STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510330	A. BUILDING: _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SNYDER VILLAGE ASSISTED LIVING	1115 HARBERS LANE METAMORA, IL 61548

(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	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. Violation Based on interview and record review, the establishment failed to have an RN (Registered Nurse) help develop and sign the service plans of two of two residents (R4 and R5) reviewed who are receiving nursing services for medication administration. Findings include: R4's 8-23-24 service plan documents she requires licensed nursing staff to administer medications and management of her diabetes program. R4's service plan is not signed by an RN.	A4010		

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A4010	Continued From page 1 R5's 8-5-24 service plan documents she is receiving hospice services and requires licensed nursing staff to administer her medications. R5's service plan is not signed by an RN. On 4-15-25 at 2:30 pm, E1 (Director) stated R4 and R5's service plans were not developed with the help of an RN nor were they signed by an RN.	A4010		