STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510195	A. BUILDING: _____ B. WING _____	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE INN OF SHELBYVILLE	1111 W NORTH 12TH ST SHELBYVILLE, IL 62565

(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 Licensure Survey 295.4000b)	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 record review and interview the establishment failed to ensure resident physician assessments are completed by a physician. This failure creates a substantial probability of harm to residents. Findings include: R2 was admitted to the establishment on 03-01-2024. R2's diagnoses include hypertension and arthritis. R2's 04-25-2026 Physician Certification form is signed by an Advanced Practice Registered Nurse. On 05-06-2026 at approximately 1:45pm, E1 (Resident Services Director) confirms that R2's Physician Assessment is not signed by a physician.	A4000		