

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER FIFTH SEASON RESIDENCE, BENTON		STREET ADDRESS, CITY, STATE, ZIP CODE 401 N DUQUOIN ST BENTON, IL 62812		
(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	A 000		
	Annual Licensure Survey			
A4000	Section 295.4000 Physician/s Assessment	A4000		
	This RULE: is not met as evidenced by: Violation Type 3 Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. Based on interview and record review, the Establishment failed to ensure the Physician's Assessment was completed prior to admission. (R3) Findings include: The Establishment's resident roster documents R3 was admitted/moved in on 9/13/2024. R3's Physician's assessment/certification is dated 9/16/2024. On 9/30/2024 at 1:00 PM, E1/Executive Director confirmed that R3's Physician's certification was not completed prior to admission.			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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