| 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 _____ | 01/29/2026 |

| 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<br><br>Annual Licensure Survey<br><br>Section 295.2040 c) d)<br>Section 295.4010 d) e) g) 2) | A 000 | | |
| A2040 | Section 295.2040 Disaster Preparedness<br><br>This Regulation is not met as evidenced by:<br>Section 295.2040 Disaster Preparedness<br><br>c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:<br><br>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;<br><br>2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;<br><br>3) Evaluate the effectiveness of disaster plans, procedures and training.<br><br>d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.<br><br>Type 1 Violation<br><br>Based on interview and record review, the establishment failed to conduct the required number of tornado and fire/disaster drills for the last 12 months. This has the substantial probability of causing severe harm to residents | A2040 | | |

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| A2040 | Continued From page 1<br>residing in the establishment.<br><br>Findings include:<br><br>On 1-28-26, fire/disaster and tornado drills were requested for the last 12 months.<br><br>The establishment provided tornado drill documentation for 2-26-25 at 2:00 pm for the first and second shift. There is no documentation for a tornado drill on the third shift.<br><br>The establishment provided fire/disaster drills documentation only for 2-28-25 for the first shift, 3-19-25 for the second shift, and 5-2-28 for the first shift.<br><br>On 1-28-26 at 11:00 am, E1 Executive Director stated that is all they have regarding tornado and fire/disaster drills for the last 12 months.<br>. | A2040 | | |
| A4010 | Section 295.4010 Service Plan<br><br>This Regulation is not met as evidenced by:<br>Section 295.4010 Service Plan<br><br>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)<br><br>e) The service plan shall be reviewed and | A4010 | | |

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| A4010 | Continued From page 2<br>revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).<br><br>g) Service plans shall address:<br><br>2) The amount, type, and frequency of health-related services needed by the resident;<br><br>REPEAT VIOLATION<br><br>Violation Type 2<br><br>Based on interview and record review, the establishment failed to update the service plan after falls and failed to include health services provided to the residents for two of five resident (R1 and R5) reviewed for service plans in a sample of five. This failure creates a substantial probability of harm to a resident or residents.<br><br>Findings include:<br><br>R1's record documents she has had five falls in the month of November and December 2025 and is receiving hospice services. R1's 6-25-25 service plan does not contain any new interventions to prevent further falls. R1's service plan does not include R1 being on hospice.<br><br>R5's record documents she is receiving therapy services. Therapy services are not included on R5's 12-1-25 service plan.<br><br>On 1-28-26 at 11:40 am, E1 Executive Director verified the above items were not included on R1 and R5's service plans. | A4010 | | |