Stated, "She seemed to rally before the decline and now she isn't even trying to get up."

On 4/1/26 at 8:45AM, E6 Caregiver stated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

(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
A4060	Continued From page 2 R2 is a total assist for evacuation. On 4/1/26 at 3:30PM, E9 Caregiver stated that R2 is a total assist for care including evacuation. 2.) R3's undated service plan documents admission to the memory care establishment on 4/8/25 with the diagnoses of Glaucoma, Hyperlipidemia, Hypokalemia, Hypertension, and a history of a brain bleed. R3's undated service plan documents admission to hospice care on 3/12/26. R3's undated service plan documents that total assistance for toileting, mobility, and evacuation. On 3/31/26 at 9:30AM, E3 Certified Nursing Assistant stated that R2 has a mechanical lift that the staff use for transfers. On 4/1/26 at 8:45AM, E6 Caregiver stated that R3 is a total assist for evacuation. On 4/1/26 at 3:30PM, E9 Caregiver stated that R3 is a total assist for care including evacuation. 3.) R5's undated service plan documents admission to the memory care establishment on 9/10/25 with the diagnoses of Atrial Fibrillation, Hypertension, Cerebrovascular Accident, Gout, Osteoarthritis, and Pain. R5's progress notes document admission to hospice care on 11/21/25. On 4/1/26 at 8:45AM, E6 Caregiver stated that R5 is a total assist for evacuation. R5's progress note dated 12/8/25 at 8:30AM	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

(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
A4060	Continued From page 3	A4060		

document two aids assisting to get R5 up for the day.

On 4/1/26 at 8:30AM, R5 was sleeping. E6 Caregiver stated that if (R5) is woken before she wants to be, she will be angry and will fight getting up.

4.) R7's undated service plan documents admission to the establishment on 9/16/25 and transfer to the memory care unit on 2/2/26 with a diagnoses of Alzheimer's Dementia.

R7's progress note dated 1/31/26 documents admission to hospice care.

R7's progress note dated 3/27/26 document R7 refusing to allow cares.

R7's progress note dated 3/30/26 document R7 requiring total care for toileting and bathing.

On 4/1/26 at 8:45AM, E6 Caregiver stated that R7 is a total assist for evacuation.

On 4/1/26 at 8:30AM, E1 stated that there were five residents on hospice including R2, R3, R5, R6 and R7.

On 4/1/26 at 8:45AM, E6 Caregiver stated, "R2, R3, R7 and R5 are all total assists for evacuation. R3 is the only one that uses a hoyer. At midnight, with four people in the building we would sure try to get everyone out. I don't know if we could with four staff we would have to have people on the north and south memory cares and in (Assisted Living) trying to get it done."

On 4/1/26 at 8:55AM, E8 Maintenance Director stated that they do fire drills and in the bad

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	C 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

(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
A4060	Continued From page 4 weather, they have the staff get the residents to the exits but he did not know if all of the memory care residents could get out in less than 13 minutes in an emergency. On 4/1/26 at 9:15AM, E4 Licensed Practical Nurse stated that it would depend on what staff were here on whether they could get everyone out in an emergency at night.	A4060		