STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105900	A. BUILDING: _____ B. WING _____	C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHER CENTER	111 W STATE ST ROCKFORD, IL 61101

(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 Facility Reported Incident Investigation of 10/21/25/IL198428 295.4010 d) cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 295.4010 d) Type 2 Violation Section 295.4010 Service Plan d)The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to review service plans annually. This failure involves 1 of 3 residents reviewed for this requirement (R1). Findings include: R1's most recent service plan was requested from the establishment. The service plan provided was dated 1/16/23. On 11/12/25 at 10:04AM, E1 (Director/Director of	A4010		

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A4010	Continued From page 1 Nursing) stated, "I know there are a lot of service plans that still need to be updated. I have been reading through all of the regulations and I see that they are supposed to be updated annually; however, I have only been here since April so I am still getting my bearings and updating them as I find ones that are beyond a year since their last update." The establishment was unable to provide a policy related to service plans.	A4010		