STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510208	A. BUILDING: _____ B. WING _____	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMBODEN CREEK GARDENS	185 W IMBODEN DR DECATUR, IL 62521

(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 Original investigation of Complaint#2664095/IL201121. 295.3000 a) b)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. Based on interview and record review, the establishment failed to ensure a staff member with a current CPR (Cardiopulmonary Resuscitation) certification was on duty at all times. This failure creates a substantial probability of severe harm to a resident or residents.	A3000		

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A3000	Continued From page 1 Findings include: On 04/09/26 at 10:30 AM, E5 (former Resident Aide) stated her CPR (Cardiopulmonary Resuscitation) certification expired in November 2025. E5 stated, "They had hired a Director of Nursing back in December 2025. He did not stay long and quit shortly after he was hired. I remember him asking me if I had CPR and I told him that I needed to renew it." E5 confirmed she worked alone in the establishment without a current CPR certification from December 1, 2025 until she was terminated shortly after working her shift on March 26, 2026. On 04/09/26, E5 provided a copy of documentation containing her most recent CPR certification, which indicates the following: E5 completed the CPR certification course on 11/27/23; As of 04/09/26, E5's CPR certification status is noted as 'Inactive,' with a recommended date of renewal of November 2025. On 04/09/26, E3 (Chief Operating Officer) provided copies of the establishment's Master Schedules (dated 12/2025 - 04/2026), along with coordinating Employee Time Punch records. The Master Schedule documents E5 (former Resident Aide) worked a total of 81 night shifts at the establishment from 12/01/25 - 03/26/26. The Master Schedules also document E5 was the only staff member scheduled working during the night shift. On 04/09/26 at 02:45 PM, E3 confirmed E5 was the only individual working in the building when she worked the night shift from 12/01/25 - 03/26/26.	A3000		