STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145945	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Imboden Creek Senior Living	180 West Imboden Decatur, IL 62521

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(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 - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 35347 Based on interview and record review, the facility failed to prevent the potential for foodborne illness by serving undercooked hamburgers. This failure affected one resident (R2) of three reviewed for food safety in the sample of three. Findings include: R2's assessment (4/5/2024) documents R2 is cognitively intact. On 4/30/2024 at 11:50AM, R2 reported receiving undercooked hamburgers in the facility several times that were pink in coloration. On 4/30/2024 at 11:56AM, V5 (Cook) reported a former Dietary employee had grilled hamburgers outside recently for a resident lunch meal, and many were undercooked when they were returned to the kitchen to serve to residents. V5 reported Dietary staff thought they had caught all the undercooked hamburgers before they were served to residents. On 5/2/2024 at 2:47PM, V10 (Regional Dietary Manager) stated V10 would consider any hamburger served to residents while still pink in color to be a foodborne illness risk.

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