Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6005300 10/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON LEWIS MEMORIAL CHRISTIAN VLG SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation #2348104/IL164922 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b)4) 300.1210c) 300.1210d)4)A) 300.1210d)5) Section 300.610 Resident Care Policies 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 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with each resident's comprehensive resident care Statement of Licensure Violations Illinois Department of Public Health 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  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED C 10/24/2023	
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	care and persona resident to meet t care needs of the	nd properly supervised nursing I care shall be provided to each he total nursing and personal resident. Restorative clude, at a minimum, the res:			99H		
	encourage reside in activities of dail circumstances of demonstrate that This includes the dress, and groom eat; and use spee functional commu who is unable to chall receive the signoid nutrition, groups activities of the signoid nutrition, groups activities activ	g personnel shall assist and nts so that a resident's abilities y living do not diminish unless the individual's clinical condition diminution was unavoidable. resident's abilities to bathe, ; transfer and ambulate; toilet; ich, language, or other nication systems. A resident earry out activities of daily living services necessary to maintain soming, and personal hygiene.					
	and be knowledge respective resident d) Pursuant t nursing care shall	o subsection (a), general include, at a minimum, the be practiced on a 24-hour,					
	24-hour, seven-da	are shall be provided on a y-a-week basis. This shall limited to, the following:					
	personal attention,	ent shall have proper daily including skin, nails, hair, and dition to treatment ordered by					
	5) A regular p pressure sores, he	rogram to prevent and treat at rashes or other skin					

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