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 12/30/2025

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 FRI INVESTIGATION 1986632 Violation Cited 295.4010 a)d)e)g)2)3)h)4) Service Plan	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 2 VIOLATION Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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) 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 (see Section 295.4000).	A4010		

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 12/30/2025

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
A4010	Continued From page 1 g) Service plans shall address: 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. h) The service plan shall include all support services provided or arranged for by the establishment. 4) Any risk being negotiated; and These requirements are not met as evidenced by: Based on interview, record review, and observation the facility failed to ensure at each change of condition the service plan was addressed and included interventions. This has the probability to affect all residents at the facility. This failure creates a substantial probability of harm to a resident or residents. This applies to 3 residents R1, R2, and R3 reviewed for falls. Findings include: R1 moved to facility in 2018 with following diagnoses diabetes, chronic kidney disease, congestive heart failure, hypertension, chronic obstructive pulmonary disease, vertigo, major depressive disorder, alert orientated x 3. On 12/30/25 9:45am record review was completed on R1's facility Service Plan. Service Plan consisted of a check list. There was no documentation in service plan of R1's fall and did	A4010		

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 12/30/2025

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
A4010	Continued From page 2 not include interventions relating to the specific fall of 11/10/25. On 12/30/25 10:45am record review of R2 and R3, facility Service Plan. Service plan for R2, R3 also consisted of a check sheet. The Service Plan did not include the falls or interventions relating to each fall. On 12/30/25 at 12:00pm E1 (Director of Nursing), noted following that the computer-generated Service plan for this facility is a check list. It does not allow for additional charting and documentation such as interventions. Facility was unable to provide a policy and procedure for Service Plans.	A4010		