STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF510537	A. BUILDING: _____ B. WING _____	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN CREEK OF TROY II	1926 SRA BRADLEY SMITH DRIVE TROY, IL 62294

(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 cited: 295.2040 a) c) h) 295.3030 a) b) 295.4010 a) b)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 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. c) At least six drills shall be conducted per year on a bimonthly basis. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements were not met as evidenced by:	A2040		

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A2040	Continued From page 1 Based on interview and record review the facility failed to present written evaluation of each drill conducted and failed to ensure a minimum of 6 fire drills were conducted bimonthly in a year, two of which shall be conducted on the night shift. Findings include: On 7/17/25, during review of the facility fire drills since last survey, the following findings were noted: - the facility conducted one fire drill bimonthly until September 2024 and the next fire drill was not conducted until January 2025. - no written evaluation for each fire drill was done. - no documentation provided of the names of residents who participated in the drill and assistance needed during evacuation. On 7/21/25, at 9:00 AM, E1 (Executive Director) stated the facility follows the bimonthly schedule for fire drills and confirmed there should have been a fire drill conducted in November 2024 to comply with the bimonthly requirement. E1 admitted no written evaluation was done for the drills conducted indicating resident participation and assistance provided during evacuation.	A2040		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation	A3030		

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A3030	Continued From page 2 Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. These requirements were not met as evidenced by: Based on interview and record review the facility failed to ensure newly hired direct care staff had initial health evaluation conducted within 30 days prior to and within 30 days of start of work in the facility. Findings include: On 7/17/25 at 110:45 AM, a review of sampled employee records was done and the following were noted: E2 (Licensed Practical Nurse) was hired on 4/4/25 and her initial health evaluation form is dated 7/11/25 which is more than 30 days from date of hire. E4 (Care Giver) was hired on 6/14/25 and there is no proof in her file that an initial health evaluation was done.	A3030		

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A3030	Continued From page 3 On 7/21/25, E1 (Executive Director) stated E4 is scheduled to have her health evaluation on 7/22/25 and confirmed E2's physical exam was outside the time frame required in the regulations.	A3030		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 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. 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. These requirements were not met as evidenced by:	A4010		

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A4010	Continued From page 4 Based on interview and record review the facility failed to include a registered nurse (RN) in the development of the service plan for residents receiving medication administration in the facility. This failure creates a substantial probability of harm to residents in the facility. Findings include: R1, R2 and R3 are residents of the facility which provides an Alzheimer's special program and are receiving medication administration from a licensed nurse. R1's Service Plan dated 6/13/25 documents a licensed nurse administers all medications to R1. R2's Service Plan dated 10/25/24 documents a licensed nurse administers all medications to R2. R3's Service Plan dated 6/3/25 documents a licensed nurse administers all medications to R3 including sliding scale insulin coverage. No Registered Nurse signature to attest participation in the development of the service plans is noted in R1's, R2's and R3's service plans. On 7/21/25 at 9:15 AM, E1 (Executive Director) stated she is a licensed practical nurse and is in charge of formulating the residents' service plans. E1 added the facility has a Regional RN but was unable to sign R1, R2 and R3's service plans.	A4010		