STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510554	A. BUILDING: _____ B. WING _____	C 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERD PREMIER SR LIVING CRYSTAL LAKE	5430 HILLSIDE ROAD CRYSTAL LAKE, IL 60014

(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 Investigation of Complaint 2676683 / IL202101 Piggy Back FRI Investigation IL201943, Entrance 5/26/26, Exit 6/2/26 Deficiencies Previously Cited: 295.3000 Personnel Requirements, Qualifications, and Training - b) e) 1) 2) A) B) C) 3) f) 1-4) g) 295.6000 Resident Rights - a) 5) (Included R1, referred to as R4)	A 000		