STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510096	A. BUILDING: _____ B. WING _____	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE CROSSING SENIOR LIVING	909 GREEN MILL RD ARCOLA, IL 61910

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A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General Violation Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. Based on interview and record review the establishment failed to provide orientation of emergency exits and evacuation plans to three (R1, R2, and R3) of three residents reviewed for orientation from a total sample list of four residents reviewed. Findings include: A review of R1, R2 and R3's medical records, business files, and signed contracts did not reveal any orientation to the facility exits and evacuation plan.	A2040		

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A2040	Continued From page 1 On 7/23/25 at 1:30PM, E1 Executive Director stated that he had not found any orientation to the establishment in the resident records and that he was creating a new form that would be used for all new admits to the establishment that included orientation to exits and the evacuation plan.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) e) A file shall be maintained for each employee containing the following: 2) Documentation of: C) Ongoing training; f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 3) Compliance with the Health Care Worker	A3000		

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A3000	Continued From page 2 Background Check Act; and 4) Documentation that the employer has checked the status of the employee with the Nurse Aide Registry. g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period of time by State or federal law. h) The establishment shall have sufficient personnel to provide the following for its current resident population: 6) Evacuation of residents during emergencies; and j) If an establishment accepts individuals with impairments that prevent them from independently moving to an area of safety, sufficient staff must be present and awake to enable these residents to move to a safe area 24 hours per day. m) The establishment shall check the status of all applicants with the Nurse Aide Registry prior to hiring. The establishment is prohibited from hiring any individual who has a finding of abuse, neglect, or misappropriation of property on the Nurse Aide Registry. Based on interview and record review the facility failed to provide sufficient staff in number to evacuate residents in case of emergency and failed to ensure that one (E6 Registered Nurse) RN had the appropriate training for emergencies and Alzheimer's care and failed to ensure that	A3000		

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A3000	Continued From page 3	A3000		

one (E5 Patient Care Assistant) PCA had gotten the appropriate background checks before working. These failures have the potential to affect all 36 residents who reside in the facility.

Findings include:

The facility provided census upon survey entrance was 36 residents.

1. On 7/23/25 at 9:00AM, upon initial tour of the establishment, two separate locked memory care units were observed on opposite sides of the building, North and South with an additional Assisted Living area. The south unit included only one resident, R5. E1 Administrator stated, "We provide a staff member 24/7 for R5 in the South Memory Care Unit.

A subsequent tour of the North Memory Care Unit included nine residents, one of whom (R1) who is on hospice and requires a mechanical lift for transfers.

The Assisted living portion of the building houses the remainder of the residents including R3 who is on hospice and requires a mechanical lift for transfers.

The facility provided schedule dated June 27, 2025, through July 10, 2025 documents on Sunday June 29, 2025 and Sunday July 6, 2025 from 10:00PM to 6:00AM, only 2 staff members were present in the facility.

On 7/23/25 at 1:00PM E2 Director of Nursing stated, "If we had an emergency, with the lift patients that we have in the building, we couldn't get them all out. We just couldn't." E1 then confirmed E2's statement saying, we have a hard

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A3000	Continued From page 4 time just getting rounding done with only 2 people in the building." 2.) E6's (RN) personnel file documents that E6 was employed at the facility on 12/29/22 and revealed no fire extinguisher training and no continuing education or dementia care education in the past twelve months. On 7/23/25 at 2:00PM, E1 Executive Director stated that E6 RN had not had training in the past year and should not be working. 3.) E5's (PCA) personnel file documents that E5 PCA was employed at the facility on 4/25/25 and revealed an incomplete set of background checks including only the Health Care Worker Registry Check. On 7/23/25 at 2:10PM, E1 Executive Director stated that no other background checks could be located for E5 PCA and that they are supposed to be completed at hire. E5 PCA's background checks were fully completed on 7/24/25 and provided by E1 Executive Director.	A3000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: General Violation Section 295.4050 Tuberculin Skin Test Procedures	A4050		

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A4050	Continued From page 5 Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Based on interview and record review the establishment failed to provide tuberculin tests for two (R1 and R3) of three residents reviewed for tuberculin (TB) administration. This failure has the potential to affect all 36 residents who reside in the establishment. Findings include: 1.) R1's face sheet documents admission to the establishment on 6/30/22. A review of R1's medical record reveals no tuberculin test or comparable evaluation was completed. 2.) R3's face sheet documents admission to the establishment on 12/19/18. A review of R3's medical record reveals no tuberculin test or comparable evaluation was completed. The undated facility contract page 13 documents that Tuberculosis Tests will be completed within thirty days preceding admission. On 7/23/25 at 211:30AM, E2 confirmed that TB tests could not be located for R1 and R3 and that they should have been completed.	A4050		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: General Violation	A6000		

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A6000	Continued From page 6 Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes. Based on interview and record review the establishment failed to provide medication as ordered for one (R2) of three residents reviewed for medication administration from a total sample list of three residents. Findings include: R2's service plan dated 7/2/25 documents R2's admission date to the memory care unit of the establishment was 4/7/25 and that R2 needs a licensed nurse to manage and administer his medications as ordered by the physician. R2's discharge instructions from a local hospital dated 6/26/25 document that R2 was admitted to the hospital for an suspected stroke and was discharged on this same day to the establishment where he resides. New medications included in R2's discharge plan included Aspirin 81milligrams (MG)daily, Atorvastain (statin) 40MG daily, and Clopidogrel (antiplatelet)75MG for 21 days. The facility provided reportable documents that	A6000		

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A6000	Continued From page 7 on 7/3/25 it was brought to E2 Director of Nursing's attention that R2 had not been receiving the newly ordered medications since returning from the hospital. E2 contacted R2's physician, the family and made a report to the state agency regarding this error. R2's physician documentation dated 7/3/25 documents that R2 then began receiving the missed medication after 6 days missed with no new orders. The facility Medication Oversight, Assistance and Administration Policy dated 10/2024 documents that all medication administration will have verification of the correct resident, medication, dose, time and route. On 7/23/25 at 9:05AM, E2 Director of Nursing stated that when R2 came back from the hospital there were questions about his medications. "I don't know why, but instead of getting clarification or giving the meds, the nurse wrapped his medications up and put them in a drawer. I didn't find out about this until July 3rd and I called the doctor and made the report."	A6000		