STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide a clean and homelike environment for one of three (R2) residents reviewed for environment in a sample of six.Findings include:R2's Care Plan dated 4/27/2026 documents an admission date of 08/30/2024. The Care Plan documents R2's diagnoses Rhabdomyolysis, Hypertension, Cerebral Palsy, Muscle wasting and atrophy, Lack of coordination, Hypnosis, Unspecified protein-calorie malnutrition. The Care Plan further documents R2 need assistance during transfers.R2's Minimum Data Set (MDS) dated [DATE] documents R2 is cognitively intact. On 5/2/2026 at 8:57 a.m., R2 was in R2's room sitting in R2's bed eating breakfast. There were scattered deep scratches to the wall by R2's head of the bed measuring approximately 2.5 feet by 2 feet. The scratches were covered by white plaster. R2 stated someone knew about the scratches and someone applied the plaster about a month ago. R2 stated the wall does not look good, but it is what it is.On 5/3/2026 at 10:00 a.m., in the common area, there was a white patch on the wall by the entrance door of the facility located by the lobby measuring approximately 2.5 feet by 1 foot.On 5/3/2026 at 10:23 a.m., V13 Maintenance Director stated the patch by the front door was from dry wall mud applied about two weeks ago. V13 stated it needs to dry, usually for three to four days, then sand it and then apply the paint. V13 stated V13 only has two staff that work under V13 and with the amount of workload, they get behind with the work orders. V13 stated V13 usually prioritizes the repairs in the resident's room over common area.On 5/3/2026 at 10:30 a.m., while in R2's room, V13 stated the plaster was applied on the wall to cover the holes from being scratched by the bed when it goes up and down. V13 stated this kind of work order should be repaired the same day by applying a wall protection sheet. V13 stated V13 did not know about this plaster being applied and did not have a work order for it.On 5/4/2026 at 7:30 a.m., V9 Maintenance staff stated V9 applied the plaster in (R2's) room about a month ago and did not make a work order.On 5/4/2026 at 9:30 a.m., V1 stated that maintenance staff members have been making rounds and fixing what they see that need repairs as they go and did not need to complete a work order.The facility's Maintenance and Repair policy dated November 2025 documents that all maintenance and repair issues will be reported and addressed in a timely manner to maintain a safe, clean and operational facility.The facility's Safe, Clean, Comfortable, and Homelike Environment policy dated November 2025 documents the facility will maintain a safe, clean, comfortable, and homelike environment for all residents. The environment will support resident dignity, while ensuring safety, sanitation and regulatory compliance.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide assistance with meals to one of three (R1) residents reviewed for activities of daily living in a sample of six.Findings include:R1's Care Plan dated 4/9/2026 documents an admission date of 3/27/2026. The Care Plan documents R1's diagnoses including Displaced Fracture of Left Humerus, Metabolic Encephalopathy, Mild Cognitive Impairment, Gastroesophageal Reflux, Disorder of Bone Density, Dysphagia, Cognitive Communication Impairment, Aphasia. The Care Plan further documents R1 has dehydration or potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration. The Care Plan also documents R1 has nutritional problems and potential nutritional problems related to metabolic encephalopathy. R1's Care Plan also documents R1 has an Activity of Daily Living (ADL) self-care performance deficit.R1's Minimum Data Set (MDS) dated [DATE] documents R1 has severe cognitive impairment.On 5/3/2026 at 1:00 p.m., R1 was sitting in the room eating lunch. R1's meal plate observed with ground chicken strips, garlic bread, a banana (unpeeled) and French fries. R1 also had a cup of fruit that was unopened, and R1's silverware was still wrapped. R1 observed with a condiment packet in R1's hand R1 was trying to open but was unable to open by R1's self. R1 stated R1 does not have the strength to open it. R1 stated I probably will not eat that banana either, I am not able to peel it. R1 stated R1 had a banana this morning, but I could not peel it either. R1 stated R1 will most likely not eat the cup of fruit either because R1 is not able to open it and it is hard to get someone to help R1 open it.On 5/3/2026 at 1:27 p.m., V17 Certified Nurse Assistant (CNA) stated it is expected for CNAs to provide assistance upon serving meal trays to the residents such things as unwrapping silverware, opening cups, and cutting up foods for the residents.On 5/3/2026 at 1:30 p.m., V3 Director of Nursing (DON) stated V3 expects the CNAs to provide assistance to residents before walking away after serving meal trays.The facilities Activities of Daily Living policy dated June 2025 documents all residents will have activities of daily living provided by nursing staff as needed in accordance with each individual's needs.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide all items noted on the daily menu and ensure availability of substitutions for residents of the facility. This has the potential to affect all 182 residents residing at the facility.Findings include:1. R4's Care Plan dated 3/4/2026 documents an admission date of 4/16/2026. The Care Plan documents R4's diagnoses including Generalized Anxiety, Osteoporosis, Barrett's Esophagus without dysplasia, Major Depressive Disorder, Mild Cognitive Disorder, Dysphagia, Communication Deficit, Unspecified Hearing Loss. The Care Plan further documents R4 has a potential fluid deficit related to cognition and may not recognize thirst with an intervention to encourage the resident to drink fluids of choice to help with hydration.R4's Minimum Data Set (MDS) dated [DATE] documents R4 is cognitively intact.On 5/2/2026 at 7:50 a.m., R4 was lying in bed eating breakfast. R4 stated food is not going well in the facility. R4 stated R4 loves to drink coffee, and R4 could not have it. R4 stated the facility is not serving hot water, not even for tea and they have served cold food for the last couple of days. R4 stated R4 doesn't care much about what they serve as long as R4 can have R4's coffee.2. R5's Care Plan dated 3/4/2026 documents an admission date of 4/2/2026. The Care Plan documents R5's diagnoses including Iron deficiency Anemia, End Stage Renal Disease, Type 2 Diabetes Mellitus, Dependence on Renal Dialysis, Gastro-Esophageal Reflux Disease, Benign Neoplasm of Colon, Disorder of Electrolyte and Fluid balance, Dysphagia and Aphasia. The Care Plan further documents R5 has a pressure injury to the right heel present upon admission with interventions in place to encourage good nutrition and hydration in order to promote healthier skin.R5's Minimum Data Set (MDS) dated [DATE] documents R5 is cognitively intact.On 5/3/2026 at 7:45 a.m., R5 was sitting in the common area with a meal tray in front of R5. R5 had two boiled eggs and a small cup of yogurt with a small cup of water. R5 stated R5 was not served drinks, the water was from the nurse when the nurse brought R5's medicines. R5 stated I did not want the banana because R5 doesn't eat bananas. R5 stated R5 will not eat boiled eggs or yogurt. R5 stated R5 asked a staff member for bread and peanut butter, and the staff told R5 they would check if they have it because the food is all coming from another place. R5 stated R5 cannot wait to go home so R5 can have coffee because the facility has not been serving coffee for days now because the kitchen was shut down.On 5/3/2026 at 8:20 a.m., R5 remained sitting in the common area and stated R5 was still waiting to see if there was bread and peanut butter.On 5/3/2026 at 8:44 a.m., R5 remained sitting in the common area and stated no one ever came back with bread. R5 observed eating biscuits and gravy, R5 stated R5's wife brought it for R5.On 5/3/2026 at 8:44 a.m., V12 R5's family member stated V12 brought R5 some food because R5 has not been eating, the facility has been serving boiled eggs, cottage cheese and yogurt for breakfast since the kitchen was closed down. V12 stated R5 does not like yogurt or cottage cheese, and occasionally R5 will eat boiled eggs. V12 stated the facility added bread and peanut butter for R5's diet for R5's extra protein but R5 has not been getting it.On 5/2/2026 at 5:20 a.m., V6 Dietary Manager stated the kitchen was closed since 4/30/2026 after failing the Local Health Department Inspection. The facility is not able to serve hot food and drinks. V6 stated they only serve cold items. V6 stated as a plan of correction, the facility arranged a contract with [NAME] Medical Center to supply the food for the facility but not until 5/4/2026. V6 stated since they closed down, the food has been catered from outside. V6 stated the facility cannot produce hot beverages also including coffee or hot water for tea and the options for drinks are water, milk and little cups of juice.On 5/2/2026 at 6:15 a.m., V7 Dietary Aide stated the facility is not serving hot food and drinks including coffee and can only serve cold items.On 5/3/2026 at 8:00 a.m., V10 Certified Nurse Assistance (CNA) stated V10 does not know what the other alternatives for food are. V10 stated everything has to come from the kitchen and all nursing staff can do is pass ice water.On 5/3/2026 at (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	8:05 a.m., V11 Licensed Practical Nurse (LPN) stated dietary staff takes the order for residents, V11 does not know what the alternatives are. V11 stated nursing are not to do anything in the kitchen and all the nursing staff can do is pass water and milk.Local Public Health Department Food Establishment Inspection Report dated 4/30/2026 documents At 11:15 AM on 4/30/2026. The food service was closed, and the health permit was suspended due to an inadequate food safety management system. All food handling, preparation, and service must cease as of this time. A Red Closed Placard was posted at a location determined by the health office. This placard is the property of the (Local Public Health Department) and shall not be removed, copied, or altered in anyway under penalty of law. Due to the R4 repeated violation, the health authority will pursue administrative and/or judicial remedies against the food establishment and/or permit holder. A request for reinspection was left with the PIC (Person in Charge).On 5/2/26 at 6:30 a.m., V2, Director of Nursing, provided a resident roster dated 5/2/26 that documented 182 residents were residing in the facility on that date. The facility's planned menus for dates 4/30/2026 through 5/4/2026 were not able to be followed due to the closure by the Local County health dept.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review the facility failed to ensure meals were palatable, attractive, and appetizing for residents. This failure has the potential to affect all 182 residents residing at the facility. Findings include:1. R1's Care Plan dated 4/9/2026 documents an admission date of 3/27/2026. The Care Plan documents R1s diagnoses including Displaced Fracture of Left Humerus, Metabolic Encephalopathy, Mild Cognitive Impairment, Gastroesophageal Reflux, Disorder of Bone Density, Dysphagia, Cognitive Communication Impairment and Aphasia. The Care Plan documents R1 has nutritional problems and potential nutritional problems related to metabolic encephalopathy. R1's Care Plan also documents R1 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R1 has dehydration or potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration.R1's Minimum Data Set (MDS) dated [DATE] documents R1 has severe cognitive impairment.R1's Nutrition/Dietary Note dated 5/4/2026 documents R1 has weight loss of five percent in one month. Weight loss could be a combination of fluid changes and decreased oral intake.On 5/2/2026 at 8:00 a.m., R1 was sitting in the room eating breakfast. R1's meal tray consists of two untouched boiled eggs served in a small disposable bowl; untouched cottage cheese served in a five-ounce plastic cup and yogurt (eaten) served in a nine-ounce plastic cup and a half pint carton of milk. R1 stated I cannot eat that (pointing to the cottage cheese), I don't even know what this is, it does not look good.2. R6's Care Plan dated 2/20/2026 documents an admission date of 8/25/2025. The Care Plan documents R6's diagnoses including Dysphagia following Cerebrovascular Disease, Chronic Kidney Disease Stage 3, Iron Deficiency Anemia, Alcohol Abuse, Dementia, Epilepsy, Psychotic Disturbances, Mood Disturbance, Alzheimer's Disease, Specified Disorder of Brain, Cerebral Infarction, Dysphagia and Cognitive Communication Deficit. The Care Plan further documents R6's dietary plan is mechanical soft related to Dysphagia. R6's Care Plan also documents R6 has an Activity of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R6 has dehydration or potential fluid deficit with intervention to encourage R1 to drink fluids of choice to maintain hydration.R6's Minimum Data Set (MDS) dated [DATE] documents R6 is moderately cognitively impaired.R6's Order Summary Report dated 3/20/2026 documents R6's diet was for No Added Salt mechanical soft texture.R6's Care Plan dated 8/13/2026 documents R1 has a communication problem related to dementia with interventions to anticipate and meet R6's needs.On 5/2/2026 at 7:35 a.m., R6 was in the smaller dining room on the second floor, eating breakfast. R6's meal plate consisted of two boiled eggs served in a small disposable bowl; cottage cheese served in a five-ounce plastic cup and yogurt served in a nine-ounce plastic cup. R6 was difficult to understand therefore unable to be interviewed.3. R4's Care Plan dated 3/4/2026 documents an admission date of 4/16/2026. The Care Plan documents R4's diagnoses including Generalized Anxiety, Osteoporosis, Barrett's Esophagus without dysplasia, Major Depressive Disorder, Mild Cognitive Disorder, Dysphagia and Communication Deficit. The Care Plan further documents R4 has a potential fluid deficit related to cognition and may not recognize thirst with an intervention to encourage the resident to drink fluids of choice to help with hydration.R4's Minimum Data Set (MDS) dated [DATE] documents R4 is cognitively intact.On 5/2/2026 at 7:50 a.m., R4 was lying in bed with R4's breakfast in front of R4. R4's meal plate consisted of two boiled eggs served in a small disposable bowl; cottage cheese served in a nine-ounce plastic cup and yogurt served in a five-ounce plastic cup. No drinks observed with R4's meal tray at that time. R4 stated this food does not look good at all. R4 stated food has not been well for a couple of days now.On 5/4/2026 at 10:21 a.m., V27 Assistant Dietary Manager stated the food should be presentable and appealing, not only will it encourage residents to eat but also for their dignity. V27 stated food should be served in dishes and not on disposable plates/bowls or in disposable cups.On 5/4/2026 at 10:39 a.m., V28, Dietary Aide stated food should be presentable and appealing to make the resident want it. V28 stated (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	it should be served in dishes and not on disposable plates or in plastic cups. V29 stated we eat with our eyes, if the food is appealing, we tend to eat more.On 5/4/2026 at 10:56 a.m. V29, Dietary Aide stated food should be presentable and appealing to make the resident want to eat it. V29 stated it should be served in dishes and not on disposable plates or in plastic cups. V29 stated food served on disposable plates and in plastic cups was not appealing.On 5/3/2026 at 1:18 p.m., V6 Dietary Manager (DM) agreed that meals should be appealing and presentable. V6 stated for food to be appealing it should be served in dishes and not on disposable plates or in disposable plastic cups.On 5/4/2026 at 11:18 a.m., V30 Regional Dietician stated for the food to be appetizing, it should have variety of color and texture. V30 stated food served on disposable plates and in plastic cups was not appealing.On 5/2/26 at 6:30 a.m., V2, Director of Nursing, provided a resident roster dated 5/2/26 that documented 182 residents were residing in the facility on that date.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide the mechanical soft diet consistency per resident needs for three of three (R1, R3 and R6) residents reviewed for mechanical soft diet in a sample of six.Findings include:1. R1's Care Plan dated 4/9/2026 documents an admission date of 3/27/2026. The Care Plan documents R1's diagnoses including Displaced Fracture of Left Humerus, Metabolic Encephalopathy, Mild Cognitive Impairment, Gastroesophageal Reflux, Dysphagia, Cognitive Communication Impairment and Aphasia. The Care Plan documents R1 has nutritional problems and potential nutritional problems related to metabolic encephalopathy. R1's Care Plan also documents R1 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R1 has dehydration or potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration.R1's Minimum Data Set (MDS) dated [DATE] documents R1 has severe cognitive impairment.R1's Nutrition/Dietary Note dated 5/4/2026 documents R1 has weight loss of five percent in one month. Weight loss could be a combination of fluid changes and decreased oral intake.R1's Order Summary Report dated 4/2/2026 documents R1's diet order for regular mechanical soft consistency.R1's meal ticket dated 5/3/2026 documents R1 was on a mechanical soft diet.On 5/3/2026 at 1:00 p.m., R1 was sitting in the room eating lunch. R1's meal plate contained ground chicken strips which appeared dry, no moisture and no gravy or sauce was on the side, a piece of garlic bread, french fries and an unpeeled banana. There was an empty disposable cup on R1's table and R1 stated that it was already there and it's empty. R1 stated R1 does not have a drink and will have to ask for something to drink. R1 stated R1 will not eat that thing (pointing at the ground chicken) it does not look good.2. R3's Care Plan dated 5/4/2026 documents an admission date of 4/16/2026. The Care Plan documents R3's diagnoses including Cerebral Infarction due to Stenosis of Small Artery, Cerebral Cysts, Occlusion and Stenosis of Right Carotid Artery, Dysphagia and Muscle Atrophy. The Care Plan also documents R3 has nutritional problems and potential nutritional problems related to dysphagia, oropharyngeal phase. R1's Care Plan also documents R1 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R3 has dehydration or a potential fluid deficit with an intervention to encourage R3 to drink fluids of choice to maintain hydration.R3's Minimum Data Set (MDS) dated [DATE] documents R3 was cognitively intact.R3's Order Summary Report dated 4/20/2026 documents R3's diet order of regular mechanical soft consistency.R3's Care Plan dated 4/16/2026 documents R3 was admitted to the facility related to cerebral infarction and may present with a swallow disorder.On 5/3/2026 at 1:05 p.m., R3 was sitting in R3's room eating lunch. R3's meal tray consisted of ground meat (chicken strips), appeared dry and not moist. R3 also had French fries and garlic bread. R1 stated R1 did not know what the ground meat was, it was not good but better than nothing. 3. R6's Care Plan dated 2/20/2026 documents an admission date of 8/25/2025. The Care Plan documents R6's diagnoses including Dysphagia following Cerebrovascular Disease, Chronic Kidney Disease Stage 3, Iron Deficiency Anemia, Anxiety, Dementia, Psychotic Disturbances, Mood Disturbance, Alzheimer's Disease, Specified Disorder of Brain, Cerebral Infarction, Dysphagia, Lack of Coordination and Cognitive Communication Deficit. The Care Plan further documents R6's dietary plan is mechanical soft related to Dysphagia. R6's Care Plan also documents R6 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R6 has dehydration or a potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration.R6's Minimum Data Set (MDS) dated [DATE] documents R6 is moderately cognitively impaired.R6's Order Summary Report dated 3/20/2026 documents R6's diet was for No Added Salt mechanical soft texture.On 5/3/2026 at 12:00 p.m. R6 was in the dining room eating lunch. R6 was served with ground chicken strips, no sauce or gravy and appeared dry and not moist. R6 was difficult (continued on next page)

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to understand therefore was not interviewable.On 5/4/2026 at 10:21 a.m., V27 Assistant Dietary Manager stated V27 knows that on 5/3/2026 at lunch time, the chicken strips for mechanical soft diets were not mixed with gravy and did not have gravy on top like they would do if it was prepared in house. V27 stated the mechanical soft diet is expected to be moist.On 5/4/2026 V28, Dietary Aide and V29, Dietary Aide both stated that the mechanical soft diet is expected to be moist by mixing the mechanical food with gravy and then putting extra gravy on top and it should be easily scooped.On 5/3/2026 at 1:18 p.m., V6 Dietary Manager (DM) stated the lunch was chicken strips and was catered from a local restaurant. V6 stated if V6 would make the mechanical food in-house, V6 would make sure to mix gravy with the ground meat to make sure it's moist and would add more gravy on top. V6 stated the ground chicken for lunch was dry because it was not mixed with gravy and it should have been mixed with gravy to make it moister. On 5/4/2026 at 11:18 a.m., V30 Regional Dietician stated mechanical soft diet is expected to be moist. V30 stated all residents that are on mechanical soft diets should receive moistened mechanical soft food that is easily scooped.The facilities undated Mechanical Soft Diet Principles and Guidelines document mechanical food should be moist and fork tender. Meat should be ground and mixed with gravy, broth or another type of moistening agent.

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide adequate beverages to residents. This failure has the potential to affect all 182 residents residing at the facility.Findings include:1. R1's Care Plan dated 4/9/2026 documents an admission date of 3/27/2026. The Care Plan documents R1s diagnoses including Displaced Fracture of left humerus, Metabolic Encephalopathy, Mild Cognitive Impairment, Gastroesophageal Reflux, Dysphagia, Cognitive Communication Impairment and Aphasia. The Care Plan documents R1 has nutritional problems, potential nutritional problems related to metabolic encephalopathy. R1's Care Plan also documents R1 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R1 has dehydration or a potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration.R1's Minimum Data Set (MDS) dated [DATE] documents R1 has severe cognitive impairment.On 5/3/2026 at 1:00 p.m., R1 was sitting in the room eating lunch. R1's meal plate observed with ground chicken strips which appeared to be dry, no gravy or sauce observed on the side, a piece of garlic bread, a banana and french fries. R1 also has a cup of fruit but no drinks were observed on R1's meal tray. There was an empty disposable cup on R1's table and R1 stated the cup had been sitting there awhile and it was empty. R1 stated R1 does not have a drink and will have to ask for something. R1's staff are not very good at giving R1 something to drink, R1 has to ask most of the time.R1's Care Plan dated 3/27/2026 documents R1 has dehydration or a potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration.R1's Nutrition/Dietary Note dated 5/4/2026 documents R1 has weight loss of five percent in one month. Weight loss could be a combination of fluid changes and decreased oral intake.2. R3's Care Plan dated 5/4/2026 documents an admission date of 4/16/2026. The Care Plan documents R3s diagnoses including Cerebral Infarction due to Stenosis of small Artery, Weakness, Constipation, Dysphagia and Muscle Atrophy. The Care Plan also documents R3 has nutritional problems, and potential nutritional problems related to dysphagia, oropharyngeal phase. R1's Care Plan also documents R1 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R3 has dehydration or potential fluid deficit with intervention to encourage R3 to drink fluids of choice to maintain hydration.R3's Minimum Data Set (MDS) dated [DATE] documents R3 was cognitively intact.On 5/3/2026 at 1:03 p.m., R3 was sitting in R3's room eating lunch. R3's meal tray consists of ground chicken strips, which appeared to be dry and no moisture to it. R3 also had french fries and garlic bread. R1 stated R1's tray did not come with any drinks, R3 had to ask for the milk. At this time, there were no other drinks on the table except the half pint carton of milk.3. R6's Care Plan dated 2/20/2026 documents an admission date of 8/25/2025. The Care Plan documents R6's diagnoses including Dysphagia following cerebrovascular disease, Anxiety, Dementia, Alzheimer's Disease, Specified Disorder of Brain, Cerebral Infarction, Pain to right shoulder, Dysphagia, Lack of Coo0rdination and Cognitive Communication Deficit. The Care Plan further documents R6's dietary plan is mechanical soft related to Dysphagia. R6's Care Plan also documents R6 has an Activities of Daily Living (ADL) self-care performance deficit. The Care Plan further documents R6 has dehydration or a potential fluid deficit with an intervention to encourage R1 to drink fluids of choice to maintain hydration.R6's Minimum Data Set (MDS) dated [DATE] documents R6 is moderately cognitively impaired.On 5/2/2026 at 7:35 a.m., R6 was in the smaller dining room on second floor, eating breakfast. R6's meal plate consisted of two boiled eggs, cottage cheese and yogurt. R6 had one half pint carton of milk, and no other drinks observe given or offered throughout the meal from the intermittent observation. R6 was difficult to understand and was not interviewable. R6's Care Plan dated 8/13/2026 documents R1 has a communication problem related to dementia with interventions to anticipate and meet needs.R6's Care Plan dated 1/28/2026 documents R6 has a potential for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accolade Healthcare of Savoy	302 West Burwash Savoy, IL 61874

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	dehydration or a potential fluid deficit related to cognition and may not recognize thirst. Interventions include encourage (R6) to drink fluids of choice to help maintain hydration.On 5/4/2026 at 8:01 a.m., V23 Certified Nurse Assistant stated residents should have at least two drinks during meals if they want milk. V23 stated they were not serving juice because of the kitchen being closed.On 5/4/2026 at 10:21 a.m., V27 Assistant Dietary Manager stated residents should always have at least two drinks with their meals. V27 stated residents should have ice water, milk or juice.On 5/4/2026 V28, Dietary Aide and V29, Dietary Aide both stated residents should receive at least two drinks, milk and ice water.On 5/3/2026 at 1:18 p.m., V6 Dietary Manager (DM) stated residents should always have milk for their calcium and extra calorie sources. V6 stated residents should have ice water or juice. V6 stated kitchen staff prepare the meal trays, and the CNAs serve the drinks. V6 stated residents may have refused the drinks served but there should not be any resident that does not have a drink at all.On 5/4/2026 at 11:18 a.m., V30 Regional Dietician stated V30 expects the residents to have six to 12 ounces of drinks per meal. V30 stated one glass was not enough for a resident to stay hydrated.On 5/2/26 at 6:30 a.m., V2, Director of Nursing, provided a resident roster dated 5/2/26 that documented 182 residents were residing in the facility on that date. The facilities Hydration and Prevention of Dehydration Policy dated January 2026 documents Nurse's Aides will provide and encourage intake of bedside, snack and meal fluids, on a daily and routine basis as part of daily care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145439	A. Building B. Wing	05/04/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to keep equipment functioning properly to ensure the kitchen was maintained in a manner to prevent food born illness. This failure has the potential to affect all 182 residents residing at the facility.Findings include:On 5/2/2026 at 5:20 a.m. V6 Dietary Manager (DM) stated the kitchen was closed since 4/30/2026 after failing the Local Health Department Inspection. The facility is not able to serve hot food and drinks. V6 stated they only serve cold items. V6 stated as a plan of correction, the facility arranged a contract with a local hospital to supply the food for the facility but not until 5/4/2026. V6 stated since they closed down, the food has been catered from outside. V6 stated the facility cannot produce hot beverages including coffee or hot water for tea.On 5/2/2026 at 6:10 a.m., kitchen staff did not cook or prepare in-house meals.On 5/2/2026 at 6:15 a.m., kitchen staff were scooping yogurt and cottage cheese in portions and putting it into nine ounces disposable plastic cups.On 5/2/2026 at 6:15 a.m., V7 Dietary Aide stated they are not able to cook or prepare in-house meals due to the kitchen being closed. V7 stated they can only prepare prepacked cold food such as prepacked boiled eggs, yogurt and cottage cheese for breakfast. V7 stated the food for lunch and dinner was being catered.On 5/2/2026 at 6:20 a.m., V6 DM stated the failure during the inspection with the Local Health Department on 4/30/2026 was due to the malfunction of one of the pieces of kitchen equipment. V6 confirmed the hot box was off and not being used. V6 stated V6 did not know the equipment was malfunctioning because the thermostat was at the bottom where they could not see it easily.On 5/2/2026 at 7:15 a.m., R1 stated the kitchen was shut down and they only been serving cold food.On 5/2/2026 at 7:18 a.m., R13 stated we haven't had any good food for a couple of days, they said the stove was broke and the kitchen staff were not cooking. My (spouse) has been bringing me food. Last night they served us pizza, but I did not eat it.On 5/2/2026 at 7:50 a.m., R4 stated that food has not been good. R4 stated the kitchen was closed and they could not serve coffee. R4 stated I don't understand why they cannot make coffee or even a hot water for tea.On 5/4/2026 at 10:21 a.m., V27 Assistant Dietary Manager stated V27 was told the hot box was broken and did not pass the inspection, so the kitchen was closed. V27 confirmed they have not been cooking food in the kitchen. V27 confirmed they have not been serving hot drinks or hot food.On 5/4/2026 at 10:39 a.m., V28 Dietary Aide stated the kitchen was closed and they have not been cooking and they are not serving hot drinks either.On 5/4/2026 at 10:56 a.m., V29 Dietary Aide stated V29 was told the kitchen will not be making hot food and not be serving hot drinks. V27 stated they can only serve cold food, ice water and milk.On 5/4/2026 at 11:18 a.m., V30 Regional Dietician stated V30 does not know what happened with the kitchen. V30 stated V30 came today and was told the kitchen was not cooking and food is being catered. V30 stated V30 was told the kitchen would only be serving cold food.On 5/4/2026 at 1:04 p.m., V32 Dietary Aide stated V32 came to work mid-shift on 4/30/2026 and was told they were closing the kitchen. V32 stated when V32 went back to work on 5/1/2026 V32 was told they were not cooking, and food will be catered.On 5/2/26 at 6:30 a.m., V2, Director of Nursing, provided a resident roster dated 5/2/26 that documented 182 residents were residing in the facility on that date. The (local) Public Health Department Food Establishment Inspection Reported dated 4/30/2026 documents At 11:15 AM on 4/30/2026. The food service was closed, and the health permit was suspended due to an inadequate food safety management system. All food handling, preparation, and service must cease as of this time. A Red Closed Placard was posted at a location determined by the health office. This placard is the property of (the local) Public Health Department and shall not be removed, copied, or altered in anyway under penalty of law. Due to the R4 repeated violation, the health authority will pursue administrative and/or judicial remedies against the food establishment and/or permit holder. A request for reinspection was left with the PIC (Person in Charge).