STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	C 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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 IL198494 Section 295.6000 a)13)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Section 295.6000 Resident Rights 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: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Type 2 Violation Based on observation, interview and record review, the establishment failed to ensure the safety of one of three residents (R1) reviewed for safety in a sample of three that caused harm to a resident. R1's wheelchair armrest gave way when R1 attempted to stand. R1 sustained a hematoma to her head requiring hospital evaluation. Findings include: The establishment's incident report dated 11-5-25 documents "Activity aide notified this nurse that resident was in the company bus in wheelchair and resident was attempting to stand up from the wheelchair unassisted. When resident did this,	A6000		

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A6000	Continued From page 1	A6000		

wheelchair tipped over to the right side and resident caught herself by putting her right hand against the wall and prevented wheelchair from tipping all the way over but resident hit the right side of her head on the wall of the bus." Nursing assessed R1 finding a hematoma to R1's right side of her head and a small skin tear to her right wrist. R1 was sent to the local hospital for evaluation.

On 11-14-25 at 10:25, E4 Activity Assistant stated she witnessed R1's incident on 11-5-25. E4 stated R1's wheelchair was strapped into the establishment bus for an outing. R1 attempted to stand by pushing up from the armrest of the wheelchair when the right armrest gave way. R1 fell through the right side of the wheelchair onto the wall of the bus. E4 stated she noted bleeding to R1's head and notified the nurse.

On 11-14-25 at 12:30 pm, R1 was up in her wheelchair talking with staff. Fading bruising was noted to R1's right upper forehead area. E2 Wellness Director tested R1's armrest which was loose. With additional wiggling, the armrest came off of the wheelchair.

An establishment provided email dated 11-14-25 from E6 Regional Director of Clinical Operations documents a request for the establishment's therapy staff to do a device assessment on R1's wheelchair as it appeared to have some "malfunctioning issues."

On 11-18-25 at 9:15 am, E1 Director of Operations stated because of therapy reimbursement issues, R1's wheelchair has not yet been evaluated by therapy for safety. E1 acknowledged the safety issue and is trying to get get the wheelchair checked.

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A6000	Continued From page 2 R1's current service plan dated 11-11-25 documents R1 has Parkinson's disease, anxiety and unspecified psychosis. R1 needs assistance with activities of daily living including transfers and uses a wheelchair for ambulation.	A6000		