STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510180	A. BUILDING: _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGSVILLE ESTATES	201 S OAK GRIGGSVILLE, IL 62340

(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 295.2040 e) h) 295.4000 a)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness e) Drills shall include residents, establishment personnel, and other persons in the establishment. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. Based on interview and record reviews, the establishment failed to document a list of residents who received assistance for evacuation during disaster drills. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: On 08/04/26, E1 (Executive Director) provided copies of the Establishment's Fire and Tornado	A2040		

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A2040	Continued From page 1 Drill logs (dated 7/2025 through 7/2026) and indicated that these logs are all of the Fire and Tornado drills that have been conducted since last annual survey. None of the Fire and Tornado Drill logs during this time contained a list of residents that required assistance with evacuation during the drills. On 08/05/26 at 10:30 AM, E1 verified that none of the Fire Drill and Tornado Drill Logs completed within the past year contain a list of residents that required assistance with evacuation. E1 stated "I have never done that".	A2040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 violation 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. Based on interview and record review, the establishment failed to ensure a physician's assessment was completed prior to a resident's	A4000		

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	ASL510180	A. BUILDING: _____ B. WING _____	08/06/2026

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A4000	Continued From page 2 admission to the establishment. This creates a substantial probability of harm to a resident or residents. Findings include: On 8/4/26, E1 (Executive Director) provided a copy of the Resident Roster that indicates R2 was admitted to the establishment on 1/23/26. On 8/5/26, R2's medical record did not contain a Physician's Assessment that had been completed prior to R2's admission to the establishment. R2's medical record contained a Physician's Assessment that did not document date of completion. However, additional physician notes confirm R2's Physician's Assessment was completed on 2/11/26. On 8/5/26 at 12:50 PM, E1 (Executive Director) acknowledges that R2's medical record contains an undated Physician's Assessment and verifies it was completed after R2's admission to the establishment. E1 then stated, "I usually make sure they have this within a month or so of being here".	A4000		