STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040295	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE CARE CENTER	**1675 EAST ASH STREET , CANTON, Illinois, 61520**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments Annual Health Survey	S0000		12/31/2025
S9999	Final Observations Statement of Licensure Violations: 300.699 Section 300.699 Electronic Monitoring A facility shall comply with Section 2-115 and subsections 3-318 (a) (8) and (9) of the Act, with the Authorized Electronic Monitoring in Long-Term Care Facilities Act, and with the Authorized Electronic Monitoring in Long-Term Care Facilities Code. (Source: Amended at 48 Ill. Reg. 3317, effective February 16, 2024) This requirement is not met as evidenced by: Based on interview, observation and record review, the facility failed to ensure proper consents were obtained and signage posted for 4 of 4 residents (R2, R62, R63, R67) reviewed who were currently being electronically monitored, in a sample of 29 residents. Findings include: The Electronic Monitoring Device in Residents Room facility neutral (Video Camera Monitoring) policy, dated 3/4/17, documents consents are required to use authorized Electronic Monitoring Devices. Execute the “Resident’s Notification of and Consent to Authorized Electronic Monitoring” form and, as applicable, the “Roommate’s Consent to Authorized Electronic Monitoring” form for any resident requesting to use Electronic Monitoring Device. If Electronic Monitoring is authorized, the facility must clearly and conspicuously post and maintain a sign at all building entrances accessible to visitors notifying them that some of the resident’s rooms are being electronically monitored and at the entrance to the resident’s room. The facility will report to the Department the number of authorized electronic monitoring notification and	S9999		12/31/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040295	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/04/2025

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S9999	Continued from page 1 consent forms received annually. 1. R2 was admitted on 2/2/25 with diagnoses of Traumatic Brain Injury, Subdural Hemorrhagic Hematoma, Cerebral Aneurysm, Vertebral Fracture and Skull Fracture. R2's Care Plan documents R2 is at risk for falls related to Traumatic Brain Injury. The care plan does not include an intervention to video monitor. R2's record including Progress Notes did not include a signed consent form for electronic monitoring nor documentation of verbal consent. 2. R62 was admitted on 11/25/25 with diagnoses of Encephalopathy, Dementia, Post Traumatic Stress Disorder and Depression. The current care plan documents R62 has cognitive impairment, is at high risk for elopement/wandering related to Dementia and at risk for falls. The care plan does not include an intervention to video monitor. R62's Progress Note dated 11/26/25 documents verbal consent given for video monitoring for resident safety by family members. The record did not include a signed consent form for electronic monitoring. 3. R63 was admitted on 11/28/25 with diagnoses of Metabolic Encephalopathy, Altered Mental Status, Urinary Tract Infection, Delirium, Depression and Anxiety. R63's current Care Plan documents R63 is at risk for falls related to confusion, is at high risk for elopement/wandering due to Dementia. The care plan does not include an intervention to video monitor. R63's record including Progress Notes did not include a signed consent form for electronic video monitoring nor documentation verbal consent was obtained. 4. R67 was admitted on 11/20/25 with diagnoses of Severe Intellectual Disabilities, Epilepsy, Pneumonitis and Acute Respiratory Therapy. The Resident Listing Report and observation on 12/3/25 demonstrated R2 and R67 reside in the same room. R67's record including Progress Notes did not include a signed roommate's consent for electronic monitoring nor that verbal consent was obtained.	S9999		

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S9999	Continued from page 2 Throughout the survey on 12/3/25 and 12/4/25, the facility did not have a sign at the entrance notifying visitors the facility utilized electronic monitoring. R2, R62, R63 and R67's room did not have a sign at the entrance of the resident's room to indicate the use of electronic monitoring. On 12/4/25 at 11:54 AM, V2 (Director of Nursing) stated we ask the resident or call the Power of Attorney to obtain verbal consent for electronic monitoring and document in the Progress Notes. On 12/4/25 at 2:00 PM, V1 (Administrator) was unaware of the consent, signage and reporting requirements as set out in the facility's policy and Departments requirements. (B)	S9999		