STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510019	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS AT CENTENNIAL POINTE, THE	3430 HEDLEY ROAD SPRINGFIELD, IL 62712

(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
A 000	Initial Comment Incident Report Investigation IL 176736 Incident Report Investigation is substantiated.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 3 Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Based on record review and interview, the establishment failed to ensure R1 and R2 remained free of abuse. Findings include: The establishment's Incident Investigation/Administrative Summary contains documentation that an investigation was started on 08-03-2024. E4, Licensed Practical Nurse, notified E2, Director of Nurses, that she had witnessed E3, Certified Nursing Assistant, take a plate out of R1's hand and set the plate on a table and use his hand on R1's back to guide R1 towards the living room. E4 also told E2 that E3	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510019	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS AT CENTENNIAL POINTE, THE	3430 HEDLEY ROAD SPRINGFIELD, IL 62712

(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
A6000	Continued From page 1	A6000		

then returned back to R2, who was sitting in a chair at the dining room table, and forcefully turn the chair around. E3 was also witnessed to swing his arm, as if telling R2 to get up, and then forcefully grab the back of R2's arm making R2 stand up and guide R2 by the arm all the way to the living room. The same incident investigation also includes documentation that both R1 and R2 both returned to the dining room and were sitting at a table eating. E3 was witnessed coming out of the medication room, throwing his cell phone on a table, walking over to R1, and pull the plate out of R1's hand and slam it on the table. E3 then grabbed R1 from behind under the arms forcefully standing R1 up and then guide R1 back into the living room. E3 then returned and forcefully lifted R2 and began guiding R2 back to the living room. Further documentation includes that E3 was immediately suspended and exited from the establishment. E3 was angry and making threats; stating that he would not be returning as an employee. E1, Administrator, was notified. Both E1 and E2 reviewed the establishment's camera footage and found the allegations to be substantiated. R1 and R2 had full assessments done with no injuries noted. The investigation summary also includes documentation that is, "(R1) and (R2) have not suffered any mental anguish and do not have any recollection of the incident due to cognition." The summary includes documentation that the police were notified, and a police report was done, the resident's physicians and power of attorneys were also notified.

E4's 08-05-2024 written statement includes documentation that E4 witnessed a staff member "forcibly remove (resident) from chair in dining room by the left arm" and "forcibly" push the resident out towards the living room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510019	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS AT CENTENNIAL POINTE, THE	3430 HEDLEY ROAD SPRINGFIELD, IL 62712

(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
A6000	Continued From page 2 E3's 08-03-2024 "Suspension/Leave Pending Investigation" form contains documentation that E3 resigned his position immediately and refused to sign all paperwork when requested. E3's 08-05-2024 "Termination Notice" contains documentation that E3 was suspended pending an investigation on 08-03-2024 for allegations of abuse and that E3 contacted E2 by text message and a follow-up phone call stating that he was not returning on 08-05-2024. R1 was admitted to the establishment on 06-17-2024. R1's diagnoses include vascular dementia. R1's 08-03-2024 Incident Description contains documentation that a floor nurse notified E2 that a staff person was forceful with R1 in the dining room and that per camera footage the employee was seen forcibly removing R1 from the dining room. The employee was sent home pending an investigation. R1's power of attorney and physician were notified; the local police and the Department were notified. A skin assessment was done with no injuries. R2 was admitted to the establishment on 10-28-2021. R2's diagnoses include dementia and Alzheimer's disease. R2's 08-03-2024 Incident Description contains documentation that a floor nurse notified E2 that a staff person was forceful with R2 in the dining room and that per camera footage the employee was seen forcibly removing R2 from the dining room. The employee was sent home pending investigation. R2's physician, power of attorney, and the police were notified.	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510019	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS AT CENTENNIAL POINTE, THE	3430 HEDLEY ROAD SPRINGFIELD, IL 62712

(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
A6000	Continued From page 3 On 08-14-2024, at approximately 10:10am, E2 states that E3 was placed on suspension immediately and that E3 later called stating he quit. On 08-14-2024, at approximately 12:30pm, E1 states that she doesn't have an actual police report. E1 did provide a police report number at this time. On 08-14-2024, at approximately 12:45pm, E2 states that she is consulting with their Information Technology team to save the camera footage of the incident, as the police have requested the footage.	A6000		