STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510213	A. BUILDING: _____ B. WING _____	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEBRIDGE MT VERNON	1400 SOUTH 34TH ST MOUNT VERNON, IL 62864

(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 Liensure Survey 295.4000 b) Facility Reported Incident IL201192 and IL200783 No Violations Complaint Investigation IL200773: No violations	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Based on interview and record review the establishment failed to obtain a physician's assessment by a physician for 3 assessments. The facility failed to have R3's physician's assessment completed annually. This creates a substantial probability of harm to a resident or residents. Findings include: Record Review: R1, R2, and R3's physician assessments were all completed by a nurse practitioner. R1's assessment was completed and signed by an advanced practice nurse on 1/7/25. R2's assessment was completed and signed by an advanced practice nurse on 8/15/25. R3's	A4000		

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A4000	Continued From page 1 assessment was completed and signed by an advanced practice nurse on 1/9/24. R3's physician assessment was not completed annually. R3's last physician assessment was completed on 1/9/24. Interview: E4, Executive Director, confirmed the finding and noted that a nurse practitioner has completed the physician assessments.	A4000		