STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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 Complaint Investigation Complaint 2449816/IL181812 Complaint cannot be substantiated. No violations cited. Complaint 2449440/IL 181143 Complaint can be substantiated.	A 000		
A2030	Section 295.2030 Establishment Contacts This Regulation is not met as evidenced by: Violation Section 295.2030 Establishment Contracts d) An establishment contract that has been signed shall be maintained on the premises throughout the resident's residency at the establishment. Based on record review and interview the establishment failed to ensure R1's record contains an establishment contract. Findings include: R1's 11-10-2023 progress note contains documentation that R1 was admitted to the establishment and that R1 has "near total blindness but sees shapes and colors." Further documentation is that R1 requires assistance with a walker and with toileting. Documentation also includes that R1 has been instructed with how to use the call light.	A2030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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
A2030	Continued From page 1 On 12-11-2024, approximately 2:00pm, E1 states that she does not have an establishment contract or service plan for R1; that the previous management did not get them done. On 12-12-2024, approximately 8:50am, E1 states that there is no contract or service plan for R1. On 12-12-2024, approximately 12:30pm, E1 states that there are no documented assessments for R1.	A2030		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. Based on record review and interview the establishment failed to ensure a service plan was developed for R1. Findings include: R1's 01-05-2024 "Unusual Occurrence Report" was reviewed. The report contains documentation that R1 had an unwitenssed fall at	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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
A4010	Continued From page 2 6:30am. Further documentation is that R1 was found on the floor and that R1 stated R1 fell backwards. R1 was observed with redness to the lower back and was not complaining of any pain. R1's 11-10-2023 progress note contains documentation that R1 was admitted to the establishment and that R1 has "near total blindness but sees shapes and colors." Further documentation is that R1 requires assistance with a walker and with toileting. Documentation also includes that R1 has been instructed with how to use the call light. R1's 01-05-2024 progress note contains documentation that R1 fell onto R1's right elbow resulting in a skin tear. Further documentation is that hospice was notified of the fall and ordered x-rays, but R1's family declined the x-rays. R1's 01-06-2024 progress note contains documentation that R1 left the establishment via an ambulance to get x-rays. R1's 01-07-2024 progress note contains documentation that the hospital was called and that R1 has a fractured right shoulder and right hip. R1's 11-16-2023 Doctor's Progress Note contains documentation that R1 was admitted to hospice for comfort measures. On 12-11-2024, approximately 2:00pm, E1 states that she does not have an establishment contract or service plan for R1; that the previous management did not get them done. On 12-12-2024, approximately 8:50am, E1 states that there is no contract or service plan for R1.	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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
A4010	Continued From page 3 On 12-12-2024, approximately 12:30pm, E1 states that there are no documented assessments for R1.	A4010		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: 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: 4) The right to designate any individual to participate with the resident or in the resident's name in the development of the written service plan; 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes; 6) The right to direct his or her own care and negotiate the terms of his or her own care; The establishment failed to ensure that an establishment contract and service plan were developed for R1. Findings include: R1's 11-10-2023 progress note contains documentation that R1 was admitted to the	A6000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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
A6000	Continued From page 4 establishment and that R1 has "near total blindness but sees shapes and colors." Further documentation is that R1 requires assistance with a walker and with toileting. Documentation also includes that R1 has been instructed with how to use the call light. R1's 11-16-2023 Doctor's Progress Note contains documentation that R1 was admitted to hospice for comfort measures. On 12-11-2024, approximately 2:00pm, E1 states that she does not have an establishment contract or service plan for R1; that the previous management did not get them done. On 12-12-2024, approximately 8:50am, E1 states that there is no contract or service plan for R1. On 12-12-2024, approximately 12:30pm, E1 states that there are no documented assessments for R1.	A6000		
A7000	Secton 295.7000 Resident Records This Regulation is not met as evidenced by: Section 295.7000 Resident Records a) Service delivery contracts and related documents executed by each resident or resident's representative shall be maintained by the establishment from the date of execution until three years after the date the contract is terminated. (Section 105 of the Act) b) An establishment shall maintain a resident's record that contains at least the following: 4) The establishment contract and any amendments;	A7000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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
A7000	Continued From page 5 5) Documentation of orientation to the evacuation plan; 6) Notation of assessments and evaluations conducted pursuant to Section 295.4000; 7) The service plan, its amendments and updates; The establishment failed to ensure an establishment contract and service plan were developed for R1 upon admission. and with R1's resident records. The establishment failed to ensure documentation of orientation to the evacuation plan and documentation of assessments conducted were included in R1's records. Findings include: R1's 11-10-2023 progress note contains documentation that R1 was admitted to the establishment and that R1 has "near total blindness but sees shapes and colors." Further documentation is that R1 requires assistance with a walker and with toileting. Documentation also includes that R1 has been instructed with how to use the call light. R1's 11-16-2023 Doctor's Progress Note contains documentation that R1 was admitted to hospice for comfort measures. On 12-11-2024, approximately 2:00pm, E1 states that she does not have an establishment contract, orientation, or service plan for R1; that the previous management did not get them done. On 12-12-2024, approximately 8:50am, E1 states that there is no contract or service plan for R1. On 12-12-2024, approximately 12:30pm, E1	A7000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510065	A. BUILDING: _____ B. WING _____	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUSTWELL LIVING OF SPRINGFIELD	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
A7000	Continued From page 6 states that there are no documented assessments for R1.	A7000		