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 _____	05/20/2025

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 2544092/IL192028 Violations cited: 295.4000 b)c) 295.7000 b) 9) 10)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a significant change in the resident's condition. Based on record review and interview the establishment failed to ensure residents had physician assessments completed annually and with identification of significant changes in a resident's condition. Findings include: R1 was admitted to the establishment on 10-20-2023. R1's diagnoses include heart failure, chronic kidney disease stage four, end stage renal disease, type 2 diabetes mellitus with neuropathy, and chronic obstructive pulmonary disease.	A4000		

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 _____	05/20/2025

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
A4000	Continued From page 1 R1's record contains documentation of a physician certification dated 10-18-2023. R1's 05-06-2025 handwritten Progress Note includes documentation that R1 returned to the establishment from a local rehabilitation facility with oxygen on at two liters per minute per nanal cannula. Further documentation includes that R1 will have physical therapy for 30 days due to a left shoulder fracture and that R1 will continue with dialysis three days a week. R1's record does not contain any progress notes dated 05-09-2025. R1's record does not contain any documentation of R1 going to the hospital on 05-09-2025. R2 was admitted to the establishment on 06-17-2023. R2's diagnoses include hyperlipidemia, hypertension, chronic obstructive pulmonary disease, and emphysema. R2's record contains documentation of a physician certification dated 08-10-2023. On 05-20-2025, E1, (Executive Director,) was asked for current physician certifications for R1 and R2. Approximately 9:35am, E1 states that the establishment is behind on getting the resident physician certifications and that she will start doing resident chart audits to get them caught up.	A4000		
A7000	Secton 295.7000 Resident Records This Regulation is not met as evidenced by:	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 _____	05/20/2025

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 2 Violation Section 295.7000 Resident Records b) An establishment shall maintain a resident's record that contains at least the following: 9) Notation of known accidents, incidents or injuries; 10) Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition that would trigger an assessment or evaluation, and action taken by employees to address the resident's changing needs; Based on record review and interview the establishment failed to ensure resident records contain notation of known accidents, incidents, or injuries. The establishment failed to ensure resident records contain documentation of significant changes in a resident's physical, cognitive, or functional condition that would trigger an assessment or evaluation and action taken by the employees to address the changing needs of residents. Findings include: R1 was admitted to the establishment on 10-20-2023. R1's diagnoses include heart failure, chronic kidney disease stage four, end stage renal disease, type 2 diabetes mellitus with neuropathy, and chronic obstructive pulmonary disease. R1's record contains documentation of a physician certification dated 10-18-2023. R1's 05-06-2025 service plan includes documentation that R1's Global Deterioration	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 _____	05/20/2025

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 3	A7000		

Scale score is a level two, that R1 has a "very mild cognitive decline (forgetfulness,)" and that R1 independently manages oxygen and nebulizer treatments.

R1's 01-29-2025 physician orders contain documentation that oxygen via a portable tank be used continuously via nasal cannula at four liters/minute.

R1's 05-06-2025 handwritten Progress Note includes documentation that R1 returned to the establishment from a local rehabilitation facility with oxygen on at two liters per minute per nanal cannula. Further documentation includes that R1 will have physical therapy for 30 days due to a left shoulder fracture and that R1 will continue with dialysis three days a week.

R1's record does not contain any progress notes dated 05-09-2025. R1's record does not contain any documentation of R1 going to the hospital on 05-09-2025.

E1, (Executive Director,) was interviewed on 05-20-2025, at approximately 10:00am. E1 states that the establishment's documentation could be better in the resident progress notes. E1 states that she remembers getting a call on her way home regarding R1 not having any oxygen while at therapy and that she was wondering why R1 didn't. E1 states that R1 does not have a portable plug in oxygen tank, just the smaller oxygen tank on a wheeled cart and they have been speaking with family regarding this. E1 states that R1 is independent with ordering and maintaining the oxygen and that R1's family doesn't want facility to take care of R1's oxygen due to not wanting to pay for the increased level of care. After discussing no documentation

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 _____	05/20/2025

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 4 regarding the incident on 05-09-2025 with E1, E1 states that R1 does not have any documentation from the hospital visit on 05-05-2025. E1 states that the establishment's phone would have been answered by one of the staff working that day and thinks that maybe the wrong number was dialed or the fax machine was dialed if noone answered.	A7000		