

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510462	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/14/2026
NAME OF PROVIDER OR SUPPLIER RANDALL RESIDENCE OF DECATUR		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 W MOUND ROAD DECATUR, IL 62526		
(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 Complaint Investigation Complaint 2694198/IL201194 Allegations cannot be substantiated. Complaint 2694286/IL201211 Allegations cannot be substantiated. During the course of investigation deficiencies were discovered unrelated to the reported incident Violations cited at: 295.4000 a) b) 295.4010 a) b) c)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition.	A4000		

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

TITLE

(X6) DATE

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A4000	Continued From page 1 b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on record review and interview the establishment failed to ensure resident physician assessments were annually completed and signed by a physician. This failure creates a substantial probability of harm to residents. Findings include: R2 was admitted to the establishment on 01-06-2021. R2's 06-26-2025 Physician Assessment Form contains documentation that the form was completed and signed by a nurse practitioner. On 04-09-2026 at approximately 12:15pm, E1 (Executive Director,) states that R2 is receiving hospice services. On 04-14-2026 at approximately 10:00am, E3 (Director of Health and Wellness,) states that R2's June 2025 physician assessment is the current assessment for R2 and that she doesn't have an updated assessment for R2 because R2 is not due for another one yet.	A4000			
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation	A4010			

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A4010	Continued From page 2 Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. Based on record review and interview the establishment failed to ensure resident service plans are signed and dated by all individuals involved in the service plan development. This failure creates a substantial probability of harm to residents. Findings include: R1-R5's service plans were reviewed. R1-R5's service plans contain documentation of E1 (Executive Director) and E3's (Health and Wellness Director) signatures. The service plans do not contain signatures of the residents or the resident's representative. On 04-13-2026, at approximately 8:57am, Z2 states that she is not sure if a service plan was in place for R4. Z2 states that the establishment never went over anything with them and that they	A4010		

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A4010	Continued From page 3 were not aware of care services they were paying for. On 04-13-2026, at approximately 1:35pm, E3 was asked if residents or their family members were asked to sign the resident service plans and if the establishment staff went over resident service plans with the resident and their family. E3 states that they provide a copy of the service plan to the resident's family for their records along with the resident's medication list.	A4010			