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 _____	C 04/28/2026

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 Facility Reported Incident IL00201264 Violations: 295.4010a)d)e)g)1)A)C)2)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation 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. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).	A4010		

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A4010	Continued From page 1 g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure service plans were revised after a change in resident service needs. This failure involves 1 of 3 residents reviewed for this requirement (R1). Findings include: During record review on 4/23/2026 at 10:28 AM, R1's service plan, dated 2/16/2026 was reviewed. The service plan states, "Has a history of throwing hearing aids away. Staff to insert in the morning, remove before bed, and charge at the nurse's station." This service plan was not updated or revised to reflect R1's changed service needs. As of 4/12/2026 R1 no longer had hearing aids. This was not revised. As of 4/12/2026 R1 was receiving increased monitoring due to the hearing aid ingestion. This was not addressed in R1's service plan. R1's 2/16/2026 service plan states that she is independent with toileting. As of 4/12/2026 R1's stools were to be inspected for the hearing aid, making toileting at least a stand by assist service need. During an interview with E1 on 4/23/2026 at 10:37	A4010		

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A4010	Continued From page 2 AM they stated, "The day started out like normal. I was on the other side but I finished so I went to the other side. I was helping everyone get ready. I handed [R1] her hearing aid and I said "Here put this in." She doesn't like when I put them in for her. She says I don't do it right. I turned to the couch to get her sock things or whatever they are called and I turned around and she had water. She said "Was I supposed to chew that?" I said "What?! No!". I immediately went and got [E4] (RN). I know that [E4] made some phone calls about the situation." An interview with E3 (Director of Nursing) on 4/23/2026 at 12:39 PM went as follows: Surveyor: "Has the missing hearing aid been replaced?" E3: "I spoke to the son and they are not going to replace it. She had already lost a set. And then she already lost her other one because they are bilateral. So we were only using the one and then she swallowed it." Surveyor: "Which side did she swallow?" E3: "I think it was the right." Surveyor: "Have you, the facility, offered to replace the hearing aid?" E3: *Shook Head no* "Nuh-uh"	A4010		