

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/08/2024
NAME OF PROVIDER OR SUPPLIER TRUSTWELL LIVING OF SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 W WHITE OAK DRIVE SPRINGFIELD, IL 62704		
(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 Original Complaint 179826 Violations cited 295.6000 13) Type 2 Original Complaint 179906 For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act.	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 Violation Section 295.6000 Resident Rights 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor These requirements were not met as evidenced by: Based on interview and record review the establishment failed to keep R1 free from financial exploitation. This creates a substantial probability of harm to a resident or residents. Findings include: Interview: E1 and R1 confirmed that a check was stolen from R1s room by E2. E2 gave the check to another person to try to cash. Record Review: Police report number S24-79878	A6000		

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

TITLE

(X6) DATE

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A6000	Continued From page 1 confirmed that R1's check was taken to a bank and was attempted to be cashed.	A6000		