

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145945	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2025
NAME OF PROVIDER OR SUPPLIER Imboden Creek Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>(continued on next page)</p>

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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to obtain physician orders to use and clean a Continuous Positive Airway Pressure (C-PAP) machine and/or a Bilevel Positive Airway Pressure (BI-PAP) machine for four (R1, R7, R10, R11) residents and failed to obtain and monitor vital signs for three (R1, R10, R11) residents using C-PAP/BI-PAP machines. This failure affects four of four residents (R1, R7, R10, R11) reviewed for Oxygen use in a sample list of eleven residents. Findings include:1.R1's Minimum Data Set (MDS), dated [DATE], documents R1 as cognitively intact.R1's Hospital Record, dated 10/2/25, documents R1 utilizes Oxygen per nasal cannula at 2 Liters (L)/nasal cannula (NC). This same record documents R1 has his own C-PAP (Continuous-Positive Airway Pressure) machine.R1's Physician Order Sheet (POS), dated October 2025, does not document a physician order for R1 to wear C-PAP. R1's Nurse Progress Note, dated 10/2/15 at 1:05 PM, documents R1 was using Oxygen at 2 L/NC. This same progress note documents R1 uses a C-PAP at night for Sleep Apnea.R1's Electronic Medical Record (EMR) does not document R1's Oxygen saturation levels or respirations on 10/3/25-10/9/25 and 10/11-10/13/25. On 11/12/25 at 9:40 AM, V3 (R1's family member) stated the facility staff did not obtain or monitor R1's respiratory vital signs including oxygen saturation and respirations. V3 stated R1 had his own C-PAP machine that was brought into the facility from home. V3 stated the facility staff did not clean or ensure R1's C-PAP settings are correct.2. R10's undated Face Sheet documents R10 admitted to the facility on [DATE]. This same Face Sheet documents medical diagnoses as Obstructive Sleep Apnea, Pigmentary Retinal Dystrophy, Bilateral Absolute Glaucoma, Atrial Fibrillation and Lack of Coordination.R10's Minimum Data Set (MDS), dated [DATE], documents R10 as cognitively intact.R10's Care Plan, initiated 3/5/25, does not include a focus area, goal, nor interventions for the use of R10's CPAP machine. R10's Physician Order Sheet (POS), dated November 2025, does not document any physician orders for R10 using a Continuous Positive Airway Pressure (C-PAP). This same POS does not document filling, cleaning or monitoring of R10's C-PAP machine/use.R10's Electronic Medical Record (EMR) documents R10's Oxygen Saturation was obtained on 9/11/25, 9/19/25, 10/2/25, 11/6/25 and 11/11/25. The facility is not able to provide any other documented Oxygen Saturation levels for R10. R10's Electronic Medical Record (EMR) documents R10's Respirations were documented on 9/3/25, 9/11/25, 9/19/25, 10/2/25, 11/4/25 and 11/11/25. The facility is not able to provide any other documented Respiration levels for R10. On 11/13/25 at 1:20 PM, R10's C-PAP machine was sitting on the bedside dresser next to R10's bed. R10's C-PAP tubing was laying over her machine with the mask directly touching the top of her dresser. R10's C-PAP tubing was not contained in a bag. R10 stated she owns her C-PAP machine. R10 stated the staff do not clean her machine. R10 stated she is unaware of what the setting are due to I am blind. I can't see the settings. R10 stated she relies on staff to make sure the settings are correct and to clean her C-PAP machine. R10 stated the staff do not obtain her Oxygen saturation level or respirations regularly. 3. R11's undated Face Sheet documents R11 admitted to the facility on [DATE]. This same Face Sheet documents medical diagnoses as Obstructive Sleep Apnea, Acute Kidney Failure, Diabetes Mellitus Type II, Asthma and Hypertension. R11's Physician Order Sheet (POS), dated November 2025, does not document a physician order for R11 to use Continuous Positive Airway Pressure (C-PAP). This same POS does not document any physician orders for refilling, cleaning or monitoring settings for R11's C-PAP machine.R11's admission Assessment, dated 11/12/25, documents R11 as cognitively intact.R11's Care Plan, intervention dated 11/12/25, instructs staff to monitor for signs and symptoms of respiratory distress and report to the Physician as needed such as Respirations and Pulse Oximetry. R11's Electronic Medical Record (EMR) documents R11's Oxygen saturation was obtained on 11/5/25 and 11/9/25. The facility is unable to provide any further documentation that R11's Oxygen saturation was obtained. R11's Electronic Medical Record (EMR) documents R11's Respirations were obtained on 11/5/25. The facility is unable to provide any further documentation of R11's Respiration levels being obtained. R11's Hospital Record, dated 11/5/25, documents R11 uses CPAP/BIPAP. On 11/13/25 at 3:05 PM, R11's CPAP machine was sitting on her bedside dresser with the tubing placed over the top of the machine. R11 was sitting in her recliner chair next to her bed. R11 stated no one from the facility has assisted her with her CPAP machine. R11 stated V11 (R11's Power of Attorney/POA) has done everything with R11's CPAP. R11's C-PAP tubing was laying over her machine with the mask directly touching the top of her dresser. R11's C-PAP tubing was not contained in a bag. On 11/13/25 at 3:10 PM, V11 (R11's family</p>		