STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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 Change of Ownership Survey conducted. Prairie View Assisted Living changed to Dimensions Living of Winnebago, effective 4/1/25. Violations: 295.2040b)5) 295.3000b) 295.3030a)-b) 295.4050 Tuberculin Skin Test Procedures Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a)2)C) 295.8000a)1) Section 750.1140 Garbage and Refuse Storage a)-b) Section 750.1160 General 295.9040c) Complaint Investigation 2516432 / IL196397 - Substantiated Violations: 295.8000a)1) Section 750.1140 Garbage and Refuse Storage a)-b) Section 750.1160 General 295.9040c)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 3 Violation	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A2040	Continued From page 1 Section 295.2040 Disaster Preparedness ... b) Each establishment shall: ... 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to show new residents were oriented to the emergency and evacuation plans within 10 days after arrival. This applies to 2 of 3 resident (R2, R3) reviewed for this requirement. The finings include: There was no documentation to show the following new residents were oriented to the emergency and evacuation plan w/in 10 days after arrival: R2 - move in date 5/7/25 R3 - move in date 8/2/25 During interview, on 8/21/25 at 4:42 PM, E1 (Executive Director) indicated, she could not find the documentation. E1 indicated, since she started in July, residents were oriented to the emergency plan and exits as part of admission, but they did not have them sign that it was done.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A3000	Continued From page 2 This Regulation is not met as evidenced by: General Violation Section 295.3000 Personnel Requirements, Qualifications and Training ... 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. This requirement was not met, as evidenced by: They failed to ensure they had on duty at all times at least one direct care staff person who obtained cardiopulmonary resuscitation (CPR) training specific to adults, which included a demonstration of the individual's ability to perform CPR. This applies to all residents in the community. This failure creates a substantial probability of severe harm to a resident or residents, in the event of a medical emergency it cannot be ensured that there is a qualified direct care staff person to adequately or correctly provide CPR. The findings include: On 8/20/25, direct care staff CPR certifications were reviewed and compared to the Nursing and Resident Assistant schedules for April to August 2025. E10's CPR Certification of Completion from International CPR Institute, completion 1/7/24 and expiration 1/7/26, did not indicate return	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A3000	Continued From page 3	A3000		

demonstration was part of the course, as state regulation requires. The course website https://www.icpri.com/online-courses/ was reviewed and showed the course was on-line only. For this reason, E10 was not factored as part of direct staff CPR certified coverage.

During interview, on 8/20/25 at 12:50 PM, E1 (Executive Director - ED) indicated, they could not provide the April and July 2025 Nurse schedule. For this reason, April and July nurses could not be factored as part of the direct staff CPR certified coverage.

The following dates/times could not be verified that a direct care CPR certified staff person was on duty:

April
6:00 AM-11:30 AM - 4/19
6:00 AM-2:00 PM - 4/5, 4/10, 4/20, 4/21, 4/28
6:00 PM-8:00 PM-4/6
2:30 PM-6:00 AM - 4/1, 4/13, 4/24, 4/25, 4/29
2:30 PM-8:00 PM - 4/11, 4/12, 4/22, 4/26, 4/27
2:30 PM-10:00 PM - 4/14, 4/15, 4/17
8:00 PM-6:00 AM - 4/19
10:30 PM-6:00 AM - 4/2, 4/3, 4/7, 4/8, 4/9, 4/16, 4/18

May
12:00 AM-6:00 AM - 5/4
6:00 AM-2:00 PM - 5/3
2:30 PM-4:00 PM - 5/2, 5/4, 5/7, 5/9, 5/10, 5/11, 5/14, 5/16, 5/23, 5/25, 5/28, 5/31
2:30 PM-6:00 AM - 5/17, 5/18, 5/27
2:30 PM-8:00 PM - 5/5, 5/8
2:30 PM-10:00 PM - 5/26, 5/29, 5/30
8:30 PM-10:00 PM - 5/15, 5/25, 5/28
8:30 PM-6:00 AM - 5/4, 5/9, 5/10, 5/11, 5/16, 5/23, 5/30, 5/31

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A3000	Continued From page 4 10:00 PM-6:00 AM - 5/27 10:30 PM-6:00AM - 5/2, 5/3, 5/6, 5/13 June 2:30 PM-4:00 PM - 6/1, 6/13, 6/17, 6/20, 6/21, 6/24, 6/25, 6/27, 6/28, 6/29 8:30 PM-10:00 PM - 6/1, 6/6, 6/13, 6/17, 6/20, 6/21, 6/24, 6/25, 6/27, 6/28, 6/29 10:00 PM-6:00 AM - 6/1, 6/9, 6/14, 6/15, 6/16, 6/19, 6/20, 6/24, 6/25, 6/26, 6/28, 6/29 6:00 AM-2:30 PM - 6/6, 6/13, 6/14, 6/15, 6/18, 6/19, 6/25 2:30 PM-4:00 PM - 6/6 2:30 PM-10:00 PM - 6/7, 6/8, 6/14, 6/15, 6/22, 6/23, 6/26, 6/27, 6/30 July 6:00AM-2:00 PM - 7/3, 7/7, 7/14 10:00 PM-6:00 AM - 7/2, 7/4, 7/5, 7/12, 7/18, 7/26, 7/27, 7/29 10:30 PM-6:00 AM - 7/1, 7/9 2:00 PM-10:00 PM - 7/8, 7/14 2:30 PM-10:00 PM - 7/2, 7/6, 7/11, 7/12, 7/13, 7/15, 7/18, 7/19, 7/20, 7/21, 7/22, 7/24, 7/25, 7/26, 7/27, 7/29, 7/31 August 6:00 AM-2:00 PM - 8/12, 8/13, 8/14, 8/15, 8/16, 8/17, 8/19 6:00 AM-2:30 PM - 8/4 2:00 PM-4:00 PM - 8/16, 8/17 2:00 PM-10:00 PM - 8/13, 8/15 2:30 PM-10:00 PM - 8/1, 8/4, 8/6, 8/7, 8/9, 8/10, 8/11 2:30 PM-4:00 PM - 8/3, 8/5, 8/8, 8/14 8:30 PM-10:00 PM - 8/3, 8/5, 8/8, 8/14, 8/16, 8/17 10:00 PM-6:00 AM - 8/8, 8/10, 8/13 10:30 PM-6:00 AM - 8/17, 8/21 During email communication, on 8/21/25 at 11:32	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A3000	Continued From page 5 AM, E1 (ED) indicated, all available CPR cards were provided.	A3000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3 Violation Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure a new direct care employee had an initial health evaluation no more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. This applies to 1 of 9 employees (E9) reviewed for this requirement. The findings include: The following direct care employee had an initial	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A3030	Continued From page 6 health evaluation completed mor than 30 days prior to their initial employment: E9 (Caregiver) - Date of Hire 5/25/25 - Health Evaluation dated 1/13/25 During interview on 8/22/25 at 11:45 AM, E1 (Executive Director) indicated, she could not find a more recent physical for E9.	A3030		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 2 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and	A4050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A4050	Continued From page 7 Guidelines for Health-Care Settings. a) Screening for Latent TB Infection ... 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC ... C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare facility written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure a resident obtained an entry TB screening. This applies to 1 of 3 residents (R2) reviewed for this requirement. This failure creates a substantial probability of harm to a resident or residents, in that it poses an undue risk of infection to residents.	A4050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A4050	Continued From page 8 The findings include: The following resident did not have an entry TB: R2 - Moved in 5/7/25 During email conversation, on 8/21/25 at 11:57 AM, E1 (Executive Director) confirmed they did not find a TB test for R2.	A4050		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. Section 750.1140 Garbage and Refuse Storage a) Garbage and refuse on the premises shall be stored in a manner inaccessible to insects and rodents. When stored outside, plastic bags or high wet strength paper bags or bale units containing garbage and refuse must be stored in a manner inaccessible to insects and rodents. Cardboard or other packing material not	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A8000	Continued From page 9 containing garbage or food waste need not be stored in covered containers. b) Garbage or refuse storage rooms, if used, shall be constructed of easily cleanable, non-absorbent, washable materials, shall be kept clean, shall be insect and rodent proof, and shall be large enough to store the garbage and refuse containers that accumulate. Section 750.1160 General - Insect and Rodent Control Effective measures intended to minimize the presence of rodents and flies, roaches, and other insects on the premises shall be utilized. The premises shall be kept in such condition as to prevent the harborage or feeding of insects or rodents. This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to keep garbage stored on the premises in a manner inaccessible to insects and rodents. The failed to keep the premises in such condition as to prevent the harborage or feeding of insects or rodents. These failures have the potential to affect all residents in the community. These failures create a substantial probability of harm to a resident or residents, as infestations of insects and rodents pose a health risk to residents. The findings include: Garbage stored outside was accessible to insects and rodents: During observation and interview with E3	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A8000	Continued From page 10 (Culinary Supervisor), on 8/20/25 at 10:24 AM-10:47 AM, the outdoor garbage disposal was in an enclosed area, with four large dumpsters, two on the left and two on the right. The first dumpster on the left had garbage bags that heaped out of the dumpster to where the lid was about one and a half feet open. Swarms of flies and bees surrounded the garbage. The three other dumpsters were observed and the second dumpster on the left and right had plenty of room for additional garbage. E3 indicated, staff did not throw away garbage as they should. The premises was not kept in such condition as to prevent the barborage or feeding of insects or rodents: During the same observation and interview, the kitchen storage room was observed with E3. A large sack of flour (approximately 50 pounds) laid on the lower shelf of a metal rack and was open with flour exposed and a scoop stuck out of the opening. E3 indicated, they did not have a large storage container and the flour was opened that day. During the same observation and interview, the kitchen prep area was observed with E3. Food fragments laid on the metal prep stand, next to the kitchen entrance. Food fragments laid on the floor, near the wall, under the metal stand next to the stove and surrounding the stove. A dark brown waffle fry lay against the wall, between the metal stand and the stove. E3 indicated, she was the only kitchen staff to prep, cook, and clean. E3 indicated, the kitchen had concerns with loose bugs, roaches, a few months ago.	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A8000	Continued From page 11 During interview, on 8/22/25 at 11:45 AM, E1 (Executive Director) indicated, she addressed kitchen concerns.	A8000		
A9040	Section 295.9040 Environmental Requirements This Regulation is not met as evidenced by: Type 2 Violation Section 295.9040 Environmental Requirements c) The establishment shall be free of insects and rodents ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to be free of insects and rodents. This failure creates a substantial probability of harm to a resident or residents, as infestations pose a health risk to residents. The findings include: During interview, on 8/20/25 at 10:24 AM, E3 (Culinary Director) indicated, pest control came a few months ago because there were loose bugs, roaches, in the kitchen. During interview, on 8/20/25 at 10:51 AM, E11 (Caregiver) indicated, the kitchen had roaches and R1's room. E11 indicated, there were no concerns since the area were treated. Pest control documentation was reviewed for June-August 2025. Pest control receipt, dated	A9040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510275	A. BUILDING: _____ B. WING _____	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING OF WINNEBAGO	500 E MCNAIR RD WINNEBAGO, IL 61088

(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
A9040	Continued From page 12 6/20/25, showed pest control through Abby Pest Elimination. The receipt showed treatment of 11 apartments, kitchen, dining room, and common areas. Pest control email, dated 7/25/25, with attached receipt, dated 7/18/25, showed pest control changed to Screw City Pest Control. The email showed they were "working towards eliminating the roach issue in the kitchen. We've had issue in the past with them inside the dishwasher ..." Pest control receipt, dated 8/2/25, showed treatment of roaches in kitchen area, and treatment of mice. An email, dated 8/3/25, showed improvement with roaches and noted mice were probably coming out from the ceiling area due to construction. During interview, on 8/20/25 at 4:12 PM, E12 (Business Office Manager) confirmed there were roaches in the kitchen and room 16. E12 confirmed frequency of pest control was increased and is ongoing.	A9040		