STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510506	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE MORTON	1717 NORTH MAIN MORTON, IL 61550

(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 2520708 / IL 185233 and Complaint 252 / IL 185232. Complaint IL 185233 - No violations cited. Complaint IL 185232 - 295.4010 e) cited.	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition. VIOLATION Based on record review and interviews, the establishment failed to review and revise the service plan for one of three sampled residents after falls with injuries. (R1) Findings include: R1's current face sheet notes that R1 was admitted to the establishment on 7/8/24 with Diagnosis including but not limited to: Alzheimer's Disease, Osteoarthritis of the Left Knee, and Amnesia. R1's Physician's Assessment prior to admission dated 6/26/24 notes R1 to have a history of falls and accidents.	A4010		

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A4010	Continued From page 1 R1's progress notes since admission, note that R1 had falls on 7/24/24 that resulted in 3 staples to the back of her head, a fall on 12/23/24 that resulted in a scrape to her right elbow, and a fall on 1/26/25 that resulted in a large hematoma to her forehead and fracture of L1 (First vertebra of the Lumbar Spine). R1's service plan is her admission service plan and dated was 8/19/24. The service plan does not note anything regarding R1's three falls and was not revised to list interventions that would help reduce the risk of R1 from falling. On 2/4/25 at 11:05 A.M., E1 (Executive Director) confirmed that R1's service plan had not been revised to address R1's three falls.	A4010		