STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510462	A. BUILDING: _____ B. WING _____	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RANDALL RESIDENCE OF DECATUR	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 Annual Licensure Survey Violations: All Type 3 295.3030 e)1)2) 295.4000 b) 295.4010 a)g)1)A)2) 295.4050 (77Ill.Adm.Code 696)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. Violation: Type 3 These requirements were not met as evidenced by: Based on interview and record review the establishment failed to obtain tuberculin skin tests	A3030		

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A3030	Continued From page 1 for two (E9 Caregiver and E11Certified Nursing Assistant/CNA) employees and obtained E8 's Caregiver tuberculin skin test more than 10 days after the start of E8's employment. These failures have the potential to affect all 53 residents who reside in the establishment. Findings include: The facility provided employee roster including employment dates documents E8 Caregiver was employed on 5/20/25. E9 Certified Nursing Assistant (CNA) was employed on 6/20/24 and E11 Caregiver was employed on 3/19/25. A review of E8's (Caregiver) employee file revealed an immunization record documenting administration of a tuberculin test on 7/1/25 with the second step not yet completed. A review of E9's (C.N.A.) employee file revealed no immunization record with tuberculin testing. A review of E11's (Caregiver) employee file revealed no immunization record with tuberculin testing. On 7/3/25 at 2:25PM, E2 Wellness Director stated that she did not have documentation that a tuberculin test was given to E9 (C.N.A.) nor E11(Caregiver) and that E8's (Caregiver) tuberculin test was given late.	A3030		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by:	A4000		

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A4000	Continued From page 2 Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Violation: Type 3 These requirements were not met as evidenced by: Based on interview and record review the establishment failed to ensure physicians' assessments were completed annually and signed by a physician for four (R1 and R3-R5) of five residents reviewed for physician assessments in a sample of five. Findings include: 1. R1's Face sheet documents R1 admitted to the establishment on 11/29/23. R1's current Physician's Assessment Form, dated 6/24/25, is not signed by a physician. 2. R3's Face sheet documents R3 admitted to the establishment on 7/25/22. R3's current Physician's Assessment Form is dated 4/2/21. 3. R4's Face Sheet documents that R4 was admitted to the establishment on 8/14/24. R4's current Physician's Assessment Form is dated 8/9/24 and was signed by E6 Nurse Practitioner. 4. R5's Face Sheet documents that R5 was admitted to the establishment on 2/6/24. R5's current Physician Assessment Form is dated 2/6/24 and was signed by E7 Nurse Practitioner.	A4000		

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A4000	Continued From page 3 On 7/2/25, at 2:15pm, E2 Director of Nursing /DON confirmed there were no other Physician Assessment Forms.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 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. g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; 2) The amount, type, and frequency of health-related services needed by the resident; Violation: Type 3 These requirements were not met as evidenced by: Based on interview and record review the	A4010		

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A4010	Continued From page 4 establishment failed to ensure that one (R5) of one resident's service plan was complete from a total sample list of five residents reviewed. Findings include: R5's service plan dated 7/3/25 does not document activities of daily living including diet, grooming, dressing, and toileting. On 7/3/25 at 10:30AM, E2 Wellness Director confirmed that R5's service plan was updated.	A4010		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Violation: Type 3 These requirements were not met as evidenced by: Based on interview and record review, the establishment failed to ensure resident records included tuberculosis results for two (R1 and R5) of five residents reviewed for tuberculosis (TB) in a sample of five. 1.) R1's current clinical record does not include any tuberculosis (TB) testing results.	A4050		

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A4050	Continued From page 5 On 7/3/25, at 10:25am E3 Assistant Director of Nursing/ADON confirmed there are no TB results in R1's clinical record. 2.) R5's medical record does not include tuberculosis testing results. On 7/3/25 at 10:20AM, E3 ADON stated that there is no confirmation of R5 being tested for tuberculosis and the testing results would not be in any other place.	A4050		