

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 02/25/2025
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	A 000		
	Facility Reported Incident IL186257			
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes: 1) Orientation to the characteristics and needs of the establishment's residents; 2) The significance and location of resident service plans; 3) Internal establishment requirements and the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 5) CPR and emergency procedures for medical events, if applicable; and 6) Training in assistance with activities of daily	A3020		

Illinois Department of Public Health

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

TITLE

(X6) DATE

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 02/25/2025
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
A3020	Continued From page 1 living appropriate to the job. d) All training shall be documented with: 1) Date; 2) Starting and ending time; 3) Instructors and their qualifications; 4) Short description of content; and 5) Staff member's written signature. e) An employee who has not demonstrated to the establishment that he or she is competent to perform a particular task may perform that task only under the direct supervision of an employee who has demonstrated competence in performing the task. Violation Based on interview and record review, the establishment failed to have staff complete orientation and training as outlined in the regulation for four of four (E5, E6, E7, and E8) employees reviewed for orientation and training. R1 and R2 sustained resident rights violations by E5 and E6. Findings include: On 2-20-25, orientation and training records for E5 (CNA/Certified Nursing Assistant) and E6, E7, and E8 (Nursing Assistants) was requested. On 2-25-25, the only material presented was the establishment's Worksite Employee Acknowledgement and the Employee Handbook. On 2-25-25 at 8:30 am, E1 (Interim Executive Director) stated abuse, neglect and social media use is covered in the Employee Handbook. On 2-25-25 at 8:45 am, E9 (Business Office	A3020		

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 02/25/2025
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
A3020	Continued From page 2 Manager) stated all four employees signed they had received the Employee Handbook. E9 stated they do not go over the contents of the Handbook, just give it to them upon hire. E9 verified there is no other orientation and/or training completed for these four employees. The establishment abuse and neglect section of the Employee Handbook is covered in a short section of the Handbook. The Establishment's investigation dated 2-12-25 documents "(On 2-11-25, E2 (Health Services Director) was notified by E3 (Regional Director of Operations) and E4 (Regional Health Services Director) that a resident (R1) had been photographed in a picture that had been sent to them and posted on social media. Picture viewed and 2 caregivers were in a mirror of resident's bathroom. Resident face is not showing but both caregivers are facing mirror with hand gestures. Additionally, and anonymously, another picture surfaced of a resident's profile sitting nude on a shower chair. This picture has not been posted on social media that we are aware of but has been threatened to be posted. Resident identified as (R2)." The two staff identified in the above investigation are E5 and E6.	A3020		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs	A4060		

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 02/25/2025
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
A4060	Continued From page 3 h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: i) Training requirements for individuals working in a special program: 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the following topics: i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover: i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. Violation	A4060		

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 02/25/2025
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
A4060	Continued From page 4 Based on interview and record review, the establishment failed to provide dementia training and 16 hours of on the job supervision for four of four (E5, E6, E7 and E8) employees reviewed for training. R1 and R2 sustained resident rights violation by E5 and E6. Findings: On 2-20 and 2-25-25, employee orientation and training for E5 (CNA/Certified Nursing Assistant) and E6, E7 and E8 (Nursing Assistants) was requested. On 2-25-25 at 8:45 am, E9 (Business Office Manager) stated neither the Alzheimer's dementia training nor the on the job training was completed for these employees. The establishment's census report dated 2-20-25 documents there are presently eight residents residing on the memory care unit. On 2-20-25 at 9:45 am E1 (Interim Executive Director) stated staff work both the assisted living section and the memory care unit of the establishment. The Establishment's investigation dated 2-12-25 documents "(On 2-11-25, E2 (Health Services Director) was notified by E3 (Regional Director of Operations) and E4 (Regional Health Services Director) that a resident (R1) had been photographed in a picture that had been sent to them and posted on social media. Picture viewed and 2 caregivers were in a mirror of resident's bathroom. Resident face is not showing but both caregivers are facing mirror with hand gestures. Additionally, and anonymously, another picture surfaced of a resident's profile sitting nude on a	A4060		

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 02/25/2025
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
A4060	Continued From page 5 shower chair. This picture has not been posted on social media that we are aware of but has been threatened to be posted. Resident identified as (R2)." The two staff identified in the above investigation are E5 and E6.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: 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: 1) The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice and to be treated with consideration and respect; 2) The right to respect for bodily privacy and dignity at all times, especially during care and treatment; 13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor; Violation Based on interview and record review, the establishment failed to ensure the right to bodily privacy and freedom from emotional abuse when facility staff took pictures of R1 in R1's mirror with staff making inappropriate hand gestures which	A6000		

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 02/25/2025
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
A6000	Continued From page 6 was posted to social media, and when taking a picture of R2 with no clothes on. This is for two of two residents (R1 and R2) reviewed for privacy and abuse issues in a sample of two. Findings include: The Establishment's investigation dated 2-12-25 documents "(On 2-11-25, E2 (Health Services Director) was notified by E3 (Regional Director of Operations) and E4 (Regional Health Services Director) that a resident (R1) had been photographed in a picture that had been sent of them and posted on social media. Picture viewed and 2 caregivers were in a mirror of resident's bathroom. Resident face is not showing but both caregivers are facing mirror with hand gestures. Additionally, and anonymously, another picture surfaced of a resident's profile sitting nude on a shower chair. This picture has not been posted on social media that we are aware of but has been threatened to be posted. Resident identified as (R2)." This investigation goes on the say E5 (CNA/Certified Nursing Assistant) and E6 (Nursing Assistant) were identified as those involved. Both were then interviewed and then terminated. On 2-20-25 at 11:30 am, E4 (Regional Nurse Consultant) stated the following: On the evening of 2-11-25, E3 (Regional Director of Operations) informed her that E3 had received an anonymous text with pictures of E5 and E6 with R1 making crude hand gestures in R1's mirror and then R2, nude in a shower chair. They immediately started an investigation. On 2-12-25, E4 interviewed E5 and E6 by phone and terminated their employment.	A6000		

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 02/25/2025
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
A6000	Continued From page 7 On 2-25-25 at 8:50 am, E3 stated the evening 2-11-25, she received a series of texts from an unknown number, The first one contained a picture of E5 and E6 making hand gestures (one crude) in the mirror with R1 who's face was not shown. E3 stated there was evidence in the photo that it had been posted on social media. She then received a picture of R2 naked in a shower chair. She was able to determine E5 had sent it to the unknown person who sent it to E3. E3 was unable to determine when these were taken or who forwarded them to her. It is unknown R2's photo was posted on social media. These photos were viewed at this time and are as described. E5 and E6's personnel files documents their employment was terminated on 2-18-25 for HIPPA (Health Insurance Portability and Accountability Act) violations. R1's current service plan documents she has dementia, resides in the memory care unit and requires assistance with her care. R2's current service plan documents he has dementia and requires assistance with care and bathing. The establishment's Abuse and Neglect policy documents "Abuse means any physical or mental injury or sexual assault inflicted on a resident, other than by accidental means, in a community." The establishment's Employee Handbook documents "Residents shall be treated with kindness respect, care, and consideration at all times. Abuse, neglect, mishandling, or ill-treatment is not permitted under any	A6000		

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 02/25/2025
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	
A6000	Continued From page 8 circumstances." The establishment's Resident Rights Policy documents "Employees will honor each resident as an individual, treating them with respect and dignity at all times. Each resident has the right to, at a minimum: personal privacy and confidentiality of your personal records, to receive care, treatment, and services that are adequate and appropriate."	A6000			