STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510101	A. BUILDING: _____ B. WING _____	C 11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDINGTON PLACE OF EDWARDSVILLE	7108 MARINE ROAD EDWARDSVILLE, IL 62025

(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 Complaint #IL181030 Allegations substantiated. Violation at 295.4000 is cited. Complaint #IL181043 Allegations cannot be substantiated. No violation cited	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation 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. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on interview and record review the facility failed to ensure a physician assessment certification was completed for a resident with	A4000		

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A4000	Continued From page 1 significant change of condition. Findings include: R1's record documents the following: Admission date of 10/14/24 with multiple diagnoses of Alzheimer's Disease, Hypertension,Atherosclerotic Heart Disease. Admitted to hospice services on 11/8/2024 with diagnosis of Dementia. Transferred hospice services to a different provider on 11/14/2024 with diagnosis of Cerebral Atherosclerosis. On 11/18/2024 at 10:46 AM, E3 (Licensed Practical Nurse/LPN) stated R1 was still able to walk using a walker with minimal assist and was with therapy for strengthening but was showing no improvement but instead was declining so quickly that the family decided for a hospice evaluation and got admitted to hospice. On 11/18/24 at 2:28 PM, Z1 (R1's Power of Attorney/wife) stated that R1 fell at home before moving to the facility and still was able to bear weight and walk with a walker and minimal assist for short distances. Z1 stated R1 was on physical, occupational and speech therapy but instead of improving he was getting weaker. Z1 stated she took him to a follow up orthopedic visit and she was told R1 can still do partial weight bearing if he can tolerate it. Z1 stated she observed that R1 started to need more and more help to support him during transfers that she decided to have R1 evaluated for hospice services and he was admitted to hospice on 11/8/24, and transferred him to another hospice company on 11/14/24. Z1	A4000		

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A4000	Continued From page 2 stated R1 has not declined much in his cognition and orientation but has rapidly declined physically and needing a lift to transfer him from bed to chair and vice versa because he can't stand even with support anymore and is needing total help with bathing, dressing and toileting. On 11/18/24 at 3:10 PM, E1 (Executive Director) stated R1 had a hospice certification for hospice services but did not have a physician assessment certification done when he was admitted to hospice for significant change in condition. On 11/20/24, at 2:00 PM, E1 presented R1's Physician Assessment Certification for Significant Change in Condition dated 11/19/24.	A4000		