STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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 295.3000a)b)g) 295.3020a)1-6)b)1-6) 295.3030a)b)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type 1 violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act) 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. g) All records required by this Section shall be maintained throughout the individual's employment or service and for at least 12 months after the individual's last date of employment or service, unless required for a longer period of time by State or federal law. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure at least one direct	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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 1	A3000		

care staff member scheduled to work had cardiopulmonary resuscitation (CPR) training on every shift and failed to maintain staff members records for at least 12 months after last date of employment.

This failure has the substantial probability to affect all residents in the establishment and creates a substantial probability of severe harm or death to a resident or residents.

The findings include:

On 07/13 and 07/14/2026, E1 (Executive Director) provided documentation of current staff who completed cardiopulmonary resuscitation (CPR) training. Nursing schedules were provided on 7/13/26 by E1.

Review of nursing schedules from 04/26/2026 through week of survey revealed the following days and shifts with no CPR certified staff member or "float staff" (float within communities) scheduled to work:

On 4/28, 5/2, 5/3, 5/12, 5/19, 5/24, 5/26, 5/29, 5/30, 6/4, 6/5, 6/14, 6/17, 6/19, 6/24, 6/27, and 7/9 from 06:30 PM to 06:00 AM.
On 5/1 from 6:30 PM to 11:00 PM.
On 5/7, 5/8, 5/21, 6/10, 6/13 and 6/28 from 07:30 PM to 06:00 AM.
On 5/22 from 07:30 PM to 10:30 PM and 03:00AM to 06:00 AM.
On 6/7 and 6/21 from 01:00 PM to 06:00 PM.
On 6/8 and 6/22 from 05:00 PM to 06:00 AM.
On 6/20 from 06:00 PM to 06:00 AM and on 7/11 from 07:30 PM to 10:00 PM.

On 07/14/2026 at 09:20 AM, E1 (Executive Director) said it is her expectation that all staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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 receive CPR training to ensure there is at least one staff member per shift working who is certified. At 02:35 PM, E1 indicated there should be at least one certified staff per shift for residents' safety. E1 added that she did not have any previous staff's CPR certifications on file who worked at the community for the last two months.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training 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;	A3020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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
A3020	Continued From page 3 2) The significance and location of resident service plans; 3) Internal establishment requirements and 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. This requirement is not met as evidenced by: Based on interview and record review, the establishment failed to ensure an employee completed the required 10 and/or 30-day orientation training for 3 of 9 staff (E4, E5, E6) reviewed for this requirement. This failure has the substantial probability to affect all residents in the establishment and creates a substantial probability of harm to a resident or residents. The findings include: On 07/13/2026, E1 (Executive Director) provided an undated staff roster that included name, title and employee hire dates. Review of personnel files was initiated. On 07/14/2026, staff requirements review for nine staff was completed with the following findings: E4's (Business Office Manager) file showed a hire date of 06/30/2026. No documentation that showed E4 had completed the required training for philosophy and goals, infection control or disaster procedures within 10 days of hire were included in her personnel file.	A3020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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
A3020	Continued From page 4 E5's (Licensed Practical Nurse) file showed a hire date of 06/30/2026. No documentation that showed E5 had completed the required training for philosophy and goals, infection control or disaster procedures within 10 days of hire were included in her personnel file. E6's (Activity Director) file showed a hire date of 04/21/2026. No documentation that showed E6 had completed the required training for philosophy and goals, confidentiality of resident records and resident information, infection control and hand hygiene, abuse or disaster procedures within 10 days of hire were included in her personnel file. No records that showed E6 completed the required 30-day training were included in E6's file or provided. On 07/14/2026 at 2:53 PM, E1 indicated she was aware of the required 10/30-day trainings that should be completed for all staff within those timeframes.	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl 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	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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 5 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 is not met as evidenced by: Based on interview and record review, the establishment failed to ensure an employee completed an initial health evaluation not more than 30 days prior to and no later than 30 days after the employee's initial employment for 2 of 9 (E6, E7) staff reviewed for this requirement. This failure has the substantial probability to affect all residents in the establishment and creates a substantial probability of harm to a resident or residents. The findings include: On 07/13/2026, E1 (Executive Director) provided an undated staff roster that included name, title and employee hire dates. Review of personnel files was initiated. On 07/14/2026, staff requirements review for nine staff was completed with the following findings: Review of E6's (Activity Director) file showed a hire date of 04/21/2026. No initial health evaluation was included in personnel file. On 07/14/2026 at 02:48 PM, E1 said she was just informed by E6 that an initial health evaluation has not been done since date of hire. E1 then said E6 was not previously scheduled for an initial health eval and has requested that one is	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510291	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REFLECTIONS MEMORY CARE - WASHINGTON	1280 INDEPENDENCE COURT WASHINGTON, IL 61571

(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 scheduled for E6. E7 (Resident Assistant) file showed a hire date of 05/11/2026. An employee health evaluation form was included in E7's personnel file that was incomplete and did not indicate an eval date. On 07/14/2026 at 02:50 PM, E1 said E7's initial health eval should have been completed by now then indicated she would look for a completed evaluation. E1 then said health evaluations should be completed 30 days prior to or within 30 days of hire date. No evaluation was provided upon survey exit. No completed health evaluation was provided for E7 upon survey exit.	A3030		