STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105769	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE OLNEY	1304 N EAST ST OLNEY, IL 62450

(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- Violations cited: 295.4000 b) 295.3030 a)b)c)	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 Violation 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. c) The initial health evaluation shall include the employee's immunization status. Based on interview and record review, the Establishment failed to ensure Initial Health Evaluations were completed in a timely fashion for one employee (E3). This failure has the substantial probability of causing harm to residents.	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105769	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE OLNEY	1304 N EAST ST OLNEY, IL 62450

(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
A3030	Continued From page 1 Findings include: E3's (Dietary Manager) Illinois Department of Public Health Care Worker Registry form documents E3's employment at the Establishment began on 5/22/2025. E3's Employee Physical Report documents E3's date of hire at the Establishment was 5/22/25. E3's Physical Report documents it was completed on 6/30/25. On 4/28/26 at 12:05 PM E1 Executive Director stated E3's employee physical was completed more than 30 days after E3 started working at the facility. E1 stated the facility does not have a policy on employee physicals and the Establishment follows the state regulations.	A3030		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on interview and record review, the establishment failed to ensure Physician Certifications were completely timely annually as well as ensure the Certification was completed by a physician versus a Nurse Practitioner. This failure has the substantial probability of causing	A4000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105769	A. BUILDING: _____ B. WING _____	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE OLNEY	1304 N EAST ST OLNEY, IL 62450

(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
A4000	Continued From page 2 harm to residents. Findings Include: R2's Face sheet documents R was admitted to the Establishment on 4/7/25. R2's Physician Certification was completed on 4/2/26 by Z3, Nurse Practitioner. On 4/28/26 at 11:58 AM, E1, Executive Director stated Z3 is a Nurse Practitioner and completed R2's Physician Certification. E1 stated, "going forward" she will ensure a physician signs the certifications. 2. R3's Face Sheet documents R3 moved into the Establishment on 4/16/25. R3's initial Physician Certification form documents it was completed on 4/15/25. On 4/28/26 at 12:28 PM E1 Executive Director stated the Establishment does not have a current Physician Certification for R3 and R3's last Physician Certification was completed on 4/15/25. On 4/28/26 at 12:38 PM E1 Executive Director stated the Establishment does not have a policy on Physician Certifications and they follow the state regulations.	A4000		