STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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 Investigation to incident of 05-14-26/IL#201876. 295.4000 b) 295.4010 a) d) e) g) 1) A) C) 2) 3) h) 295.4060 h) 3) A) B) 5) 295.6000 a) 1) 13)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Repeat 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 interview and record review, the establishment failed to ensure a Physician's Assessment was completed annually by a physician for one of three residents (R3) reviewed for falls in the sample of four. This failure creates a substantial probability of harm to a resident or residents. Findings include: R3's current medical record documents R3 was admitted to the establishment on 04/28/26. R3's current Physician's Assessment (dated 04/28/26) was signed and completed by Z1 (Nurse Practitioner).	A4000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4000	Continued From page 1 On 05/20/26 at 02:20 PM, E1 (Executive Director) verified R3's current Physician's Assessment was not completed or signed by a Physician.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 1 Violation - Repeat 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. 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:	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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 2 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. Based on interview, observation and record review, the establishment failed to develop a Service Plan for one resident (R3), revise a Service Plan to document the use of bed rails for one resident (R2), and ensure that resident falls were reflected on the Service Plan for three of three residents (R1-R3) reviewed for falls in the sample of four. These failures create a substantial probability of severe harm to a resident or residents. Findings include: The establishment's 'Falls' policy (undated) documents the following: "Falls will be documented on the Service Plan including interventions. Root causes and interventions will be put in place in the attempt to decrease resident falls ..." The establishment's Resident Care Policy (undated) documents the following: "Service Plan: Within 10 days after admission, a written service	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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 3	A4010		

plan will be completed or co-signed by the consulting R.N. (Registered Nurse) with input from the resident or his/her representative."

1. On 05/20/26, all of R1's Incident Reports occurring between 01/01/26 - 05/20/26 were requested for review. E1 (Executive Director) provided copies of 16 Incident Reports pertaining to R1's falls at the establishment that occurred on the following dates: 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26.

R1's most recent Service Plan (dated 07/20/25) has no mention of R1's falls on 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26, or any fall prevention interventions documented following these falls.

On 05/20/26 at 02:10 PM, E1 (Executive Director) confirmed R1's current Service Plan does not mention any of R1's 16 falls on 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26. E1 also stated that R1's Service Plan was not revised with any fall prevention interventions implemented following his falls at the establishment that occurred between 01/01/26 - 05/14/26 because no fall prevention interventions were implemented after these falls.

2. On 05/20/26 at 12:45 PM, R2 was lying in bed with her eyes closed and appeared to be asleep. Two upper 1/2 bed rails were attached to both

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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 4	A4010		

sides of R2's bed, and were secured in the upright position. E5 (Resident Aide) was sitting in a chair in R2's room cleaning a piece of equipment utilized by R2 and stated, "(R2) had diarrhea last night so she has been asleep off and on. I was told she did not sleep well last night."

R2's medical record documents R2 was admitted to the establishment on 02/04/26.

On 05/20/26, all of R2's Incident Reports occurring from 02/04/26 - 05/20/26 were requested for review. E1 (Executive Director) provided copies of 24 Incident Reports pertaining to R2's falls at the establishment during this time on the following dates: 02/06/26 at 4:11 PM, 02/06/26 at 6:30 PM, 02/10/26, 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26.

R2's current Service Plan has no mention of R2's falls on 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26, or any fall prevention interventions that were implemented following these falls. This Service Plan also has no mention of the use of R2's bilateral 1/2 upper bed rails.

On 05/20/26 at 02:10 PM, E1 (Executive Director) verified that no fall prevention interventions were implemented to prevent further falls after R2 fell

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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 5 at the establishment on 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26, and therefore, R2's Service Plan has not been revised to reflect these falls. E1 also confirmed that R2's Service Plan has no mention of R2's use of bilateral 1/2 upper bed rails. 3. R3's Incident Report documents R3 was discovered on the ground by staff after R3 fell at the establishment on 04/30/26 at 08:00 AM. R3's medical record was reviewed and did not contain a Service Plan for R3. On 05/20/26 at 02:20 PM, E1 (Executive Director) stated a fall prevention intervention was not implemented after R3's fall on 04/30/26, and E1 confirmed that the establishment has not yet created a Service Plan created for R3 since her admission to the establishment on 04/28/26. E1 then stated R3 should have a Service Plan in place and R3's 04/30/26 fall should be reflected within a Service Plan.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 1 Violation Repeat Violation Section 295.4060 Alzheimer's and Dementia Programs	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4060	Continued From page 6 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: A) May wander; and B) May need supervision and assistance when evacuating the building in an emergency; 5) Provide, in the service plan, appropriate cognitive stimulation and activities to maximize functioning, which include a structure and rhythm that are comfortable and predictable; offer an appropriate balance of rest and activity and private and social time; allow residents to express their accustomed social roles, whatever they may be; offer residents access to familiar activities that they enjoyed doing and that tap memories and retained abilities; and provide the flexibility to accommodate variations in the resident's mood, energy level, and inclination; Based on interview, observation and record review, the establishment failed to implement their fall policy and procedure by ensuring fall prevention interventions were implemented after resident falls to prevent further occurrences, and revisions to the Service Plan were completed to reflect resident falls for three of three residents reviewed for falls (R1-R3) the sample of four. The establishment also failed to ensure consistent, meaningful activities were offered to cognitively impaired residents currently residing in the Abby Unit of the establishment. These failures create a	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4060	Continued From page 7 substantial probability of severe harm to a resident or residents. Findings include: The establishment's 'Falls' policy (undated) documents the following: "Falls will be documented on the Service Plan including interventions. Root causes and interventions will be put in place in the attempt to decrease resident falls ..." The establishment's Alzheimer's Disease Special Care Disclosure Form policy (undated) documents the following: "The form of care at (establishment) which makes it suitable for persons with Alzheimer's Disease includes: our assessment process, our service plan development process, policy and procedure implementation, our staffing ratios, our staff training requirements, our manager qualifications, our activities and our services." This policy also documents, "Our Policy and Procedures Implementation will: ensure the continued safety of all residents at (establishment) including, but not limited to those who may wander and those who may need supervision and assistance when evacuating the building in an emergency." This policy also documents, "Our activities program will provide: stimulating social and recreational programming along with strength building and aerobic exercise as part of our highly structured daily routine. Incorporating these healthy lifestyle habits into such a regimen has been demonstrated to play a significant role in slowing the rate of cognitive decline; Our 'Gym for the Brain' featuring group activities such as scrapbooking, easy crosswords, historical word searches, reminiscing with memory books and so much more to draw the residents into	A4060		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4060	Continued From page 8	A4060		

conversation while stimulating lost memories. We also set aside for individual pursuits such as drawing and knitting, simulated fishing and golfing, and other activities that have brought our residents personal joy throughout life."

1. On 05/20/26, all of R1's Incident Reports occurring between 01/01/26 - 05/20/26 were requested for review. E1 (Executive Director) provided copies of 16 Incident Reports pertaining to R1's falls at the establishment that occurred on the following dates: 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26.

R1's most recent Service Plan (dated 07/20/25) has no mention of R1's falls on 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26, or any fall prevention interventions documented following these falls.

On 05/20/26 at 02:10 PM, E1 (Executive Director) stated that R1's Service Plan has no mention of R1's falls or fall prevention interventions to prevent further falls that were implemented after R1's falls on 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26.

2. On 05/20/26, all of R2's Incident Reports that occurring from 02/04/26 - 05/20/26 were requested for review. E1 (Executive Director) provided copies of 24 Incident Reports pertaining to R2's falls at the establishment during this time

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4060	Continued From page 9	A4060		

on the following dates: 02/06/26 at 4:11 PM, 02/06/26 at 6:30 PM, 02/10/26, 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26.

R2's current Service Plan has no mention of R2's falls on 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26, or any interventions that were implemented following these falls.

On 05/20/26 at 02:10 PM, E1 (Executive Director) verified that no fall prevention interventions were implemented to prevent further falls after R2 fell at the establishment on 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26, and therefore, R2's Service Plan has not been revised to reflect these falls.

3. R3's Incident Report documents R3 was discovered on the ground by staff after R3 fell at the establishment on 04/30/26 at 08:00 AM.

R3's medical record was reviewed and did not contain a Service Plan for R3.

On 05/20/26 at 02:20 PM, E1 (Executive Director) stated a fall prevention intervention was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4060	Continued From page 10	A4060		

implemented after R3's fall on 04/30/26, and E1 confirmed that R3 has not yet had a Service Plan created since her admission to the establishment on 04/28/26. E1 then stated R3 should have a Service Plan in place and R3's 04/30/26 fall should be reflected within a Service Plan.

On 05/20/26 at 02:25 PM, E1 (Executive Director) acknowledged that the building's policy and procedure concerning resident falls had not been implemented after R1-R3's falls occurred at the establishment.

4. On 05/21/26 at 09:50 AM, E4 (Resident Aide) stated that no management personnel is currently in the building and explained that she will attempt to locate the nurse who is currently working in the building. This surveyor followed E4 onto the Abby Unit of the establishment at this time. At 09:55 AM, R4 was sitting in a chair in the common area of the Abby Unit and was fidgeting with a decorative object sitting on a nearby end table. R4 was dressed, groomed and was wearing a pair of socks. R4 began staring ahead for several seconds when she was finished fidgeting with the decorative object on the end table. R4 was pleasantly confused and stated she was "okay" when she was asked how she was doing. No other residents and no staff members were present in the common area at this time. A male resident was heard yelling out loudly from a nearby apartment. No resident activities were being conducted in the Abby Unit of the building at this time.

On 05/20/21 at 01:05 PM, no activities were being conducted by any staff member in the Abby Unit of the establishment, and very few residents were present in the common area. Several residents appeared to be sitting alone in their apartments.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A4060	Continued From page 11 On 05/20/26 from 01:45 PM - 01:55 PM, no activities were being conducted by any staff members in the Abby Unit of the establishment. Very few residents were observed present in the common area. On 05/20/26 at 02:25 PM, E1 (Executive Director) acknowledged that no activities had been conducted for the residents residing in the Abby Unit of the establishment on 05/20/26 and stated, "Our Activity Aide is not working today."	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation Repeat Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A6000	Continued From page 12	A6000		

labor;

Based on interview and record review, the facility neglected to develop a Service Plan for one resident (R3), revise Service Plans following falls and implement fall prevention interventions to prevent further falls for three of three residents (R1-R3) reviewed for falls in the sample of four. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

The establishment's 'Falls' policy (undated) documents the following: "Falls will be documented on the Service Plan including interventions. Root causes and interventions will be put in place in the attempt to decrease resident falls ..."

1. On 05/20/26, all of R1's Incident Reports occurring between 01/01/26 - 05/20/26 were requested for review. E1 (Executive Director) provided copies of 16 Incident Reports pertaining to R1's falls at the establishment that occurred on the following dates: 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26.

R1's most recent Service Plan (dated 07/20/25) has no mention of R1's falls on 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26, or any fall prevention interventions documented following these falls.

On 05/20/26 at 02:10 PM, E1 (Executive Director)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A6000	Continued From page 13	A6000		

stated that establishment neglected to implement fall prevention interventions to prevent further falls after R1's falls on 01/02/26 at 10:50 AM, 01/02/26 at 11:15 PM, 01/11/26, 01/26/26, 03/07/26, 03/10/26, 03/15/26, 03/16/26, 03/20/26, 03/21/26, 03/22/26, 03/31/26, 04/08/26, 04/15/26, 05/07/26, and 05/14/26. E1 also confirmed that the establishment neglected to revise R1's Service Plan to document any of R1's 16 falls or any fall prevention interventions implemented following R1's falls at the establishment that occurred between 01/01/26 - 05/14/26.

2. On 05/20/26, all of R2's Incident Reports occurring from 02/04/26 - 05/20/26 were requested for review. E1 (Executive Director) provided copies of the following 24 Incident Reports pertaining to R2's falls at the establishment during this time: 02/06/26 at 4:11 PM, 02/06/26 at 6:30 PM, 02/10/26, 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26.

R2's current Service Plan has no mention of R2's falls on 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26, or any interventions that were implemented following these falls.

On 05/20/26 at 02:10 PM, E1 (Executive Director) verified that the establishment neglected to implement fall prevention interventions to prevent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510508	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN GABRIEL MEMORY CARE	813 LARS HOFFMAN CROSSING GODFREY, IL 62035

(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
A6000	Continued From page 14 further falls after R2 fell at the establishment on 02/11/26, 02/15/26 at 02:45 PM, 02/15/26 at 02:50 PM, 02/20/26, 02/25/26, 03/04/26, 03/06/26, 03/15/26, 03/28/26, 03/29/26, 03/30/26, 04/04/26, 04/05/26 at 5:15 PM, 04/05/26 at 09:20 AM, 04/05/26 at 7:50 PM, 04/07/26, 04/21/26, 04/22/26, 05/05/26, 05/06/26, and 05/09/26, and therefore, R2's Service Plan was not revised to reflect these falls. 3. R3's Incident Report documents R3 was discovered on the ground by staff after R3 fell on 04/30/26 at 08:00 AM. R3's medical record was reviewed and did not contain a Service Plan for R3. On 05/20/26 at 02:20 PM, E1 (Executive Director) verified the establishment neglected to implement a fall prevention after R3's fall on 04/30/26 and confirmed the establishment has neglected to develop a Service Plan for R3 following her admission to the establishment on 04/28/26. E1 then stated R3 should have a Service Plan in place and R3's fall on 04/30/26 should be reflected within a Service Plan.	A6000		