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 _____	C 08/03/2026

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 Original investigation of Facility Reported Incident IL 202969. 295.4010 e)g)1) A)C) 295.6000 a) 13)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan e) The service plan shall be reviewed and revised if necessary immediately after a significant change in a resident's physical, cognitive, or functional condition. (See Section 295.4000). g) Service Plan 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; Type 1 Violation-Repeat Based on record review and interviews, the establishment failed to address risk of falls on service plans and review and revise service plans after falls for three of three sampled residents. (R1, R2, R3). This failure creates a substantial probability of severe harm to a resident or residents.	A4010		

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A4010	Continued From page 1 Findings include: 1. R1's face sheet and service plan notes that R1 was admitted to this memory care establishment on 5/26/26. R1's current service plan is dated 5/26/26 and is the admission service plan. This service plan fails to list falls as a potential concern and does not list any interventions to help reduce the risk of falls. Service plan notes that R1 has poor judgement and poor decision making. On 8/3/26 at 2:10 P.M., E3 (Caregiver) stated that R1 has been a high fall risk since she was admitted to the establishment. E3 stated that R1 has fallen at least one other time prior to the only documented fall on 7/17/26. E3 stated that R1 has been ambulating without her walker on and off since her admission and this poses a higher risk for falls. 2. R2's face sheet and service plan dated 4/10/26, notes that R2 was admitted to this memory care establishment on 4/4/25. R2's service plan does not list falls as a potential concern. R2's incident reports note that R2 experienced two falls in the last couple months. One on 6/23/26 and the other on 7/4/26. Neither of these falls are reflected on the current service plan. On 8/3/26 at 2:42 P.M., E1 confirmed that service plans did not address falls as potential concerns and did not list interventions to help reduce risk. 3. R3's face sheet and service plan dated 6/3/25, notes that R3 was admitted to this memory care establishment on 6/1/24. R3's service plan does	A4010		

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A4010	Continued From page 2 not list falls as a potential concern. R3's incident reports note that R3 experienced three falls in the last couple months. One on 6/7/26, one on 6/22/26, and the last on 7/17/26. None of these falls are reflected on the current service plan. On 8/3/26 at 2:42 P.M., E1 confirmed that service plans did not address falls as potential concerns and did not list interventions to help reduce risk.	A4010		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: 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: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; TYPE 1 VIOLATION Based on record review and interviews, the establishment neglected to have a qualified staff member (Licensed Nurse) assess memory care resident after an unwitnessed fall for one of three sampled residents. (R1) This failure creates a substantial probability of severe harm (or death) to a resident or residents. (R1 sustained a	A6000		

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A6000	Continued From page 3 subarachnoid hemorrhage) Findings include: R1's face sheet and service plan notes that R1 was admitted to this memory care establishment on 5/26/26. R1's current service plan is dated 5/26/26 and is the admission service plan. This service plan fails to list falls as a potential concern and does not list any interventions to help reduce the risk of falls. Service plan notes that R1 has poor judgement and poor decision making. On 8/3/26 at 2:10 P.M., E3 (Caregiver) stated that on 7/17/26 at approximately 10:30 P.M., she was doing her two hour rounds when she found R1 on her bathroom floor. E3 stated that after around 7:00 P.M., there is no licensed nurse in the establishment until the next morning. E3 stated that R1 did not think she hit her head, but R1 is confused and the fall was unwitnessed. E3 stated that she had another caregiver help her assist R1 up into the wheelchair. R1 complained of elbow pain. E3 stated that she took R1's vitals and that the vitals were all normal accept for R1's blood pressure/BP was slightly elevated. (Did not recall BP) E3 called E2 (LPN on-call) and informed her of R1's fall. E3 stated that she then assisted R1 to bed a few minutes later for the night. No professional assessment was completed by a licensed nurse that entire night. R1's Nurse's notes dated 7/18/26, 7/19/26, 7/20/26 fails to note any assessments or vitals completed until on 7/21/26, where notes read, "Writer went to room (R1's) this A.M. and (R1) sitting in recliner with head leaned to L side and asked resident (R1) several times to please lift her head for pills and if she could do this and (R1)	A6000		

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A6000	Continued From page 4 stated, Yes I can. (R1) slightly drooling noted. Vitals 150/84, 78, 16, 97.9....." "EMS called and here and transported (R1) via stretcher and ambulance to (Local Hospital)" On 8/2/26 at 12:36 P.M., E1 (Administrator) stated that R1 was sent to the hospital on 7/21/26 for her condition change. At hospital R1 was noted to have subarachnoid hemorrhage. On 8/3/26 at 2:42 P.M., E1 stated that she had been informed by R1's family that R1 would not be returning to the establishment and that R1 is unresponsive and has been transferred to a Hospice facility. E1 confirmed that they do not have any licensed nurses in the establishment to perform fall assessments or any health care assessments after 7:00 P.M. until the next morning on any days.	A6000		