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 _____	C 07/24/2025

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 2546491/IL196421 Section 295.2010 b)1)A)2)3)A-H)	A 000		
A2010	Section 295.2010 Termination of Residency This Regulation is not met as evidenced by: Violation Section 295.2010 Termination of Residency b) Involuntary termination of residency 1) Residency shall be involuntarily terminated only for the following reasons: A) as provided in Section 75 of the Act and Section 295.2000 (Residency Requirements) of this Part; 2) A 30 day written notice of involuntary residency termination shall be provided to the resident, the resident's representative, or both, and the ombudsman. (Section 80(b) of the Act) 3) The notice shall be on a form prescribed by the Department and shall contain all of the following: A) The stated reason for the residency termination; B) The proposed date of the residency termination; C) A statement of the resident's right to appeal; D) The steps that the resident or the resident's representative must take to initiate an appeal; E) A statement of the resident's right to continue to reside in the establishment until a decision is rendered; F) A toll free telephone number to initiate an appeal; G) A written hearing request form, together with a postage paid, pre-addressed envelope to the Department; and (Section 80(b) of the Act)	A2010		

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A2010	Continued From page 1 H) The name, address, and telephone number of the person at the establishment offering relocation assistance pursuant to subsection (b)(1). Based on interview and record review, the establishment failed to issue a 30-day involuntary notice of discharge for two of two (R1 and R2) residents reviewed for discharges in a sample of two. Findings include: The establishment's Assisted Living Health and Wellness Manual documents "4) A person shall not be accepted for residency, or retained as a resident, if: d) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living." "2) Involuntary termination of residency. a) Residency shall be involuntarily terminated only for the following reasons. i) If the resident no longer meets the residency requirements or this Community, b) A thirty (30) day written notice of involuntary residency termination shall be provided to the resident, the resident's representative, or both, and the ombudsman." 1. On 7-21-25 at 1110 am, Z1, R1 ' s family stated R1 was hospitalized from 6-19-25 and was ready to be discharged 7-2-25 back to the establishment. . Z1 went to establishment and told them R1 was ready for discharge. E1 (Executive Director) informed Z1 that R1 required two-person assistance for cares and was no longer eligible for their establishment therefore they could not take R1 back. Z1 stated when E1 had assessed R1 at the hospital, R1 was in a delirium state and did require more assistance but her condition improved, and the	A2010		

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A2010	Continued From page 2	A2010		

hospital stated she was ready to return to the establishment. Z1 stated they (family) were distressed not knowing where their mother was going to live since the establishment would not take her back. Z1 stated no 30 notice of discharge was given.

On 7-21-25 at 9:30 am, E1 (Executive Director) stated on 7-2-25, Z1 (R1's family) came to the establishment informing them R1 was ready for discharge from the hospital that day. E1 informed him R1 had been assessed earlier as needing two caregivers for care which they were not licensed for so she could not accept R1 back. E1 stated she offered to reassess R1 and if she did not require two caregivers to assist for care, then they could readmit R1 to the memory care unit temporarily due to her decline in cognitive issues. E1 stated Z1 declined this offer stating R1 did not need memory care. E1 stated she did not provide a 30-day notice of involuntary discharge to R1 or family.

2.. On 7-21-25 at 9:00 am, E1 (Executive Director) stated the following: While residing at the establishment, R2 had a decline requiring a two person assist for his care including transfers, toileting and bathing. On July 7, 2024, she met with R2's POAs' (Power of Attorney) telling them R2 no longer met the requirements to be at the establishment. E1 told them they would have 30 days to find another place for R2 to live. E1 told the POAs' she would issue and mail them a copy of R2's 30-day notice of involuntary discharge. E1 stated she did not send the paperwork as she could not locate the forms and things were very busy at the establishment.

R2's record does not contain any mention of a 30-day notice of discharge being issued.

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A2010	Continued From page 3 R2's therapy assessment dated 7-1-25 documents R2 was screened for therapy related to requiring two-person assistance for activities of daily living. E1's handwritten personal notes dated 7-7-25 at 10:30 am document E1 had a meeting with R2's POA's informing them of R2 decline, therapy evaluation and need to find another facility for R2.	A2010		