Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6012579 B. WING 08/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 WEST IMBODEN** IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$ 000 Initial Comments S 000 **Annual Health Survey** S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b)3) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures Attachment A shall include, at a minimum, the following Statement of Licensure Violations procedures: Illinois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 09/14/2023 FORM APPROVED

Illinois E	epartment of Public	C Health			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 08/23/2023	
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	R6's care plan, dongoing urinary trace	ated 8/19/23, documents ct infections. R6's medication					

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were going to provide perineal care for R6.

On 8/20/23 at 11:30AM, V4, Licensed Practical Nurse, stated, "They are out of washcloths and

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certainly can contribute to UTIs."

2. R4's Minimum Data Set, dated 8/4/23. documents admission to the facility on 10/8/20, with severely impaired cognition, and maximum assist for tolleting hygiene. R4's care plan, dated 7/22/23, documents urinary tract infections.

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