IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

R: 9589 0710 5270 0464 9471 91
A: 9589 0710 5270 0464 9472 07

2026-03-16

Stout Scott, Registered Agent
Imboden Creek Senior Living & Rehabilitation, LLC
215 E Locust St
Harrisburg, Illinois 62946

RE:	Complaint #:	2697044
	Survey Date:	2026-01-13
	Docket #:	NH 26-CS-0225
	Violation Type:	B violation with fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Imboden Creek Senior Living.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act or the Specialized Mental Health Rehabilitation Act of 2013, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Compliance Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sheila A. Driver

Sheila A. Driver, JD, MBA, RN
Deputy Director, Office of Health Care Regulation
Illinois Department of Public Health

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. IMBODEN CREEK SENIOR LIVING & REHABILITATION, LLC D/B/A, IMBODEN CREEK SENIOR LIVING Respondent.	))))))))))	Docket No. NH 26-CS-0225

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint & Licensure Investigation conducted by the Department on 01/13/2026, at Imboden Creek Senior Living, 180 West Imboden Drive, Decatur, Illinois 62521. On 03/09/2026, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.

2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$2,200.00,** as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.690a), 300.1210b), 300.1210c), and 300.1210d)6). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high-risk designation:300.690, 300.1210b), and 300.1210d)6).

Fine:$2,200.00

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Attn: Jesus Gomez
Illinois Department of Public Health
525 West Jefferson Street, 5th Floor, LTC/CA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to: Illinois Department of Public Health, Long Term Care – Compliance Assurance, 525 West Jefferson, Springfield, IL 62761.

Sincerely,

Sheila A. Driver, JD, MBA, RN
Deputy Director, Office of Health Care Regulation
Illinois Department of Public Health

Dated this 16 day of March, 2026.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. IMBODEN CREEK SENIOR LIVING & REHABILITATION, LLC D/B/A, IMBODEN CREEK SENIOR LIVING, Respondent.	)))))))))))	Docket No. NH 26-CS-0225

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Stout Scott
Licensee Info:	Imboden Creek Senior Living & Rehabilitation, LLC
Address:	215 E Locust St Harrisburg, Illinois 62946

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 16 day of March, 2026.

Jesus Gomez
Administrative Assistant I
Long Term Care – Compliance Assurance
Office of Health Care Regulations

COMPLAINT DETERMINATION FORM

FAC. Name: IMBODEN CREEK SENIOR LIVING
COMPLAINT#: 2697044
ID#: 0057364
DATE COMPLAINT RECEIVED: 12/19/2025

IDPH Code	Allegation Summary	Determinations
118	Resident Rights	2
101	Physical Abuse	2

Determination Codes

1 = VALID – A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID – A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057364	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMBODEN CREEK SENIOR LIVING	180 WEST IMBODEN , DECATUR, Illinois, 62521

(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		01/26/2026
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.690a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and	S9999		01/26/2026

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: 0057364	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/13/2026

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S9999	Continued from page 1 services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide effective resident supervision to prevent repeat traumatic falls. These failures resulted in R7 experiencing 14 or more falls between November and December 2025 causing abrasions, skin tears, a hematoma, swelling, pain, and an eyebrow laceration requiring emergency transfer to the hospital for surgical repair. R7 is one of two residents reviewed for accidents on the sample list of 29. Findings include: R7's diagnosis list (1/7/2026) documents diagnoses including Metabolic Encephalopathy (brain dysfunction caused by metabolic imbalance), Convulsions, Muscle Wasting and Atrophy, Lack of Coordination, Unsteadiness on Feet, History of Falling, Neurocognitive Disorder, Dementia, Repeat Falls, Major Depressive Disorder, and Anxiety Disorder. R7's Resident Assessment (12/7/2025) documents R7 requires substantial/maximal assistance from staff for transfers, utilizes a wheelchair for mobility, and has bilateral upper extremity impairment in range of motion. R7's fall risk assessment (12/16/2025) documents R7 is	S9999		

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S9999	Continued from page 2 at risk for falls. The facility fall log (November 2025 through January 2026) documents R7 had nine falls in the facility on the following dates: 11/14/25, 11/23/25, 12/2/25, 12/8/25, 12/12/25, 12/14/25, 12/16/25 (twice on this date), and 12/17/25. On 1/7/2026 at 2:40PM, V1 (Administrator) reported the above fall log documented all resident falls occurring during November 2025 through January 2026. On 1/9/2026 at 12:12PM, V2 (Director of Nursing) reported there were no more additional resident falls other than the ones documented on the above fall log. V2 stated, "If that's what she's (V1) given you, that's all we have, we go through them every day." The facility SBAR Communication Tool to Physicians (12/28/2025) documents facility staff contacted R7's medical provider to report R7 had experienced six falls back to back in the facility over the weekend of 12/27/2025 to 12/28/2025. The same record documents R7 sustained abrasions to R7's forehead and nose, and a laceration resulting in sutures to R7's right eyebrow. Facility fall investigations (#578, #579, #580, #582) document R7 experienced five or more additional falls not reported on the above fall log. The investigations document R7 had falls on 12/23/25, twice on 12/26/25, and twice on 12/27/25. R7's Progress Notes (12/16/2025) document R7 was found by staff face down on the floor after an unwitnessed fall with a skin tear to the left arm and a goose egg to the back of the head. R7's Progress Notes (12/17/2025) document R7 complained to staff of head pain and body pain from R7's 12/16/2025 fall. R7's Progress Notes (12/23/2025) document R7 experienced a fall causing a skin tear to the right forearm. R7's Progress Notes (12/26/2025) document facility staff found R7 face down on the floor after an unwitnessed fall in front of R7's wheelchair with a bleeding laceration to the right side of the forehead and was sent by ambulance to the hospital emergency room for evaluation and treatment. R7's Fall investigation (12/27/2025) documents R7 returned to the facility from the hospital on	S9999		

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S9999	Continued from page 3 12/27/2025 after R7's 12/26/2025 fall with sutures to R7's right eyebrow and orders for wound treatment. R7's Progress Notes (12/27/2025) document R7 was found by staff on the floor after having an unwitnessed fall resulting in a bleeding abrasion to R7's nose, a bleeding abrasion to R7's forehead, swelling to the right hand, and a skin tear with bleeding to the left arm. The facility Telephone Encounter (12/18/2025) documents an order from V24 (R7's Nurse Practitioner) for staff to ensure R7 is toileted frequently and R7 doesn't get up by R7's self. R7's Care Plan (November 2025 through January 2026) documents the focus area of R7 being at risk for falls and the goal of R7 to not experience any injuries related to falling. The same record documents a new intervention on 12/17/2025 as "Resident (R7) to nurses station for 1:1 for resident's safety." R7's Physician Orders (1/8/2026) document the order "Right Eye Lid: remove sutures after 6 days, if area is showing healed per hospital orders." On 1/8/2026 at 12:32PM, R7 was seated in a wheelchair at lunch and had sutures present on R7's right eyebrow. When asked if R7 experienced pain when R7 fell on 12/26/2025 causing the eyebrow laceration and sutures, R7 replied, "Oh yeah." V10 (R7's representative) was present and reported R7 had multiple falls in the facility over the weekend of 12/27/2025 to 12/28/2025. V10 reported believing the facility did not have enough staff to provide 1:1 supervision of R7 during that weekend. R7 denied ever receiving 1:1 supervision during the month of December 2025. The facility Falls policy (March 2018) documents the facility will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. (B)	S9999		