STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105892	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	920 COUNTRY CLUB ROAD MATTOON, IL 61938

(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 Violations: 295.2050 a) b) 295.3000 b) f) 1) 3) 4) m) 295.3040 295.4000 a) b) c) 295.4010 a) c) d) e) g) 1) A) 295.4060 b) f) g) h) 3) A) B) 6) 9) 295.9000 a)	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 1 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. Based on interview and record review the	A2050		

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A2050	Continued From page 1	A2050		

establishment failed to report incidents/accidents for three (R2, R3, R4) of four residents reviewed for incident and accident reporting. This failure creates a substantial probability of severe harm to a resident or residents.

1.) R2's service plan dated 3/31/26 documents admission to the establishment on 3/27/26 with diagnoses of dementia and type two diabetes.

R2's progress notes dated 5/29/26 documents fall with a skin tear to the left forearm and bruise to right hand.

R2's progress notes dated 6/1/26 documents R2's right hand is swollen and bruised.

R2's xray dated 6/1/26 documents an acute oblique slightly displaced fracture of the distal fifth metacarpal bone which extends to the fifth articular margin.

R2's progress notes dated 6/3/26 documents a cast was applied to the right wrist.

On 7/21/26 at 1:30PM, E1 Executive Director confirmed that no reportable was made to the state agency.

2.) R3's service plan dated 1/20/25 documents admission to the establishment on 4/18/25 with diagnoses of dementia and hypertension.

The establishment provided accident/incident report dated 7/6/26 documents that R1 fell at 3:23AM sustaining a head strike.

R3's service plan dated 1/20/25 documents on 7/6/26 R1's fall resulted in a left clavicle fracture.

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A2050	Continued From page 2 On 7/21/26 at 12:15PM, E5 Resident Assistant stated, "(R3) requires a total assist with activities of daily living since she broke her clavicle." On 7/21/26 at 1:30PM, E1 Executive Director confirmed that no reportable was made to the state agency 3.) R4's service plan dated 4/10/26 documents admission to the establishment on 4/4/25 with the diagnosis of dementia. R4's nurse's notes dated 7/4/26 a fall with head strike. R4's local hospital discharge instructions dated 7/4/26 document head injury and laceration requiring sutures. On 7/22/26 at 10:30AM, E1 Executive Director confirmed that no reportable was made to the state agency. On 7/22/26 at 11:00AM, E1 Executive Director stated that she was aware that reportables were supposed to be submitted for resident injuries.	A2050		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Type One Violation Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at	A3000		

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A3000	Continued From page 3 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. f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 1.) Current Certification in CPR, if applicable; 3.) Compliance with the Health Care Worker Background Check Act; and 4.) Documentation that the employer has checked the status of the employee with the Nurse Aide Registry. m) The establishment shall check the status of all applicants with the Nurse Aide Registry prior to hiring. The establishment is prohibited from hiring any individual who has a finding of abuse, neglect, or misappropriation of property on the Nurse Aide Registry. Based on observation, interview and record review the establishment failed to ensure that at least one staff member on duty was certified in cardiopulmonary resuscitation (CPR), and failed to ensure that the Nurse Aide Registry and Health Care Worker Background Checks were completed for all employees prior to employment. These failures create a substantial probability of severe harm to a resident or residents. Findings include:	A3000		

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A3000	Continued From page 4 1.) The establishment provided July 2026 nursing schedule documents on July 10, 2026 that E6, E15, E18, E19, E20, and E21 Resident Assistants were the only staff on duty between the hours of 3:00PM to 6:00AM on July 11, 2026. The establishment provided CPR certifications for E6, E15, E18, E19, E20, E21 Resident Assistants were all either expired or did not meet the return demonstration requirement. On 7/23/26 at 12:00PM, E10 Corporate Registered Nurse stated that she was aware that the staff did not have the correct return demonstration CPR certifications and that they are required. 2.) E8's Resident Assistant's file was reviewed and no healthcare worker background checks nor healthcare worker registry check was completed. 3.) E12 Resident Assistant's file was reviewed and no health care worker background checks were completed. On 7/22/26 at 11:00AM E1 Executive Director confirmed that E8 did not have a healthcare worker back ground check nor registry check completed and that E12 Resident Assistant did not have a healthcare worker background check completed.	A3000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type One Violation	A3040		

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A3040	Continued From page 5 Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Based on interview and record review the establishment failed to ensure that background checks were completed for two (E8 and E12) of five employees reviewed for health care worker background checks. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: E8's Resident Assistant's file was reviewed and no healthcare worker background checks nor healthcare worker registry check was completed. E12 Resident Assistant's file was reviewed and no health care worker background checks were completed. On 7/22/26 at 11:00AM E1 Executive Director confirmed that neither E8 nor E12 Resident Assistant background checks were completed.	A3040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by:	A4000		

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A4000	Continued From page 6 Type 1 Violation-Repeat 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. Based on interview and record review the establishment failed to ensure the completion of physician assessments and/or obtain physician signatures for four (R1-R4) of four residents reviewed for physician assessment. This failure creates a substantial probability of severe harm to a resident or residents. Findings include; 1.) R1's service plan dated 12/19/24 documents admission to the establishment on 12/1/22 with the diagnosis of dementia and hypertension. R1's establishment provided physician	A4000		

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A4000	Continued From page 7 assessment dated 7/20/26 documents R1's physician assessment was not signed or completed by the physician. 2.) R2's service plan dated 3/31/26 documents admission to the establishment on 3/27/26 with diagnoses of dementia and type two diabetes. R2's establishment provided physician assessment dated 3/23/26 was signed but not filled out by the physician. 3.) R3's service plan dated 1/20/25 documents admission to the establishment on 4/18/25 with diagnoses of dementia and hypertension. R3's establishment provided physician assessment dated 5/1/26 was not signed or completed by the physician. 4.) R4's service plan dated 4/10/26 documents admission to the establishment on 4/4/25 with the diagnosis of dementia. R4's establishment provided physician assessment dated 5/1/26 was not signed or completed by the physician. On 7/21/26 at 11:26AM E10 Corporate Registered Nurse confirmed that R1-R4 did not have completed/signed physician assessments.	A4000		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 8 This Regulation is not met as evidenced by: Type 1 Violation Section 295.4010 Service Plan a) Based on the physician assessment and establishment evaluation, a written service plan shall be developed and mutually agreed upon by the establishment and the resident. 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; Based on observation, interview, and record review the establishment failed to ensure the update and completion of resident service plans (R1, R3, R4) and failed to ensure service plans were signed by all parties involved (R1) for three	A4010		

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A4010	Continued From page 9	A4010		

of four residents reviewed for service plans. This failure creates a substantial probability of severe harm to a resident or residents.

Findings include:

1.) R1's service plan dated 12/19/24 documents admission to the establishment on 12/1/22 with the diagnosis of dementia and hypertension. R1's service plan is not signed upon update of 12/30/25 by R1's family representative or by E1 Executive Director.

On 7/21/26 at 9:30AM, R1 was observed being transferred by E4 Resident Assistant (RA) from a wheel chair to a chair in the common room. R1 was not able to follow commands, nor was she able to bear weight and E4 had to lift R1 from the wheel chair into the chair. E4 RA confirmed that R1 is a total assist for all activities of daily living.

On 7/21/26 at 12:26PM, Observed E3 Resident Assistant feeding R1 pureed food.

R1's updated service plan dated 12/30/25 does not document total assistance for any activity of daily living.

On 7/21/26 at 12:30PM, E10 Corporate Registered Nurse confirmed that R1 is not appropriate for the assisted living/memory care establishment as her needs exceed the regulations and that she would require a two person assist for evacuation and that R1's service plan should reflect R1's current care needs.

2.) R3's service plan dated 1/20/25 documents admission to the establishment on 4/18/25 with

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A4010	Continued From page 10	A4010		

diagnoses of dementia and hypertension.

R3's establishment provided physician assessment dated 5/1/26 was not signed or completed by the physician.

On 7/21/26 at 12:15PM, R3 was sitting at the dining room table being assisted with drinking a supplemental drink, moving only her left side.

On 7/21/26 at 12:15PM, E5 Resident Assistant stated that R3 requires a total assist with her activities of daily living since her stroke. "She had a stroke on the right side and now she has a clavicle fracture on the left side so we have to help her a lot."

R3's updated careplan dated 7/6/26 does not document total assistance required for any activity of daily living.

On 7/21/26 at 2:30PM, E1 Executive Director confirmed that R3 now requires total assistance for evacuation and cares and that R3's service plan should reflect R3's current care needs.

3.) R4's service plan dated 4/10/26 documents admission to the establishment on 4/4/25 with the diagnosis of dementia.

R4's establishment provided physician assessment dated 5/1/26 was not signed or completed by the physician.

On 7/21/26 at 12:36PM observed R4 sitting at the dining table eating per self. Appears large for wheel chair with poor positioning.

On 7/22/26 at 10:58AM, E5 Resident Assistant stated that R4 is a two person assist for transfers

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A4010	Continued From page 11 and evacuation. R3's updated service plan dated 7/6/26 does not document total assistance for any activity of daily living. On 7/21/26 at 3:00PM, E10 Corporate Registered Nurse confirmed that R4 is a heavy care resident and that R4's service plan should reflect R4's current care needs.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type One Violation Section 295.4060 Alzheimer's and Dementia Programs b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) f) No person shall be accepted for residency or remain in residence if the person meets the criteria provided in subsections (b) through (g) of Section 75 of the Act. (Section 150(e) of the Act) g) If an establishment accepts any	A4060		

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A4060	Continued From page 12	A4060		

individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation.

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;

6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times;

9) Develop emergency procedures and staffing patterns to respond to the needs of residents;

Based on observation, interview, and record review the establishment failed to ensure residency requirements were met (R1, R3, and R4) and failed to ensure they have enough staff to meet the 24-hour scheduled and unscheduled

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A4060	Continued From page 13	A4060		

needs of residents including evacuation in emergencies in 13 minutes or less. These failures have the potential to affect all 28 residents who reside in the facility and create a substantial probability of severe harm or death to a resident or residents.

Findings include:

R1, R3, and R4 are all residents of Memory Care.

1.) R1's service plan dated 12/19/24 document admission to the establishment on 12/1/22 with the diagnosis of dementia, hypertension, and anxiety.

On 7/21/26 at 9:30AM, R1 was observed being transferred by E4 Resident Assistant (RA) from a wheel chair to a chair in the common room. R1 was not able to follow commands, nor was she able to bear weight; E4 had to lift R1 from the wheel chair into the chair E4 RA confirmed that R1 is a total assist for all activities of daily living.

On 7/21/26 at 12:26PM, Observed E3 Resident Assistant feeding R1 pureed food.

On 7/21/26 at 12:30PM, E10 Corporate Registered Nurse confirmed that R1 is not appropriate for the assisted living/memory care establishment as her needs exceed the regulations and that she would require a two person assist for evacuation.

2.) R3's service plan dated 1/20/25 document admission to the establishment on 4/18/25 with the diagnoses of dementia and hypertension.

On 7/21/26 at 12:15PM, R3 was sitting at the dining room table being assisted with drinking a

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supplemental drink, moving only her left side.

On 7/21/26 at 12:15PM, E5 Resident Assistant stated that R3 requires a total assist with her activities of daily living since her stroke. "She had a stroke on the right side and now she has a clavicle fracture on the left side so we have to help her a lot."

On 7/21/26 at 2:30PM, E1 Executive Director confirmed that R3 now requires total assistance for evacuation and cares.

3.) R4's service plan dated 4/10/26 documents admission to the establishment on 4/4/25 with diagnosis of dementia and hypertension.

On 7/21/26 at 12:36PM observed R4 sitting at the dining table eating per self. Appears large for wheel chair with poor positioning.

On 7/21/26 at 3:00PM, E10 Corporate Registered Nurse confirmed that R4 is a heavy care resident.

On 7/22/26 at 10:58AM, E5 Resident Assistant stated that R4 is a two person assist for transfers and evacuation.

The establishment provided July 2026 nursing schedule documents on July 10, 2026 E15, E18, and E20 were on duty from 11:00PM to 7:00AM.

The July 21, 2026 census is documented as 28 residents.

On 7/23/26 at 12:00PM, E1 Executive Director confirmed that three staff were on duty from 11:00PM to 7:00AM on July 10, 2026/July 11, 2026 and that in case of emergency, three staff members would not be able to evacuate the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105892	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER CREEK COTTAGES	920 COUNTRY CLUB ROAD MATTOON, IL 61938

(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 15 building in an emergency in thirteen minutes or less; especially because of the total care requirements for R1, R3 and R4 and the need for a staff member to remain outside with the memory care residents.	A4060		
A9000	Section 295.9000 Physical Plant This Regulation is not met as evidenced by: Type 1 Violation Section 295.9000 Physical Plant a) The establishment shall comply with the residential board and care occupancies chapter of the National Fire Protection Association's (NFPA) Life Safety Code (Life Safety Code) 101, Chapter 32 for new establishments and Chapter 33 for existing establishments. Based on observation, interview and record review, the establishment failed to have sufficient staff to evacuate all residents during emergency procedures in 13 minutes or less. This failure has the potential to affect all 28 residents in the establishment and creates a substantial probability of severe harm or death to a resident or residents. Findings include: R1, R3, and R4 are all residents of Memory Care. 1.) R1's service plan dated 12/19/24 document admission to the establishment on 12/1/22 with the diagnosis of dementia, hypertension, and	A9000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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COPPER CREEK COTTAGES	920 COUNTRY CLUB ROAD MATTOON, IL 61938

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A9000	Continued From page 16	A9000		

anxiety.

On 7/21/26 at 9:30AM, R1 was observed being transferred by E4 Resident Assistant (RA) from a wheel chair to a chair in the common room. R1 was not able to follow commands, nor was she able to bear weight; E4 had to lift R1 from the wheel chair into the chair E4 RA confirmed that R1 is a total assist for all activities of daily living.

On 7/21/26 at 12:26PM, observed E3 Resident Assistant feeding R1 pureed food.

On 7/21/26 at 12:30PM, E10 Corporate Registered Nurse confirmed that R1 is not appropriate for the assisted living/memory care establishment as her needs exceed the regulations and that she would require a two person assist for evacuation.

2.) R3's service plan dated 1/20/25 document admission to the establishment on 4/18/25 with the diagnoses of dementia and hypertension.

On 7/21/26 at 12:15PM, R3 was sitting at the dining room table being assisted with drinking a supplemental drink, moving only her left side.

On 7/21/26 at 12:15PM, E5 Resident Assistant stated that R3 requires a total assist with her activities of daily living since her stroke. "She had a stroke on the right side and now she has a clavicle fracture on the left side so we have to help her a lot."

On 7/21/26 at 2:30PM, E1 Executive Director confirmed that R3 now requires total assistance for evacuation and cares.

3.) R4's service plan dated 4/10/26 documents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5105892	A. BUILDING: _____ B. WING _____	07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A9000	Continued From page 17 admission to the establishment on 4/4/25 with diagnosis of dementia and hypertension. On 7/21/26 at 12:36PM observed R4 sitting at the dining table eating per self. Appears large for wheel chair with poor positioning. On 7/21/26 at 3:00PM, E10 Corporate Registered Nurse confirmed that R4 is a heavy care resident. On 7/22/26 at 10:58AM, E5 Resident Assistant stated that R4 is a two person assist for transfers and evacuation. The establishment provided July 2026 nursing schedule documents on July 10, 2026 E15, E18, and E20 were on duty from 11:00PM to 7:00AM. The July 21, 2026 census is documented as 28 residents. On 7/23/26 at 12:00PM, E1 Executive Director confirmed that three staff were on duty from 11:00PM to 7:00AM on July 10, 2026/July 11, 2026 and that in case of emergency, three staff members would not be able to evacuate the building in an emergency in thirteen minutes or less; especially because of the total care requirements for R1, R3 and R4 and the need for a staff member to remain outside with the memory care residents.	A9000		