STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510464	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINN PRAIRIE	1545 S FOREST ROAD FREEPORT, IL 61032

(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 Survey Violations: 295.3030a)b)c)d) 295.8000a)2)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510464	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINN PRAIRIE	1545 S FOREST ROAD FREEPORT, IL 61032

(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
A3030	Continued From page 1 This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that employee initial health evaluations were conducted no more that 30 days prior to initial employment. This failure involves 1 of 7 employees reviewed for this requirement (E4). Findings include: During record review on 3/31/2026 at 10:23 AM it was found that E4 (CNA), with a hire date of 2/10/2026, had only a physical done on 12/16/2025. This physical was not requested by the establishment but was requested by a local college. This physical was completed 56 days prior to E4's hire date. This is outside of the required 30 day window. An interview with E3 (Executive Assistant) on 3/31/2026 at 11:04 AM went as follows: Surveyor: "[E4] has a hire date of 2/10/2026. The only physical I see is on 12/16/2025. Do you have one that's closer to the date of employment?" E3: "I don't have any other physical results for [E4]."	A3030		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 1 Violation Section 295.8000 Food Service a) If food service is provided by the	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510464	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINN PRAIRIE	1545 S FOREST ROAD FREEPORT, IL 61032

(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
A8000	Continued From page 2 establishment or by contract with a food service provider, the following requirements shall be met: 2) Establishments that provide or contract for therapeutic diets as an optional service to residents shall employ or contract with a dietician. A therapeutic diet means a diet ordered by a physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet, or to provide food in a form that the resident is able to eat. The dietician shall approve written menus and diet extensions, assess the resident's special diet needs, plan individual diets, and provide guidance to dietary staff in areas of preparation, service, and monitoring the resident's acceptance of the diet. The frequency of the dietician's visits shall be determined by the resident's dietary needs and the establishment's ability to implement the diet. Special dietary services may be considered an additional service requiring an additional fee. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to employ or contract with a dietician while providing therapeutic diets to residents. This failure involves 2 of 6 residents reviewed for this requirement (R2 & R3). This failure creates a substantial probability of severe harm to residents. Findings include: During an interview with E3 (Executive Assistant) on 3/31/2026 at 10:02 AM they were asked for the dietician contract. They stated, "We don't have a dietician." During record review on 3/31/2026 at 10:05 AM it	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510464	A. BUILDING: _____ B. WING _____	03/31/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINN PRAIRIE	1545 S FOREST ROAD FREEPORT, IL 61032

(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
A8000	Continued From page 3 was found that a list provided by the establishment listed R3 as having Nectar thickened liquids. During record review on 3/31/2026 at 11:16 AM R2's service plan, dated, 7/1/2025, states R2's diet as "diabetic". During record review on 3/31/2026 at 12:00 PM R3's service plan, dated 12/11/2025, states that they are to receive nectar thick liquids and pureed or soft food. During record review on 3/31/2026 at 12:53 PM R2's progress notes were shown to document on 3/30/3026 & 3/16/2026 R2 receiving education on diabetic food and drink choices by establishment staff. R2's progress notes show many fungal infections of the vagina, abdominal folds, groin, and under breasts. R2's progress notes show several urinary tract infections. During record review on 3/31/2026 at 2:45 PM R2's March 2026 medication administration record showed 61 blood glucose readings above 200 mg/dL. The highest of those readings being 395 mg/dL on 3/30/2026 at 8:00 AM. During record review on 3/31/2026 at 3:06 PM it was found that R2's physician assessment, dated 3/2/2026, lists R2's special dietary need as a diabetic diet. During record review on 3/31/2026 at 3:11 PM it was found that the establishments Alzheimer disclosure states it will provide dietary services as needed to comply with physician's orders.	A8000		