STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510506	A. BUILDING: _____ B. WING _____	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE MORTON	1717 NORTH MAIN MORTON, IL 61550

(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 Section 295.3040	A 000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Based on interview and record review, the establishment failed to initiate background checks timely for two of five employees (E2 and E5). This failure creates a substantial probability of harm to a resident or residents. Findings include: The establishment provided employee list documents E2's, Resident Care Coordinator start date as 3-4-24. E2's health care work background check was dated as completed 4-9-24. The establishment provided employee list documents E4's, Resident Aide start date as 2-7-25. E4's Day one orientation is dated 2-11-25. E4's background check was dated as completed 2-13-25.	A3040		

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A3040	Continued From page 1 On 2-5-26 E1 Executive Director verified E2 and E4's health care background checks were completed after their start date.	A3040		