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	05/21/2026

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 observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services and failed to employ a person-in-charge (PIC) with the required Food Protection Manager Certification. These failures have the potential to affect all 61 residents in the facility. Findings include:On 5/20/2026 at 12:05PM, V4 (Dietary Manager) was actively supervising dietary operations in the facility kitchen. V4 reported being the full-time manager of the facility food service (PIC) and reported not being a clinically qualified Certified Dietary Manager or having equivalent training. V4 also denied being a certified Food Protection Manager, as required, and denied any other dietary staff were certified Food Protection Managers. V4 reported the the facility Dietician does not work in the facility full-time.V4 denied:-being a Dietician;-being a Certified Dietary Manager;-having an associate's or higher degree in food service management or in hospitality;-having 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting;-being a graduate of a dietetic and nutrition school or program authorized by the Accreditation Council for Education in Nutrition and Dietetics, the Academy of Nutrition and Dietetics, or the American Board of Nutrition; -being a graduate, prior to July 1, 1990, of a Department (Illinois Department of Public Health) approved course that provided 90 or more hours of classroom instruction in food service supervision and having experience as a supervisor in a health care institution which included consultation from a dietician; -or having completed an Association of Nutrition & Foodservice Professionals approved Certified Dietary Manager or Certified Food Protection Professional course. The Food and Drug Administration Food Code (2022) documents a dietary service Person in Charge (PIC) shall be a Certified Food Protection Manager.On 5/21/2026 at 3:50PM, V4 (Dietary Manager) reported the food in the kitchen is available for all residents to eat.The Facility Assessment (2025) documents the facility's Staffing Plan includes a Certified Dietary Manager. On 5/20/2026 at 12:30-12:45PM, the facility failed to maintain functional sink basins and failed to maintain a sanitary can opener and ice scoop. The facility Room Directory (5/20/2026) documents 61 residents reside in the facility.

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

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	05/21/2026

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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 maintain functional sink basins and failed to maintain a sanitary can opener and ice scoop. These failures have the potential to affect all 61 residents residing in the facility. Findings include:1. on 5/20/2026 at 12:45PM, dishes were stacked beside and inside of the kitchen three-basin sink. V4 (Dietary Manager) was present and reported Dietary staff use the three-basin sink daily to wash, rinse, and sanitize dishes. V4 reported the drain valves on the wash and rinse basins leaked continuously and those basins will not hold water so staff must stuff towels into the drain openings and also continuously add water to effectively wash and rinse dishes. V4 reported previously sharing the sink concerns with facility managers but no repairs were pending for the sink. V4 denied the facility has any formal process to submit a work order for maintenance concerns.2. On 5/20/2026 at 12:30PM, the facility kitchen table-mounted can opener and receiver were excessively soiled with accumulations of food debris and grease that were black in coloration. Metal shavings were also present around the the cutting blade and gear of the opener. 3. On 5/20/2026 at 12:30PM, an ice scoop was stored in a plastic wall-mounted caddy located adjacent to the ice maker in the kitchen. [NAME] and green colored residue was located at the bottom of the caddy where the tip of the scoop was resting. On 5/20/2026 at 12:52PM, V4 (Dietary Manager) reported the above residue in the ice scoop caddy appeared to be like mold. The facility Room Directory (5/20/2026) documents 61 residents reside in the facility.