STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510398	A. BUILDING: _____ B. WING _____	C 04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STORYPOINT ROMEOVILLE AL	605 S EDWARD DR ROMEOVILLE, IL 60446

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A 000	Initial Comment Facility Reported Incident IL00200829: 295.6010a)1)2)b)1-7) cited Complaint Investigation 2673776/IL00201009: Investigation unable to be completed due to subject of the complaint not residing at the facility.	A 000		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Type 2 Violation Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting 295.6010a)1)2)b)1-7) a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report. b) A written report of the investigation conducted pursuant to subsection (a)(2) shall	A6010		

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A6010	Continued From page 1 contain at least the following: 1) Dates, times, and description of the alleged abuse, neglect or financial exploitation; 2) Description of any injury to the resident; 3) Description of any change in the resident's physical, cognitive, functional, or emotional condition; 4) Any actions taken by the licensee; 5) A list of individuals and agencies interviewed or notified by the establishment; 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; and 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future. This regulation is NOT MET as evidenced by: Based on interviews and record review, the establishment failed to conduct an incident investigation for misappropriation of property and failed submit a final report to the Department of Public Health (IDPH) per regulations. This failure affects one of three residents (R1) reviewed for this regulation. This failure creates a substantial probability of harm to a resident or residents. Findings include: R1's face sheet documented a mov-in date of 04/14/2025 with a past medical history not limited to gastro-esophageal reflux disease, chronic kidney disease and edema. R1's service plan (provided 04/07/2026) indicated resident is oriented to person, place, time and situation.	A6010		

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A6010	Continued From page 2 R1's "state reportable form" report with completion date of 02/27/2026 documented that resident had misplaced jewelry that was reported to the executive director on 02/25/2026. Description of incident: resident reported to wellness director she is unable to locate her rings. Investigation in progress. Report indicated that Z1 (R1's daughter/power of attorney) was notified of incident. No date or time of contact is documented. R1's "final" report with date of "03/08/2026" (documented at top of report) and an incident date 02/26/2026 that was provided by facility on 04/07/2026 reads in part: Incident Summary: R1 notified E2 (Wellness Director) that she was unable to locate five rings. The date when the rings were last seen is unknown. Immediate Actions Taken: ...An incident report and state-reportable form were completed and submitted. The report was faxed to IDPH (Illinois Department of Public Health), and an investigation was initiated. Investigation Findings: Resident was hospitalized from December 27 to January 8. She is unable to recall when she last visually confirmed the presence of the rings, both before and after hospitalization. While the resident was in the hospital, her daughter stated she would tale the rings and later place them in the top section of the resident's jewelry box...The assistant wellness director contacted the non-emergency police department. Officer met with the resident, collected her statement, and opened case #26-0876 ...	A6010		

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A6010	Continued From page 3 Conclusion: ...There is no evidence indicating staff involvement, and therefore, the community is not held responsible for the missing rings... Final report does not indicate what the date of "03/08/2026" signifies, the date of final report submission, and did not document the date or time when R1 was interviewed, date when the police were notified or when R1 was interviewed by the police. No documentation of staff interviews conducted was indicated on the reportable form or final report. Review of R1's progress notes from February 2026 to current showed no documentation related to resident's misappropriation of property (missing jewelry). On 04/07/2026 at 11:33 AM, E2 (Wellness Director) said with an incident, "we do not complete an incident report internally or document a progress note, we just submit an incident report to IDPH". She then said that E3 (Assistant Wellness Director) conducts the incident investigations. On 04/07/2026 at 12:37 PM, R1 stated she was hospitalized for a few weeks after Christmas and while in the emergency room, her daughter (Michelle) told her to remove her rings so she could place the rings in R1's jewelry box at facility when she next visits with R3 (R1's spouse). R1 then said a few weeks after she returned to the facility, she asked her daughter about her rings. Daughter stated she placed the rings in the top of jewelry box. Upon search of the jewelry box by family, they discovered 5 rings in total were	A6010		

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A6010	Continued From page 4	A6010		

missing: R1's engagement & wedding rings, her mother's engagement & wedding rings, and a tanzanite ring. At 12:52, R1 said she has not heard anything more from the facility or the police regarding her missing jewelry since she reported the incident.

On 04/08/2026 at 10:31AM called Z1 (R1's Daughter/POA) she doesn't recall anyone from the community reaching out to her initially regarding R1's missing jewelry and indicated no one has notified her with the investigation outcome.

On 04/08/2026 at 10:52 AM, Z3 (R1's daughter) said an officer came to interview her mother (R1) a few weeks ago; believed the date was 03/13/2026. Z3 also spoke with the officer that same day on the phone. Z3 added that no one from the community contacted her regarding the missing rings or the outcome of their investigation.

On 04/08/2026 from 12:20 PM to 12:45 PM, E3 (Assistant Wellness Director) said verbatim regarding R1's incident: E2 notified her at the end of February that R1 reported she was unable to find her rings and an investigation needed to be initiated. E3 initiated the investigation a day or two afterwards. R1 reported incident on 02/26/2026 and stated to E3 that while she was in the hospital, her daughter (Z3) said she would take R1's rings and place them in her jewelry box in her apartment which she did not observe because she was hospitalized. When R1 returned from the hospital, she noticed five rings were missing. E3 then said she called Z1 (R1's power of attorney) on 02/26/2026 but the call went to her voicemail and E3 was unable to leave a voicemail. E3 added that she did not try calling Z1

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A6010	Continued From page 5	A6010		

back regarding the missing jewelry and could not give a reason why she didn't call Z1 back. E3 then said she searched R1's apartment with another staff member on same day but could not recall who this staff member was. (E3's search of apartment was not indicated on final report) E3 said the rings were not located and she asked R1 how she wanted to proceed. E3 added that she offered to contact the non-emergent police department. R1 stated she would think about it. E3 then said an officer spoke with R1 but she did not recall the date or time. E3 said she did not conduct any formal interviews with staff based on the timelines and resident stated she didn't think staff took any items from their room. E3 also said due to the incident being reported almost two months after her hospitalization and the timeframe reported, this was another reason she didn't interview staff. E3 added that she would typically do staff interviews when an incident is reported in "real time" and if staff no longer work at the facility, it would be hard to contact them. E3 then said after an incident occurs, typically an open-ended question form is created and provided to staff or other residents as part of investigation to collect information but was not done for R1's incident due to the timeframe. E3 added there has been an issue in the past with missing jewelry, but they were reported in real time. E3 then said there was not enough information in R1's incident to substantiate the theft. E3 added that she never reached out to Z3 who R1 stated was to place the rings in the jewelry box. E3 said the officer who spoke with R1 gave her the case number but not the police report but did not recall the date it was provided. E3 indicated that the "state reportable form" is the initial report that is submitted to IDPH then said 02/27/2026 was the date she completed the report and gave to E2 (Wellness Director). E2

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submits initial and final reports to IDPH. E3 added that typically the initial report is submitted to IDPH "48 hours" after incident initially happened and "14 days for a final report after the incident occurred". E3 indicated that the date of 03/08/2026 that is documented on R1's final report, is the date she sent the final report to E2. E3 then said she would provide the dates regarding when the police were called and when they spoke with the resident. (Dates were not provided from E3 upon survey exit)

On 04/08/2026 at 01:26 PM, E2 (Wellness Director) said E3 does the investigation process, interviewing and contacts the police then submits the initial/final reports to me (E2). E2 indicated she submits the reports to IDPH once received from E3. E2 then said she submitted R1's initial report to IDPH on 02/27/2026 and the final report was submitted on 03/08/2026 and 03/18/2026. Both were submitted via fax. At 1:33 PM, E2 said initial reports are submitted to IDPH within twenty-four (24) hours but was unsure when the final report should be submitted; most likely after investigation is complete. E2 added that R1's incident was closed as of 03/08/2026. (Requested transmission verification report or fax confirmation page for R1's final report from E2 but was not received upon survey exit)

Note: The date that R1's incident investigation was closed as indicated per E2, was prior to the date that Z3 stated she and R1 spoke with an officer regarding the missing jewelry.

On 04/08/2026 at 2:44 PM E7 (Caregiver) said around January 2026, R1 told her that she was missing some jewelry. E7 told R1 to look through the drawers of jewelry box. E2 indicated she would do so. E7 said she informed the nurse but

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A6010	Continued From page 7 did not recall who the nurse was. E7 then said a few days later, she was in R1's apartment and overheard R1 talking with her daughter about the missing rings. E7 said she told R1 and her daughter they should report to E2. E7 added that she did not report the allegation to anyone on this day. At 2:49 PM, E7 said she was not interviewed or asked to write a statement regarding R1's incident. On 04/08/2026, when asked for incident reporting policy, E2 provided Illinois Assisted Living and Shared Housing (ALSH) document titled "Incident Report Documentation Flow" that indicated an internal incident report, progress note, and incident progress/follow-ups are all to be entered into a resident's electronic health record. Internal Reportable Events policy provided by facility on 04/07/2026 last reviewed/revised 01/29/2025 reads in part: the purpose of the Internal Reportable Events policy is to ensure that events that occur in community are appropriately reported to internal leadership and department specific leaders. Policy did not include the process or timelines when reporting initial and/or final report to Illinois Department of Public Health (IDPH).	A6010		