(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		IL6002661	B. WING		08/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		
AVENUES	AT SPRINGFIELD		RTIN LUTHER LD, IL 62703	KING DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure Hea	alth Survey				
S9999	Final Observations		S9999			
	Statement of Licensu	re Violations (1 of 2):				
	300.615e) 300.615f)					
	300.625c)2)					
	Section 300.615 Dete Screening and Reque History Record Inform	est for Resident Criminal				
e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act).						
	name on the Illinois S website at www.isp.st Department of Correc page at www.idoc.sta	all check for the individual's sex Offender Registration tate.il.us and the Illinois ctions sex registrant search te.il.us to determine if the a registered sex offender.				
	Section 300.625 Iden	tified Offenders				
	c) If the results of	of a resident's criminal				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 08/16/24

TITLE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002661	B. WING		08/01/2024
	ROVIDER OR SUPPLIER		RESS, CITY, STA		
AVENUES	AT SPRINGFIELD	SPRINGFIE	LD, IL 62703		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
S9999	9 Continued From page 1		S9999		
	history background check reveal the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.				
	These requirements are NOT MET as evidence by: Based on interview and record review, the facility failed to request a Criminal History Background Check with 24 hours of admission, check the Illinois Sex Offender Registry check the Illinois Department of Corrections sex registrant search page, and arrange for fingerprints to be taken within 72 hours for 8 of 10 residents (R14, R20, R22, R29, R40, R52, R59, R60) reviewed for Identified Offenders in the sample of 65. Findings include: 1. R20's Admission Profile, print date of 8/1/24, documents R20 was admitted on 4/25/24 and has diagnosis of Schizophrenia.				

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 2 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6002661	B. WING		08	/01/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
AVENUES	AT SPRINGFIELD		MARTIN LUTHER FIELD, IL 62703	KING DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From page	2	S9999			
	R20's Criminal Histor 4/29/242024, docume results".	y Record, dated ents R20 has a result of "No				
	R20's Electronic Medical Record (EMR) fails to document an Illinois Sex Offender Registry search or an Illinois Department of Corrections search. 2. R14's Admission Record, print date of 7/31/24, documents R14 was admitted on 5/11/24 with diagnoses of Paranoid Schizophrenia, Psychosis, and Delusions.					
	documents R14 has a further documents R1 hours of public service	· · · · · · · · · · · · · · · · · · ·				
	R4's Illinois Sex Offer dated 5/7/24.	nder Registry search is				
	R14's Illinois Departn undated.	nent of Corrections search is				
	R14's Consent to Fin	gerprinting is dated 7/12/24.				
		ecord, print date of 8/1/24, admitted on 1/3/2013 with nrenia.				
	documents a result of	y Record, dated 5/22/2024, f "HIT". This record convictions for theft and drug				

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 3 of 15

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE COMP	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COIVIP	LETED
		IL6002661	B. WING		08/	01/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		525 SO M	ARTIN LUTHER	KING DR		
AVENUES	AT SPRINGFIELD	SPRINGFI	ELD, IL 62703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From page	= 3	S9999			
		ocument results the Illinois				
	R22's Illinois Sex Offedated 10/17/2018.	ender search results are				
	R22's Illinois Department of Public Health Identified Offenders Program has R22 listed as a moderate Risk. 4. R29's Admission Record, print date of 7/31/24, documents, R29 was admitted on 3/1/23 with diagnoses of Anxiety and Dementia.					
	documents R29 has a Criminal History Reco been found guilty of c	ord documents R29 has criminal trespass, resisting duct, criminal damage to				
	history of criminal bel stability during the ad and does not appear criteria for an "identifi Trespass to Land 20° 05/10/2024 Created & Service Coordinator). safe manner consiste policies through next Revision on: 07/11/20	uments, "(R29) have a havior. I have demonstrated lmission screening process to present at risk. Fits the led offender." Criminal 17,2016,2015. Date Initiated: by: (V13) (Regional Social Goal: (R29) will behave in a lent with resident conduct review. Created by: (V13) 024 Revision by (V10) rvention: Assist resident is				
	complying with mand the terms of his/ her s 05/10/2024. Created resident's ability to co Initiated: 05/10/2024 resident to a mental h	atory reporting if defined by sentencing. Date Initiated: by: (V13). Evaluate the				

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 4 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6002661	B. WING	B. WING		01/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	·	
AVENUES	AT SPRINGFIELD		ARTIN LUTHER ELD, IL 62703	KING DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	resident's symptoms or on-going managen 05/10/2024 Created & (Illinois Department of History Analysis (C.H if reasonable and app 05/10/2024. Created plan as required by sappropriate communiand other law enforce Initiated: 05/10/2024 resident via appropria State Police) and D.C Corrections) data base Conviction Information and fingerprint if neces 05/10/2024 Created & R29's (mobile fingerp 5/22/24, documents from 5/22/24. No result R29's EMR fails to de Illinois Sex Offender Department of Corrections. 5. R40's Admission Redocuments R40 was diagnoses of Schizop R40's Criminal History documents R40 has a FEE FINGERPRINTS docket detail case replacements R40 plead Battery.	warrant further assessment nent. Date Initiated: by: (V13). Review the IDPH of Public Health) Criminal by: (V13). Review this care that it is	S9999			

Illinois Department of Public Health

STATE FORM 8899 N8WD11 If continuation sheet 5 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		IL6002661	B. WING		08/0	1/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
AVENUES	AT SPRINGFIELD		ARTIN LUTHER ELD, IL 62703	R KING DR		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI) BE	(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE	DATE
S9999	and does not appear criteria for an "identifi 05/10/2024 Created b 07/30/2024.Revision Assist resident is comreporting if defined by sentencing. Date Initiate (V13). Evaluate thimpulses. Date Initiate (V13). Refer resident indicated. Date Initiate (V13). Review the IDI (C.H.A.). Implement sand appropriate. Date Created by: (V13). Rerequired by state law. communication with penforcement represer 05/10/2024. Created via appropriate source bases, UCIA backgronecessary. Date Initiate (V13)." R40's EMR fails to do Illinois Sex Offender in Department of Correct R40's (mobile fingerp documents R40 was adiagnoses of bipolar opersonality disorder.	mission screening process to present at risk. fits the ed offender." Date Initiated: by: (V13). Revision on: by: (V13). Intervention: hplying with mandatory of the terms of his/her ated: 05/10/2024. Created he resident's ability to control ed: 05/10/2024 Created by: for psychotherapy, as ed: 05/10/2024. Created by: PH Criminal History Analysis suggestions, if reasonable ed: Initiated: 05/10/2024. eview this care plan as a Maintain appropriate barole officers and other law intatives. Date Initiated: by: (V13). Screen resident es (I.S.P. and D.O.C. data and check and fingerprint if ated: 05/10/2024 Created by: ocument results from the Registry and the Illinois	\$9999			
		a result of "HIT" with a				

Illinois Department of Public Health

STATE FORM 8899 N8WD11 If continuation sheet 6 of 15

Illinois Department of Public Health

IIIII IOIS DC	spartifierit of Fublic Fie					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			B. WING			
		IL6002661	B. WING		08/01	1/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		525 SO M/	ARTIN LUTHER	KING DR		
AVENUES	AT SPRINGFIELD		ELD, IL 62703			
				T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
IAG			IAG	DEFICIENCY)		
			 			
S9999	Continued From page 6		S9999			
	R52's Care Plan docเ	ments "(P52) have a				
		, ,				
		navior. I have demonstrated				
		mission screening process				
		to present at risk. fits the				
		ed offender." Offense:				
	DUI/Alcohol 2006 Lov					
	05/10/2024 Created b					
		by: (V13). Interventions:				
	Assist (R52) in compl					
	reporting if defined by					
	•	ated: 05/10/2024 Created				
		: 05/14/2024. Evaluate the				
		impulse Date Initiated:				
	05/10/2024 Created b	y: (V13) Revision on:				
	05/14/2024 Revision	by: (V13). Refer Rose to a				
	mental health profess	ional including a consulting				
	psychiatrist for evalua	tion if the resident's				
	symptoms warrant fur	ther assessment or				
	on-going managemer	nt. Date Initiated: 05/10/2024				
	Created by: (V13) Re	vision on: 05/14/2024.				
	Review the IDPH Crir					
	(C.H.A.). Implement s	suggestions, if reasonable				
	` , .	Initiated: 05/10/2024				
		egional Social Service				
	• , , ,	on: 05/14/2024 Revision				
		ce Designee). Review this				
	•	by state law. Maintain				
		cation with parole officers				
		ement representatives. Date				
		Created by: (V13) (Regional				
	Social Service Coordi					
		by: (V12) (Social Service				
		ose via appropriate sources				
	- ,	ta bases, UCIA) background				
	•	, -				
		if necessary.) Date Initiated:				
		by:(V13) (Regional Social				
	•	Revision on: 05/14/2024				
	REVISION NV. IVII SO	ACIDI SARVICA LIASIGNAA)"	1	1		

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 7 of 15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IL6002661	B. WING		08	3/01/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	·	
TVAIVIL OF T	NOVIDER OR GOLF EIER		MARTIN LUTHER K			
AVENUES	AT SPRINGFIELD		FIELD, IL 62703	IIIO DI		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
S9999	Continued From page	e 7	S9999			
		rint) receipt, undated, fingerprints taken 6/13/24.				
	R52's Illinois Department of Corrections results are undated. 7. R59's Admission Profile, print date of 7/31/24, documents R59 was admitted on 10/13/23 with a diagnosis of schizoaffective disorder. R59's Criminal History Record, dated 12/19/2023, documents R52 has a result of "HIT" with violations of a protection order and resisting a peace officer.					
	R59's Illinois Sex Offe 10/11/23.	ender report is dated				
	R59's Illinois Departn results is undated.	nent of Correction search				
	history of criminal bel stability during the ad and does not appear criteria for an "identifi Drug paraphernalia 2 05/10/2024. Created 06/28/2024 Revision Assist resident is con reporting if defined by sentencing. Date Initiated: 05/10/2 Evaluate the resident	by (V13) Revision on: by: (V10). Interventions: applying with mandatory the terms of his/ her 2024 Created by: (V13). 's ability to control impulses.				
	Date Initiated: 05/10/2024 (V13) Refer resident to a mental health professional including a consulting psychiatrist for evaluation if the resident's symptoms warrant further assessment or on-going management. Date Initiated: 05/10/2024 Created by: (V13). Review the IDPH					

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 8 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6002661	B. WING		08	3/01/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		525 SO I	MARTIN LUTHER K	KING DR		
AVENUES	S AT SPRINGFIELD	SPRING	FIELD, IL 62703			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	suggestions, if reasor Initiated: 05/10/2024. this care plan as requappropriate communicand other law enforce Initiated: 05/10/2024 resident via appropria D.O.C. data bases, Ufingerprint if necessar 05/10/2024 Created b. 8. R60's Admission P. 8/1/24, documents R6 diagnosis of Major Desymptoms.	oy: (V13)." rofile Record, print date of 60 was admitted with epression with Psychotic of Record, dated				
	"HIT". This record doc convictions of theft wi trespass, and damage R60's (mobile fingerp 4/9/24, documents R6 on 4/9/24. No results R60's EMR fails to do Offender Registry or t Corrections. On 8/1/24 at 8:15 AM "I had to go to anothe when I came back, I r problem with our residusked V13, Regional to come and get us st On 8/1/24 at 8:25 AM	th a handgun, criminal e to property. rint company) receipt, dated 60's fingerprints were taken available. cument the Illinois Sex the Illinois Department of , V1, Administrator, stated, er building for a while and realized we had we had a dent background checks. I Social Service Coordinator, traightened back out."				

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 9 of 15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6002661	B. WING		08/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
AVENUES	AT SPRINGFIELD		RTIN LUTHER ELD, IL 62703	KING DR		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
S9999	We upload their crimi fingerprint company) back if they accepted (Requested emails at received any fingerpri recommendations fro (C) Statement of Licensu 300.650c) 300.650d) 300.660a) 300.660a) 300.660c)1) 300.661 Section 300.650 Pers c) Prior to employ position requires a St contact the Illinois De Professional Regulati license is active. A coplaced in the individual d) The facility shapplicants with the Heprior to hirring. Section 300.660 Nurs a) A facility shall a nursing assistant, h services rehabilitation individual who may have sident's living quarter.	4, R29, R40, R52, and R59. nal history and (mobile receipt. They then email us or denied the information. this time). We have not int results yet or m IOP." The Violations (2 of 2): The violations (2 of 2):	S9999	DEFIGENCI		
		ed of the Department's				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 10 of 15 N8WD11

Illinois Department of Public Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			_			
		IL6002661	B. WING		08	/01/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
AVENUES	AT SPRINGFIELD		ARTIN LUTHER ELD, IL 62703	KING DR		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	listed on the Health Celigible to work for a health Celigible	Registry and the individual is care Worker Registry as health care employer. all ensure each nursing th one of the following In the Department's Health or "Approved" means the health care training or equivalency on 300.663 of this Part and healifying criminal thout a waiver. Alth Care Worker With the Health Care Check Act and the Health bound Check Code. NOT MET as evidence by: Ind record review, the facility hes licenses were checked the training or equivalency on 300.663 of this Part and health bound check Code. NOT MET as evidence by: Ind record review, the facility hes licenses were checked the training or equivalency of the contained in a timely sex Offender Search, betions Sex Offender, ctions Inmate Search,	S9999	DE. KOENOT)		

Illinois Department of Public Health

STATE FORM 8899 N8WD11 If continuation sheet 11 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6002661	B. WING		30	8/01/2024
	ROVIDER OR SUPPLIER	525 SO M	DDRESS, CITY, STATE Martin Luther K Field, IL 62703			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	e 11	S9999			
	date of 6/14/2024. V1 Financial and Profess checked on 6/21/24. V have a copy of her lic 2. V20, Registered No 6/4/2024. V20's Illinoi and Professional Reg 6/21/24. V20's employ copy of her license. 3. V25, LPN, has hire Illinois Department of Regulation was check employee file does no license. 4. V3, Maintenance D 6/5/24. V3's Health ca 6/21/24, documents V determined. V3's employee file does fingerprints being take 5. V8, Cook, has a hir Health care Worker R documents Work Elig V8's Employee file fai being taken. V8's Illin Department of Correct Department of correct national sex offender	V19's employee file does not sense. urse, has a hire date of is Department of Financial gulation was checked on yee file does not have a set date of 4/14/202. V19's Financial and Professional ked on 6/21/24. V25's of have a copy of her some of the digibility: Not yet ployee file fails to document en. The date of 6/29/23. V8's Registry, dated 6/5/23, ibility: Not yet determined. Its to document fingerprints for Sex Offender Search, citions Sex Offender, citions Inmate Search,				
	were completed on 12	se Aide. (CNA), has a hire				

Illinois Department of Public Health

STATE FORM N8WD11 If continuation sheet 12 of 15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6002661	B. WING		08	3/01/2024	
	ROVIDER OR SUPPLIER	525 SO I	DDRESS, CITY, STATE MARTIN LUTHER K FIELD, IL 62703	,			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	date of 5/11/23. V16's Registry, dated 12/27 Eligibility: Eligible. V1 Search, Department of Department of Correct national sex offender Human Services Office were completed on 1: 7. V18, CNA, has a h Health care Worker F documents Work Elig Sex Offender Search Sex Offender, Depart Search, Department of fugitive, national sex Health and Human S General have not bee 8. V21, CNA, has a h Health care Worker F documents Work Elig Sex Offender Search	s Health care Worker 7/23, documents Work 6's Illinois Sex Offender of Corrections Sex Offender, ctions Inmate Search, ctions wanted fugitive, search and the Health and ce of Inspector General all 2/27/2023. ire date of 3/4/24. V18's Registry, dated 7/30/2024, gibility: Eligible. V18's Illinois, Department of Corrections to Corrections wanted offender search and the ervices Office of Inspector en checked. ire date of 9/15/23. V21's Registry, dated 12/27/23, gibility: Eligible. V21's Illinois, Department of Corrections to Corrections wanted offender search and the ervices Office of Inspector en checked. ire date of 5/4/23. V21's Illinois, Department of Corrections wanted offender search and the ervices Office of Inspector en checked of 12/27/2023. ire date of 5/4/23. V22's Registry, dated 6/5/23, gibility: Eligible. V22's Illinois, Department of Corrections Inmate of Corrections Inmate	S9999				

Illinois Department of Public Health

STATE FORM N8WD11 If continuation sheet 13 of 15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6002661	B. WING		08/01/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
AVENUES	AT SPRINGFIELD	525 SO M	MARTIN LUTHER K	ING DR			
AVENUES	AI SPRINGFIELD	SPRINGI	FIELD, IL 62703				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ROVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE C-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		
S9999	Health care Worker R documents Work Elig Sex Offender Search, Sex Offender, Depart Search, Department of fugitive, national sex of Health and Human Search all were comunicated on 8/1/24 at 9:30 AM "The nurses should health professional Regulation they should have a comployee's folder." Va healthcare worker be fingerprinted immedia	hire date of 8/30/23. V23's registry, dated 12/19/23, ibility: Eligible. V23's Illinois, Department of Corrections ment of Corrections Inmate of corrections wanted offender search and the revices Office of Inspector pleted on 12/19/2023. V1, Administrator, stated, ave the Department of on checked before hire and opp of their license in their 1 stated employees without background check should be	S9999				
	work schedule, this fathe state license of a a position requiring a the Illinois Health Car individual being hired neglect or misappropiprevious fingerprint of offender website links an Illinois State Police for any unlicensed incorprevious fingerprint of Pre-admission screer The facility shall check background on any respective for any respective state.	cy dated, last revised Abuse Prevention: ening of potential new employee starting a icility will: obtain a copy of ny individual being hired for professional license, check worker Registry on any for prior reports of abuse, riation of resident property, neck results, and the sex on the Registry; and initiate elive scan fingerprint check dividual being hired without a neck. The policy documents hing of potential residents.					

Illinois Department of Public Health

STATE FORM 8899 N8WD11 If continuation sheet 14 of 15

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6002661	B. WING		08/	01/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	·			
AVENUES AT SPRINGFIELD 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
\$9999	convictions. The facili history background chadmission of a new resident's name on the registration web site, resident's name on the corrections sex regist Ww.idoc.state.il.us, whingerprint check, and and recommendations.	ty will: request a criminal neck within 24 hours after esident, check for the e Illinois sex offender www.isp.il.us, check for the e Illinois department of	S9999				

Illinois Department of Public Health

STATE FORM 6899 N8WD11 If continuation sheet 15 of 15