

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510574	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/27/2026
NAME OF PROVIDER OR SUPPLIER GREEN LEAF SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7615 N HARKER DRIVE PEORIA, IL 61615		
(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 Initial Comment For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. 0000: Technical Infraction: 295.4000 a) During this survey, it was identified that the establishment did not have a physician complete the physician assessment for two of three residents reviewed. The regulation was reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.1040 a) b). No violation imposed.	A 000		

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

TITLE

(X6) DATE