STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510176	A. BUILDING: _____ B. WING _____	C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VIEW ALZHEIMER'S SCC	6210 N UNIVERSITY STREET PEORIA, IL 61614

(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 Original investigation of complaint 2527427 / IL 196337 and FRI IL 196371. Complaint IL 196337 - VIOLATION - 295.6000 a) 5) FRI IL 196371 - No violations	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights Section 295.6000 a) 5) 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; VIOLATION These requirements were not met as evidenced by: Based on observations, record review, and interviews, the establishment failed to reposition and provide incontinent care in a timely manner for two of seven sampled residents. (R4, R5) This	A6000		

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A6000	Continued From page 1 failure resulted in R5 acquiring a stage two pressure sore. Findings include: On 7/23/25 at 12:55 P.M., E4 (CNA) stated that R4 and R5 both required two assist and a mechanical lift to transfer in and out of bed. E4 stated that R4 and R5 both require staff to provide incontinent care and repositioning. Both R4's and R5's current service plans note the R4 and R5 required staff to provide total care for repositioning and incontinent care. On 7/23/25 R5 was observed sitting in reclined wheel chair from 9:30 A.M. until 1:10 P.M. (3 hours and 40 minutes) without any repositioning or incontinent care provided. At 1:10 P.M., E3 (LPN) and E4 transferred R5 to bed with a mechanical lift. R5 was noted to be soaked with urine through her incontinent brief and pants. R5 had feces up her bottom and lower back. R1 was also noted to have a new 1 inch x 1 inch stage two pressure sore on her left buttocks. On 7/23/25 R4 was observed sitting in reclined wheel chair from 9:30 A.M. until 1:00 P.M. (3 hours and 30 minutes) without any repositioning or incontinent care provided. At 1:00 P.M., E3 and E4 transferred R4 to bed with a mechanical lift. R4 was noted to be soaked with urine through her incontinent brief and pants. On 7/24/25 at 10:30 A.M., E1 (Executive Director) stated that R4 and R5 are to be provided repositioning and incontinent care at least every two hours.	A6000		