STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF510511	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGFIELD HOMES THE RANCH	3363 SPAULDING ORCHARD SPRINGFIELD, IL 62711

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A 000	Initial Comment Annual Licensure Survey. Violations cited: 295.3000e)2)C)f)2) 295.3040 295.4000b) 295.4010c)d)g)1)A)B)C)2)3)5) 295.4050 295.7000 7)d)2)f)1)2)	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Violation Section 295.3000 Personnel Requirements, Qualifications and Training e) A file shall be maintained for each employee containing the following: 2) Documentation of: C) Ongoing training; f) In addition to the information required in subsection (e) of this Section, the file for each direct care employee shall contain documentation of: 2) Initial health evaluation; Based on interview and record review, the facility failed to provide documentation that training for Food Handler's Certification was completed for two employees (E4 and E5), and ensure an initial health evaluation was maintained in an employee's personnel file for two employees (E2 and E5). Findings include:	A3000		

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A3000	Continued From page 1 The facility's current Employee Roster documents E2 (Registered Nurse) was hired at the facility on 05/20/24, and E4 and E5 (Certified Nursing Assistants) were hired at the facility on 04/11/25. E4 and E5's current personnel files did not contain documentation of a Food Handler's Certification. E2 and E5's current personnel files did not contain documentation of an initial health evaluation. On 06/11/25, E1 (Executive Director) confirmed the information provided for E2, E4 and E5's personnel files was valid and no other records were available for review.	A3000		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. Based on interview and record review, the facility failed to ensure a healthcare worker background check was completed prior to hire for two of three employees reviewed. Findings include:	A3040		

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A3040	Continued From page 2 The facility's current Employee Roster documents E4 and E5 (Certified Nursing Assistants) were both hired at the facility on 04/11/25. E4 and E5's personnel files document their background checks were not completed until 06/02/25. On 06/11/25, E1 (Executive Director) confirmed E4 and E5's background checks were not completed until 06/02/25.	A3040		
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. Based on interview and record review, the facility failed to ensure R1's a comprehensive assessment was completed annually by a physician. Findings include: R1's current medical record was reviewed and documents R1's most recent Physician Certification was signed and completed on 08/10/23. On 06/11/23, E1 (Executive Director) confirmed	A4000		

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A4000	Continued From page 3 the information provided in R1's medical record was valid and no other records were available for review.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation Section 295.4010 Service Plan c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) g) Service plans shall address: 1) The level of service the resident is receiving, including A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. Based on interview, observation and record	A4010		

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A4010	Continued From page 4 review, the facility failed to accurately complete a service plan to indicate a resident's current need for assistance with activities of daily living, and ensure the service plan was signed by all individuals involved in its development. Findings include: On 06/11/25 at 10:00 AM, R1 was reclined in a recliner watching television with oral fluids within her reach. R1 was dressed, groomed, and had ankle braces in place on her right and left ankles. E3 (Certified Nursing Assistant) stated R1 wears the ankle braces, "to keep her feet from turning inward." E3 stated R1 cannot ambulate, but can stand and pivot to transfer to/from a wheelchair. R1's most recent Service Plan (dated 08/01/23) documents R1 requires total assistance in the following activities of daily living: Evacuation, Bathing, Toileting, Transferring, Oral Hygiene, Dressing, Mobility and Activities Level. R1's Service Plan was signed by E6 (former Registered Nurse) and contained no other signatures of the individuals involved in its development. On 06/11/25 at 01:00 PM, E1 (Executive Director) stated R1's Service Plan was completed incorrectly because R1 does not require total assistance with any of her activities of daily living. E1 also confirmed that R1's Service Plan only contained one staff signature from E6, and did not include signatures of all individuals involved in its development. E1 stated she was unable to locate R1's Service Plan to provide a copy upon request, "I cannot find it."	A4010		

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A4050	Continued From page 5	A4050		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: T3 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Based on interview and record review, the facility failed to document an annual signs and symptoms screening for Tuberculosis for one resident reviewed and one of three employees reviewed for Tuberculin procedures. Findings include: E2's (Registered Nurse) current personnel file was reviewed and did not contain documentation of an annual review for signs and symptoms of Tuberculosis. R1's current medical record was reviewed and did not contain documentation of an annual review for signs and symptoms of Tuberculosis. On 06/11/25, E1 (Executive Director) confirmed the information provided for E2 and R1 was valid and no other records specific to Tuberculosis screening were available for review.	A4050		
A7000	Secton 295.7000 Resident Records	A7000		

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A7000	Continued From page 6 This Regulation is not met as evidenced by: Violation Section 295.7000 Resident Records 7) The service plan, its amendments and updates; d) An establishment shall ensure that a resident's record is: 2) Maintained at the establishment; f) The following resident records and supporting documents shall be made available for on-site inspection by the Department upon request at any time: 1) Service delivery contracts and related documents executed by each resident or resident's representative, including, but not limited to, negotiated risk agreements; 2) Records supporting compliance with each individual contract and with this Part; Based on interview and record review, the facility failed to provide documentation of annual reviews of R1's Service Plan. Findings include: R1's current medical record was reviewed and contained R1's most recent Service Plan, which was dated 08/01/23. R1's medical record did not contain any documentation that an annual review of R1's 08/01/23 Service Plan had been performed. On 06/11/25, E1 (Executive Director) stated she could not provide any documentation that an annual review of R1's Service Plan had been performed.	A7000		