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 _____	08/28/2025

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 Incident allegation can be substantiated. Violations Cited. Type 1 Violation 295.5000 f) 5) j) Type 2 Violation 295.6000 a) 13)	A 000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 1 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 5) Recording of medication assistance provided to residents and maintenance of medication records. j) A separate medication record shall be maintained for each resident receiving medication administration and shall include: 1) Name of resident; 2) Name of medication, dosage, directions, and route of administration;	A5000		

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 _____	08/28/2025

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
A5000	Continued From page 1 3) Date and time medication is scheduled to be administered; 4) Date and time of actual medication administration; and 5) Signature or initials of the employee administering medication. These requirements were not met as evidenced by: Based on record review and interview the establishment failed to ensure staff appropriately documented medications administered to R1. The establishment failed to ensure staff followed it's medication policy and procedures for documenting medications administered to R1. This failure creates a substantial probability of severe harm to a resident or residents. Findings include: The establishment's 06-10-2019 "Medication Reminders/Supervision of Self-Administered Medications" policy contains documentation that is, "All Licensed/trained staff should initial the appropriate "time slot" on each resident's MAR (Medication Administration Record) that you have observed them take their medication..." Further documentation is "PRN (as needed) medications should be noted on the MAR with proper follow up..." R1 was admitted to the establishment on 07-29-2024. R1's diagnoses include glaucoma, type 2 diabetes mellitus, memory deficit following cerebral infarction, and vascular dementia. R1's 12-09-2024 service plan contains documentation	A5000		

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 _____	08/28/2025

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
A5000	Continued From page 2	A5000		

that R1 receives medication administration.

R1 has physician orders dated 06-25-2025 for tramadol 50mg tablets, give one by mouth two times a day for pain until 07-02-2025. R1 has physician orders for tra06-10-20madol 50mg tablet by mouth as needed for knee pain. R1's July 2025 MARs include documentation that R1 received the tramadol as ordered on 07-01-2025 and 07-02-2025. The same MARs also include documentation that R1 received tramadol on 07-08-2025 and 07-09-2025.

R1's Controlled Drug Record contains documentation that R1 received tramadol 50mg on 07-01-2025 at 8:30am and 530pm; on 07-02-2025 at 8:15am, 1026am, and 6:15pm; on 07-04-2025 at 8:00am and 3:46pm; on 07-05-2025 at 8:45am and 545pm; on 07-08-2025 at 8:05am and 6:00pm; on 07-09-2025 at 8:30am and 6:18pm; and on 07-10-2025 at 8:15am and 1120am. It was noted that several of the documented administration dates/times on the Controlled Drug Record are not documented on R1's MAR.

R1's 08-07-2025 Incident and Accident Report contains documentation that it was reported to E1, Director of Nursing, that R1's morning narcotic count was off by three tramadol 50mg tablets. Documentation also includes that an investigation was done, that the missing tablets will be replaced, that staff received training on proper narcotic counts and securing of the narcotic box, and that R1's physician and power of attorney were notified.

The establishment's typed document regarding R1's missing tramadol was reviewed and contains documentation that staff statements

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 _____	08/28/2025

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
A5000	Continued From page 3 were obtained, that the medication cart was searched for loose medications, and that the narcotic log was compared to the MARs, that disciplinary actions were taken along with performance corrections given to staff nurses. Documentation also includes that the police were notified and a police report was filed. Further documentation is that a request for a copy of the police report was made but has not been received at this time, and that the pharmacy has been notified and are waiting on a copy of the police report before replacing R1's missing medication. Documentation also includes that R1 still had tramadol medication available and did not miss any needed medication. Documentation includes that the narcotic medications were last verified by E1 on 07-29-2025. During the investigation E1, Director of Nursing, states that she submitted for a copy of the police report filed and has not received a copy yet. E1 states that they never could figure out what happened with the missing medications and that staff were disciplined and re-trained. E1 states that R1's tramadol twice a day order started on 06-25-2025, ended on 07-02-2025 and that the tramadol was ordered as needed after 07-02-2025.	A5000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 1 Violation Section 295.6000 Resident Rights a) No resident shall be deprived of any rights,	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 _____	08/28/2025

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 4 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; These requirements were not met as evidenced by: Based on record review and interview the establishment failed to ensure R1's narcotic medication count remained correct and appropriately documented. The establishment failed to ensure staff followed it's policy and procedures in documenting medications administered to R1. These failures resulted in R1's narcotic medication count having a discrepancy and being short by three tablets. This failure creates a substantial probability of harm to a resident or residents. Findings include: The establishment's 06-10-2019 "Medication Reminders/Supervision of Self-Administered Medications" policy contains documentation that is, "All Licensed/trained staff should initial the appropriate "time slot" on each resident's MAR (Medication Administration Record) that you have observed them take their medication..." Further documentation is "PRN (as needed) medications should be noted on the MAR with proper follow up..." R1 was admitted to the establishment on 07-29-2024. R1's diagnoses include glaucoma,	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 _____	08/28/2025

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 5 type 2 diabetes mellitus, memory deficit following cerebral infarction, and vascular dementia. R1's 12-09-2024 service plan contains documentation that R1 receives medication administration. R1 has physician orders dated 06-25-2025 for tramadol 50mg tablets, give one by mouth two times a day for pain until 07-02-2025. R1 has physician orders for tra06-10-20madol 50mg tablet by mouth as needed for knee pain. R1's July 2025 MARs include documentation that R1 received the tramadol as ordered on 07-01-2025 and 07-02-2025. The same MARs also include documentation that R1 received tramadol on 07-08-2025 and 07-09-2025. R1's Controlled Drug Record contains documentation that R1 received tramadol 50mg on 07-01-2025 at 8:30am and 530pm; on 07-02-2025 at 8:15am, 1026am, and 6:15pm; on 07-04-2025 at 8:00am and 3:46pm; on 07-05-2025 at 8:45am and 545pm; on 07-08-2025 at 8:05am and 6:00pm; on 07-09-2025 at 8:30am and 6:18pm; and on 07-10-2025 at 8:15am and 1120am. It was noted that several of the documented administration dates/times on the Controlled Drug Record are not documented on R1's MAR. R1's 08-07-2025 Incident and Accident Report contains documentation that it was reported to E1, Director of Nursing, that R1's morning narcotic count was off by three tramadol 50mg tablets. Documentation also includes that an investigation was done, that the missing tablets will be replaced, that staff received training on proper narcotic counts and securing of the narcotic box, and that R1's physician and power of attorney 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 _____	08/28/2025

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 6 The establishment's typed document regarding R1's missing tramadol was reviewed and contains documentation that staff statements were obtained, that the medication cart was searched for loose medications, and that the narcotic log was compared to the MARs, that disciplinary actions were taken along with performance corrections given to staff nurses. Documentation also includes that the police were notified and a police report was filed. Further documentation is that a request for a copy of the police report was made but has not been received at this time, and that the pharmacy has been notified and are waiting on a copy of the police report before replacing R1's missing medication. Documentation also includes that R1 still had tramadol medication available and did not miss any needed medication. Documentation includes that the narcotic medications were last verified by E1 on 07-29-2025. During the investigation E1, Director of Nursing, states that she submitted for a copy of the police report filed and has not received a copy yet. E1 states that they never could figure out what happened with the missing medications and that staff were disciplined and re-trained. E1 states that R1's tramadol twice a day order started on 06-25-2025, ended on 07-02-2025 and that the tramadol was ordered as needed after 07-02-2025.	A6000		