Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002661	A. BUILDING: ______ B. WING ______	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT SPRINGFIELD	**525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703**

(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) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2345408/IL161539	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.2210a) 300.3210t) 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and 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.	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/24/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002661	A. BUILDING: ______ B. WING ______	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT SPRINGFIELD	525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703

(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) COMPLETE DATE
S9999		S9999		

Continued From page 1

Section 300.2210 Maintenance

a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies.

Section 300.3210 General

t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.

These requirements were not met as evidenced by:

Based on interview, and record review, the facility failed to assist residents with transfers out of bed for 1 of 3 residents (R8) reviewed for activities of daily living (ADLs) assistance in the sample of 13. This failure resulted in R8 being left in bed for 7 days feeling alone, fearful, anxious, and scared.

Findings include:

R8's Minimum Data Set, MDS, dated 5/11/23, documents R8 has no cognitive impairments and R8 is totally dependent on two staff person physical assistance for transfers.

On 07/05/2023 at 11:05AM, R8 stated she was in bed for seven days because the sit to stand mechanical lift was not working. R8 stated, "It was broke". R8 stated she remained in bed from Friday, 6/23 through Thursday 6/29/23. R8 stated she felt alone because she prefers to get up out of her bed and go to the dining room. R8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002661	A. BUILDING: ______ B. WING ______	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT SPRINGFIELD	**525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703**

(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) COMPLETE DATE
S9999	Continued From page 2	S9999		

stated on Thursday, 6/29/2023, the city tornado sirens were sounding. R8 stated she could hear the tornado siren going off while lying in her bed. R8 stated she was scared, crying, fearful, and alone. R8 stated her window curtains were pulled, curtain drawn, and door shut and that made her feel scared, fearful, and alone. She stated the power went off and she felt even more afraid when the electricity went out and she was left alone in her room.

R8's Care Plan, dated 2/17/2023 documents R8 has an Activities of Daily Living (ADL) Self Care Performance Deficit related to activity intolerance, disease process schizoaffective. R8's Care Plan Interventions documents R8 uses a wheelchair for transportation and requires assist of sit to stand with two staff for transfer.

On 7/5/23 at 11:05 AM V2, Regional Operations, stated she requested a rental sit to stand related to the facility sit to stand not working. V2 stated when the rental arrived at the facility, it wasn't working because the rental company did not send a battery for the sit to stand.

On 7/5/23 at 1:03 PM, V22, Certified Nurse Assistant (CNA), stated R8 transfers with a sit to stand lift. V22 stated the sit to stand was broken and R8 had to remain in bed for seven days.

On 7/5/23 at 1:51 PM, V6, CNA stated she floats both halls and works mostly on A- Hall but does come to B-Hall to help when needed. V6 stated she knows the sit to stand was not working the day of the tornado warning because R8 was left in bed that day.

On 7/6/23 at 2:43 PM, V20, CNA, stated sit to stand was broken for three or four days and R8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002661	A. BUILDING: ______ B. WING ______	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT SPRINGFIELD	525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703

(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) COMPLETE DATE
S9999		S9999		

Continued From page 3

remained in bed.

On 7/6/2023 at 3:17 PM, V21, CNA stated the sit to stand was broke for four or five days. V21 stated R8 was in bed those days. V21 stated, "(R8) would have never stayed in bed if sit to stand was working. She likes to get up and go to the dining the room."

On 7/7/23 at 9:55 AM, V9, CNA, stated when she worked Monday, 7/3/23, the sit to stand was not working. V9 stated R8 had to stay in bed. V9 stated R8 had to stay in bed probably three to four days. V9 stated the sit to stand was reported to V18, Maintenance Director.

On 7/7/23 at 10:00 AM, V22 stated she complained to V2, Vice President of Regional Operations regarding the sit to stand. V22 stated V27, Regional Nurse Consultant, was here and reported to her as well. V22 stated they told management something needed to be done getting a new sit to stand. V22 stated IDPH was in the building so management got a rental sit to stand but it did not work.

On 7/11/2023 at 3:30PM, V26, Senior Regional Maintenance Director, stated some facilities do monthly checks on the sit to stands but the facility elected to do weekly sit to stand checks. V26 stated he expects the maintenance director to follow the detailed inspection of " Direct Supply the Equipment Lifecycle System (TELS)." V26 should have followed the instructions of "TELS" and what's occurring with the broken issue. V26 stated if any part of that inspection that fails it should be taken out of service upon inspection and repaired to working proper condition. V26 stated he was not aware the sit to stand at the facility was having problem. Maintenance should

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002661	A. BUILDING: ____ B. WING ____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVENUES AT SPRINGFIELD	**525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703**

(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) COMPLETE DATE
S9999	Continued From page 4 have pulled the sit to stand until it was fixed and safe for the residents. V26 stated he looked at facility report and stated nobody is using the TELS system. V26 sent V3 DON a report from the TELS system but there was no documentation noted that Maintenance used the system or sit to stand was checked by TELS. This report is to conduct mobile lift system inspection. On 7/11/2023 at 3:42 PM, V26 provided Direct Supply TELS, resident lifts inspect mobile lifts documentation. Documentation had no check marks where sit to stand had been inspected by maintenance at the facility. The facility's Policy and Procedure for Transfers Manual Gait Belt, and Mechanical Lift dated, 2/2008, documents "Mechanical lifting device shall be used for any resident needing a go person assist or cannot be transferred comfortably and/or safety by normal transfer technique. Mechanical lift shall be made readily available and accessible to staff 24 hours a day. Mechanical lift equipment shall undergo routine maintenance checks by the nursing and maintenance staff to ensure that equipment remaining good working order." (B)	S9999		