

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/21/2026
NAME OF PROVIDER OR SUPPLIER STILLWATER SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025		
(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 Violation cited: 295.4000 a) c)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: TYPE 3 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. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review, the establishment failed to ensure a Significant Change Physician Assessment Certifications are completed in a timely manner. Findings include:	A4000		

Illinois Department of Public Health

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

TITLE

(X6) DATE

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A4000	Continued From page 1 During eight sampled residents' record review on 4/16/26, the following were noted: R7 moved to the facility on 7/24/19 and was admitted to hospice services on 3/17/26. There is no proof that a Significant Change of Condition Physician Assessment Certification was conducted for R7's change of condition/admission to hospice in R7's record. R8 moved to the facility on 5/25/23 and was admitted to hospice services on 1/22/26. A late Significant Change of Condition Physician Assessment Certification dated 2/17/26 for R8's change of condition/admission to hospice was found in R8's record. On 4/20/26 at 12:45 PM, E2/Director of Wellness confirmed there was no record of R7's Significant Change of Condition Physician Assessment and R8's certification was late. On 4/21/26 at 2:50 PM, E1/Executive Director presented R7's Significant Change of Condition Physician Assessment dated 4/20/26.	A4000		