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	11/28/2025

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, the facility failed to employee a Certified Dietary Manager for food services. This failure has the potential to affect all 75 residents currently residing in facility.Findings include:Facility Midnight Census, dated 11/28/2025 ,documents there are 75 residents currently residing in the facility.On 11/28/2025 at 1:19 PM, V11 (Dietary Manager (DM)) stated he is not certified for dietary management and he is not currently enrolled in any certification courses.On 11/28/2025 at 10:50 AM, V1 (Administrator) stated V11(DM) is not certified and V16 (Regional Registered Dietician) consults for facility on a monthly basis. On 11/28/2025 at 2:38 PM, V1 (Administrator) confirmed V11 (DM) is not a Certified Dietary Manager, and V11(DM) is not currently enrolled in any certification courses. The facility's job description for the Director of Food Services that is undated documents the general purpose of this job description is to assist in planning, organizing, developing, and directing the overall operation of the Dietary Department in accordance with current and federal, state, and local standards governing the facility, and as may be directed by the Administrator, to ensure the quality nutritional services are provided on a daily basis and that the Dietary Department is maintained in a clean, safe, sanitary manner.

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