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 _____	C 04/28/2026

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 Facility Reported Incident IL201249 Section 295.4060 h) 3)	A 000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: Type 2 Violation Based on interview and record review, the establishment failed to follow their policy for transfers for one of three residents (R1) reviewed for transfers in a sample of three. R1 was transferred without use of a gait belt sustaining a skin tear to her arm. This failure caused harm to a resident or creates a substantial probability of harm to a resident or residents. Findings include: R1's State reportable form dated 4-10-26 documents on 4-7-26, R1 was transferred without use of a gait belt as required by facility protocol for safe resident handling. R1 sustained a skin	A4060		

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A4060	Continued From page 1 tear to her right arm. On 4-24-26 at 12:50 pm, E2 Wellness Director stated they use the Certified Nursing Assistant/Resident Assistant Orientation Checklist as their policy for gait belt transfers. This form documents training on usage of gait belts for transfers. E2 stated it is their policy that all hands on transfers/activity require use of a gait belt for safety. E2 confirmed E3 and E4 (Resident Assistant/RA) did not use a gait belt for R1's 4-7-26 transfer. R1's service plan intervention dated 11-3-25 documents that staff should place a gait belt on R1 for all transfers. On 4-24-26 at 10:15 am, E3 RA/Resident Assistant stated on 4-7-26, she and another RA (E4) transferred R1 from a chair to her wheelchair without use of a gait belt. E3 then noticed a skin tear to R1's right arm that was not there before. R1's Progress note dated 4-7-26 documents R1 had a 5.0 x 5.0 x 0 cm/centimeter skin tear with flap. The areas was cleaned and dressed and a sleeve placed on R1's arm to protect the skin.	A4060		