STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510524	A. BUILDING: _____ B. WING _____	C 11/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF SPRINGFIELD	3520 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62711

(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 investigation of Complaint 25410063 / IL198073. 295.6000 a) 13)	A 000		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 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: 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Based on record review and interviews, the establishment neglected to complete safety / incontinent checks every two hours for one of three sampled residents. (R1) R1 fell out of his chair and lied on the floor for approximately nine hours. This failure had the probability to cause harm. Findings include: R1's current facesheet notes that R1's was admitted to the establishment memory care unit on 4/18/24 and has diagnosis including Dementia and Functional Urinary Incontinence. R1's current service plan notes that R1 is to have safety /	A6000		

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A6000	Continued From page 1 incontinent checks completed every two hours. On 11/1/25 at 11:50 A.M., E2 (Director of Nursing) stated that through their investigation they found that R1 was last seen by staff on 9/19/20 at 8:15 P.M. in his room. R1 was noted on camera to fall out of his chair at 8:38 P.M.. R1 remained on the floor from 8:38 P.M. until 5:23 A.M. when E4 entered R1's room and found R1 on the floor. E2 stated that E4 failed to do any of her two hour safety checks the entire night. E2 stated that if E4 would have done the required safety checks, R1 would have been found around 10:00 P.M. and not remained on the floor the entire night. E2 stated that E4's employment has been terminated. On 11/3/25 at 8:50 A.M., Z1 (R1's Daughter) stated that they have a camera in R1's room and when she reviewed the footage from the evening on 9/19/25 through the morning of 9/20/25, she noted that R1 fell out of his chair around 8:30 P.M. and then remained on the floor unable to get up, until staff came in the room at around 5:30 A.M., approximately nine hours. Z1 stated that R1 is supposed to be checked on every two hours throughout the night and that this should not happen. E4's "Counseling Documentation Form" notes that on the night of 9/20/25, E4 "Failed to perform her scheduled job duties, Displayed Unsatisfactory job performance, Violation of safety for our resident, and Violation of Dress Code." E4 " Night Shift person, provide NO safety checks to any residents on this shift from 10:00 P.M. - 5:45 A.M."	A6000		