

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER STONEBRIDGE JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 750 W WALNUT JACKSONVILLE, IL 62650		
(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 entered on 04/06/26 and exited on 04/08/26. 295.2040 d) 295.3030 a) b) c) d)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. Based on interview and record review, the establishment failed to ensure a tornado drill was conducted on each shift during the month of February. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: On 04/06/26, E1 (Executive Director) provided the establishment's 'Survey Binder,' which contained documentation of all disaster drills conducted since the establishment's last Annual Survey. The Drill Report forms document tornado drills were conducted on the following dates: 02/25/26 during third shift, and 03/10/26 during first and second shift. On 04/07/26 at 01:35 PM, E1 confirmed that a tornado drill was not conducted at the	A2040		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER STONEBRIDGE JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 750 W WALNUT JACKSONVILLE, IL 62650		
(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
A2040	Continued From page 1 establishment on all three shifts during the month of February and stated, "I forgot."	A2040		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 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. Based on interview and record review, the establishment failed to provide record of an employee's initial health evaluation for two of five	A3030		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER STONEBRIDGE JACKSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 750 W WALNUT JACKSONVILLE, IL 62650		
(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 2 employees reviewed for initial health evaluations. This failure creates a substantial probability of harm to a resident or residents. Findings include: The establishment's current Staff Roster documents the following: E3 (Cook) was hired at the establishment on 05/31/24; and E4 (Certified Nursing Assistant) was hired at the establishment on 11/22/23. E3 and E4's Personnel Files were reviewed and did not contain documentation that an initial health evaluation had been conducted. On 04/08/26, E1 (Executive Director) confirmed that he could not provide record of an initial health evaluation that was completed for E3 and E4 within 30 days prior to their date of hire, or within 30 days after their date of hire.	A3030		