STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510246	A. BUILDING: _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL CREEK ALZHEIMER'S SCC	3319 GINGER CREEK DR 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 Incident Report Investigation IL 189898 Type 2 Violation	A 000		
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 h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; Based on record review and interview, the establishment failed to ensure resident safety to prevent an elopment from the establishment. This failure resulted in R1 eloping on 04-03-2025, traveling 0.4 miles from the building to a home in a neighboring community. Findings include: R1's record was reviewed. R1's admission date is 03-12-2025. R1's face sheet contains	A4060		

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A4060	Continued From page 1	A4060		

documentation that R1 is a memory care respite resident. R1's diagnoses include dementia, hypertension, hyperlipidemia, and hypothyroidism. R1's 03-12-2025 service plan includes documentation that R1 wears eyeglasses and ambulates without an assistive device. The same service plan does not include any documentation that R1 is a risk for elopement.

The establishment's final report to the Department dated 04-04-2025 was reviewed. The report includes documentation that on 04-03-2025, R1 was at the establishment as a "day respite program" resident. R1 exited the establishment at an estimated time of 11:45am, and wandered to a home in a neighboring community. The homeowner notified the local police who then notified R1's spouse. Further documentation is that at 1:33pm, the establishment staff were alerted to R1 not being in the establishment by E1 and a search was conducted by establishment staff. The report includes documentation of the police report (S25-25771) and that R1 traveled 0.4 miles to the local home. Staff interviews were conducted, confirming that R1 participated in establishment activities until R1 was last seen between 11:30am and 11:45am and that no establishment alarms aounded to alert them of an elopement. Establishment visitor interviews were conducted, confirming that no residents followed visitors out of the building. The establishment windows and doors were all checked to ensure alarms worked properly and all window screens were intact. The establishment was unable to confirm how R1 exited the building. Staff have received further training on wandering and elopement prevention and elopement drills were conducted. The establishment has added additional alarms and a

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A4060	Continued From page 2 door closer to the business office area. On 04-15-2025, approximately 9:30am, E1, (Administrator,) states that they checked all the windows and doors to ensure the alarms were in working order, that they have ordered an alarm for the half door at the nurse's station to ensure the door gets shut and locked appropriately. E1 states that they have added door closers to the doors near the front desk. E1 also states that R1 has not been back to the establishment as a respite care resident since the incident, but that R1 and spouse have been at the facility for a "memory cafe" activity that is done once a month. ON 04-15-2025, approximately 10:15am, E2, (Health Services Director,) states that she found out R1 had a previous elopement from R1's spouse after this current incident occurred. E2 states that if she had known about R1 previous elopement that she would have put measures into place to try and prevent an elopement or that she would not have accepted R1 as a respite resident.	A4060		