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A 000	Initial Comment Annual Survey Conducted Violations: 295.2040b)2)5)d) 295.3020a)1-6)b)1-6)c)1-6)d)1-5) 295.3030a)b)c)d) 295.4000a)b)c) 295.4010a)b)1-3)c)d)e)g)1)A)C)2)3)h)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness b) Each establishment shall: 2) Instruct all personnel employed on the premises in the use of fire extinguishers. 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. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. These requirements were not met, as evidenced by:	A2040		

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A2040	Continued From page 1 Based on record review and interview, the establishment failed to (1) Instruct all personnel employed on the premises in the use of fire extinguishers (2) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. (3) conduct a tornado drill on each shift during February of each year for employees. These failures involve 3 of 8 employees (E3, E6, & E8). These failures involve 5 of 5 residents reviewed for this requirement (R1, R2, R3, R4, & R5). These failures create a substantial probability of severe harm to residents. Findings include: (1) During record review on 5/12/2026 at 1:47 PM it was found that the provided fire extinguisher in-service, conducted on 10/1/2025, was missing signatures from E3 (Cook), E6 (Cook), and E8 (CNA). E3's date of hire is 2/26/2026. E6's date of hire is 10/13/2025. E8's date of hire is 4/18/2024. An interview with E1 (Executive Director) on 5/12/2026 at 2:19 PM went as follows: Surveyor: "I don't see fire extinguisher training for [E3], [E6], or [E8]." E1: "I'm not sure if they were hired at the time we did it. They weren't here." (2) During record review on 5/18/2026 at 11:31 AM R4's emergency and evacuation plan orientation was found to be dated 6/4/2025. R4's move in date is 7/27/2023. This is outside of the 10 day requirement. R1, R2, R3, and R5 did not have an emergency and evacuation plan.	A2040		

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A2040	Continued From page 2 An interview with E1(Executive Director) on 5/18/2026 at 9:50 AM went as follows: Surveyor: "I will also need all the sampled resident's Resident Orientation to emergency exit etc." E1: "This is what we have other than monthly fire drills. Residents have a map of all planned escape routes towards nearest Exit in each apartment as well." Surveyor: "The second file attached, the Fire Prevention acknowledgment, Do you have signed copies for the 5 sampled residents? " E1: "Since last evacuation [R4] is the only one on this list that I have. We will be having next full Evacuation in July. So, any newer Residents will be part of that." (3) During record review on 5/12/2026 at 1:30 PM the establishment's staffing schedule show three shifts. These shifts are 6:00 AM- 2:00 PM, 2:00 PM- 10:00 PM, and 10:00 PM-6:00 AM. During record review on 5/12/2026 at 1:45 PM it was found that the establishment only held one tornado drill in February of 2026. This tornado drill was conducted on 2/17/2026 at 3:30 PM. An interview with E1 (Executive Director) on 5/12/2026 at 2:19 PM went as follows: Surveyor: "How many tornado drills did the facility have in February?" E1: "From my understanding, one."	A2040		
A3020	Section 295.3020 Employee Orientation and Ongoing Training	A3020		

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A3020	Continued From page 3 This Regulation is not met as evidenced by: Type 2 Violation Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents; 2) The significance and location of resident service plans; 3) Internal establishment requirements and	A3020		

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A3020	Continued From page 4 the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily living appropriate to the job. c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights; 2) Disaster procedures; 3) Hygiene and infection control; 4) Assisting residents in self-administering medications; 5) Abuse and neglect prevention and reporting requirements; and 6) Assisting residents with activities of daily living. d) All training shall be documented with: 1) Date; 2) Starting and ending time;	A3020		

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A3020	Continued From page 5 3) Instructors and their qualifications; 4) Short description of content; and 5) Staff member's written signature. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to (1) Ensure employees completed orientation (2) Ensure managers and direct care staff members had at least 8 hours of ongoing training every 12 months. These failures involve 5 of 8 employees reviewed for these requirements (E1, E3, E5, E6, & E8). This failure creates a substantial probability of harm to a resident or residents. Findings include: During record review on 5/12/2026 at 11:40 AM it was found that E3 (Cook), with a hire date of 2/26/2026, did not have any orientation in their employee file. During record review on 5/12/2026 at 12:13 PM that E5 (Resident Assistant), with a hire date of 6/17/2023, only had 4 hours of continuing education for the last 12 months. E5 had 1 hour of continuing education on 9/25/2025, 10/21/2025, 1/7/2026, and 3/10/2026. During record review on 5/12/2026 at 12:15 PM it was found that E8 (CNA), with a hire date of 4/18/2024, only had 3 hours of continuing education for the last 12 months. E8 had 1 hour of continuing education on 10/21/2025, 1/7/2026, and 3/10/2026.	A3020		

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A3020	Continued From page 6 During record review on 5/12/2026 at 12:20 PM it was found that E1 (Executive Director), with a hire date of 10/13/2022, only had 1 hour of continuing education for the last 12 months. This hour was dated 3/10/2026. During record review on 5/12/2026 at 1:17 PM it was found that E6 (Cook), with a hire date of 10/13/2025, did not have orientation documentation in their employee file. During record review on 5/18/2026 it was found that the establishment only offered 5 in-services to employees from 5/12/2025 to 5/12/2026. An interview on 5/12/2026 at 2:19 PM with E1 went as follows: E1: "[E6] admitted that he has been procrastinating getting his physical done. He will be getting it done next week. I don't see anything for [E3] or [E6] for orientation. My head cook is in charge of that. [E4]'s physical should be with her new hire paperwork. I don't see it in here." E2: "We will reach out to [E4]. I'll text her." ... Surveyor: "Are you aware that all employees are to have at least 8 hours of continuing training annually?" E1: "Yes" Surveyor: "Yourself, [E5], and [E8] do not have 8 hours." E1: "Let me go look. I didn't sign them because I gave the in-services."	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl	A3030		

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A3030	Continued From page 7 This Regulation is not met as evidenced by: Type 2 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. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. These requirements have not been met, as evidenced by: Based on record review and interview, the establishment failed to ensure that employees had an initial health evaluation conducted no later than 30 days after the employee's initial employment. This failure involves 3 of 4 employees reviewed for this requirement (E3, E6, & E7). This failure creates a substantial probability of harm to a resident or residents. Findings include:	A3030		

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A3030	Continued From page 8 During record review on 5/12/2026 at 11:30 AM it was found that E3 (Cook), with a hire date of 2/26/2026, did not have their initial health evaluation completed until 3/31/2026. This is outside of the 30 day requirement. During record review on 5/12/2026 at 12:09 PM it was found that E7 (CNA), with a hire date of 7/21/2025, did not have an initial health evaluation in their employee file. During record review on 5/12/2026 at 1:17 PM it was found that E6 (Cook), with a hire date of 10/13/2025, did not have an initial health evaluation in their employee file. An interview on 5/12/2026 at 2:19 PM with E1 (Executive Director) and E2 (Wellness Director) went as follows: E1: "[E6] admitted that he has been procrastinating getting his physical done. He will be getting it done next week. I don't see anything for [E3] or [E6] for orientation. My head cook is in charge of that. [E4]'s physical should be with her new hire paperwork. I don't see it in here." E2: "We will reach out to [E4]. I'll text her." Surveyor: "[E3]'s date of hire is 2/26/2026. Why was her physical not done until 3/31/2026?" E2: "I guess she did it later." Surveyor: "Where is [E7]'s physical?" E2: "Let me go text them." E1: "I don't see it in here."	A3030		
A4000	Section 295.4000 Physician/s Assessment	A4000		

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A4000	Continued From page 9 This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that resident physician's assessments were completed by a physician. This failure involves 2 of 5 residents reviewed for this requirement (R2 & R4). Findings include: During record review on 5/18/2026 at 10:19 AM it was found that R4's physician assessment, dated 7/8/2025, was signed by Z1 (APN). During record review on 5/18/2026 at 10:50 AM it	A4000		

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A4000	Continued From page 10 was found that R2's physician assessment, dated 1/23/2026, lists R2's physician but was completed and signed by Z2 (NP). An interview with E2 (Wellness Director) on 5/18/2026 at 12:56 PM went as follows: Surveyor: "Were you aware that the physician assessment must be completed by a physician, so an MD or DO?" E2: "No. I was not aware. No. I didn't know that. That's good to know."	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is	A4010		

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A4010	Continued From page 11 receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; h) The service plan shall include all support services provided or arranged for by the establishment. These requirements were not met, as evidenced	A4010		

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A4010	Continued From page 12 by: Based on record review and interview, the establishment failed to (1) ensure service plan were developed/signed by the resident/resident representative (2) ensure service plans addressed the frequency of health-related services (3) ensure services plans were updated immediately after a significant resident change. These failures involve 4 of 5 residents reviewed for these requirement (R1, R3, R4 & R5). This failure creates a substantial probability of harm to a resident or residents. Findings include: (1) During record review on 5/12/2026 at 3:19 PM it was found that R1's service plan, dated 3/20/2026, was missing the resident/resident representative signature and date. It appears as if E1 (Executive Director) almost signed in that space in error. (2) During record review on 5/12/2026 at 10:45 AM R3 was noted to be on a list of residents receiving PT/OT therapy services. R4 was noted to be on a list of residents receiving hospice services. During record review on 5/18/2026 at 10:32 AM it was found that R3's 3/16/2026 service plan did not stated the frequency for their PT/OT therapy services. During record review on 5/18/2026 at 10:41 AM it was found that R4's 7/2/2025 service plan did not state the frequency for their hospice services.	A4010		

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A4010	Continued From page 13 During record review on 5/18/2026 at 1:15 PM it was found that R3's Occupational Therapy (OT) notes, dated 5/13/2026, state that OT services started on 3/30/2026. During record review on 5/18/2026 at 1:20 PM it was found that R3's Physical Therapy (PT) notes, dated 5/12/2026, state that PT services were started on 3/23/2026. An interview with E2 (Wellness Director) on 5/18/2026 at 12:40 PM went as follows: ... Surveyor: "How often does [R3] see PT/OT?" E2: "PT is usually 2-3 days a week. OT is like 2 days but it may have changed. Therapy doesn't really communicate that much with me so I usually find out from the residents." Surveyor: "When did [R4] start on hospice?" E2: "I'd have to find out." Surveyor: "How often does hospice see him?" E2: "The nurse comes twice a week." (3) During record review on 5/12/2026 a resident roster was given to the surveyor. This resident roster included each resident's code status. R5's code status was listed as DNR (Do Not Resuscitate). During record review on 5/12/2026 at 10:45 AM R4 was noted to be on a list of residents receiving hospice services. During record review on 5/18/2026 at 9:31 AM it was found that R5's 11/10/2025 service plan states they are a full code.	A4010		

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STONECROFT VILLAGE RETIREMENT COMMUNITY	1700 BURLINGTON STREET MENDOTA, IL 61342

(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
A4010	Continued From page 14 During record review on 5/18/2026 at 10:41 AM R4's 7/2/2025 service plan was found to state "N/A" under hospice provider. During record review on 5/18/2026 at 1:06 PM it was found that R5's POLST form dated 12/23/2025 states that she is a DNR. An interview with E2 on 5/18/2026 at 12:40 PM went as follows: Surveyor: "Is [R5] a full code?" E2: "I'll have to look." Surveyor: "How often does [R3] see PT/OT?" E2: "PT is usually 2-3 days a week. OT is like 2 days but it may have changed. Therapy doesn't really communicate that much with me so I usually find out from the residents." Surveyor: "When did [R4] start on hospice?" E2: "I'd have to find out." Surveyor: "How often does hospice see him?" E2: "The nurse comes twice a week." During an interview with E2 on 5/18/2026 at 12:56 PM they stated, "Here is [R5]'s POLST. [R4]'s hospice admit date is 4/2/2026. I found the therapy notes for [R3]. It has her start date and plan."	A4010		