

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016794</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD SUITES REHAB AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704</b>		
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1-3)  300.615b) 300.615d) 300.615e) 300.615f)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c) ) is met.  d) Screening shall be administered through procedures established by administrative rule by the agency responsible for screening. (Section 2-201.5(a) of the Act) The Illinois Department on Aging is responsible for the screening required in subsection (b) of this Section for individuals 60 years of age or older who are not developmentally disabled or do not have a severe mental illness. The Illinois Department of Human Services is responsible for the screening required in subsection (b) of this Section for all individuals 18 through 59 years of age and for individuals 60	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/12/24

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S9999	<p>Continued From page 1</p> <p>years of age or older who are developmentally disabled or have a severe mental illness. The Illinois Department of Healthcare and Family Services or its designee is responsible for the screening required in subsection (c) of this Section.</p> <p>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)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct residents criminal background checks within 24 hours of admission for 10 of 10 residents (R167, R168, R169, R170, R171, R172, R173, R174, R177, R179) reviewed for identified offender in the sample of 44. This failure has the potential to affect all 58 residents living in the facility.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R167 was admitted to the facility on 11/12/24. The facility completed a Criminal History Information Request Portal (CHIRP) on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R168 was admitted to the facility on 11/8/24. The facility completed a CHIRP on 11/12/24, an Illinois Sex Offender Registry check on 11/11/24, and the Illinois Department of Corrections check on 11/14/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R169 was admitted to the facility on 11/12/24. The facility completed a CHIRP on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R170 was admitted to the facility on 11/14/24. The facility completed a CHIRP on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R171 was admitted to the facility on 11/13/24. The facility completed a CHIRP on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.</p> <p>R172 was admitted to the facility on 11/7/24. The</p>	S9999		

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S9999	Continued From page 3  facility completed a CHIRP on 11/12/24, an Illinois Sex Offender Registry check on 11/11/24, and the Illinois Department of Corrections check on 11/14/24. These checks were completed beyond 24-hours after admission to the facility.  R173 was admitted to the facility on 11/7/24. The facility completed a CHIRP on 11/12/24, an Illinois Sex Offender Registry check on 11/11/24, and the Illinois Department of Corrections check on 11/14/24. These checks were completed beyond 24-hours after admission to the facility.  R174 was admitted to the facility on 11/14/24. The facility completed a CHIRP on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.  R177 was admitted to the facility on 11/12/24. The facility completed a CHIRP on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.  R179 was admitted to the facility on 11/12/24. The facility completed a CHIRP on 11/19/24, an Illinois Sex Offender Registry check on 11/19/24, and the Illinois Department of Corrections check on 11/19/24. These checks were completed beyond 24-hours after admission to the facility.  The Facility's "Abuse Prevention Program" Policy, dated 2/7/17, documents "Pre-Admission Screening of Potential Residents: This facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions.	S9999		

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S9999	<p>Continued From page 4</p> <p>This facility will: Request a Criminal History Background Check within 24 hours after admission of a new resident. Check for resident's name on the Illinois Sex Offender Registration Web site, <a href="http://www.isp.state.il.us">www.isp.state.il.us</a>. Check for the resident's name on the Illinois Department of Corrections sex registrant search page, <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a>. While the background or fingerprint checks, and/or Identified Offender Report and Recommendations are pending, the facility shall take all steps necessary to ensure the safety of residents."</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid, dated 11/18/2024, documents the total number of residents in the facility was 58.</p> <p>(C) Statement of Licensure Violations (2-3) 300.610a) 300.1210b)4)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p> <p>Section 300.1210 General Requirements for</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Nursing and Personal Care</p> <p>b) 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 shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the Facility failed to ensure residents are treated with dignity and respect by providing timely care which promotes quality of life for 1 of 24 residents (R11)</p>	S9999			

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S9999	<p>Continued From page 6</p> <p>reviewed for dignity, in the sample of 44. This failure resulted in R11 feeling embarrassed.</p> <p>Findings include:</p> <p>R11's Facesheet, undated, documents R11 was admitted to the facility on 10/29/24 with diagnosis of Internal right knee prosthesis, Sepsis, Encephalopathy, Type 2 Diabetes Mellitus (DM), Parkinson's disease, Depression, and Benign prostatic hyperplasia (BPH), Overactive bladder, and Dementia.</p> <p>R11's Care Plan, dated 11/11/24, documents "At risk for falls related to weakness, impaired mobility, balance, age. R11 is alert and oriented with confusion at times related to dementia. R11 has had falls in the past 6 months/year, but number is unknown. Interventions: Toilet after meals, educate wife to notify staff when leaving, bed and chair alarm, fall risk assessment on admit and per protocol, keep personal items and frequently used items within reach, encourage to call for assistance as needed, assist to toilet upon request, fall risk. It continues R11 has an Activities of Daily Living (ADL) deficit. Interventions: R11 requires assist of two with transfers and 1-2 with ADL's. R11 has a bed/chair alarm, and the bed is in low position. There are no other interventions for fall precautions seen in R11's room.</p> <p>R11's Minimum Data Set (MDS), dated 11/1/24, documents R11 has a moderate cognitive impairment and requires partial/moderate assistance from staff for ADLs. R11 is occasionally of both bowel and bladder.</p> <p>On 11/20/24 at 10:00 AM, R11 sitting in recliner with Intravenous (IV) antibiotic running into left</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>upper arm Peripheral Inserted Central Catheter (PICC) line. R11 had t-shirt on and no pants, only an incontinence brief which appeared to be saturated. R11 has his wife V4, and visitors in the room with him. R11 was seen with a folded bath blanket across his lap and kept pulling it up to cover himself with it. V4 was visibly upset and in tears. V4 stated she arrived to the facility around 9:00 AM this morning and found R11 like this. V4 stated that R11 wanted to use the restroom and she put the call light on, and a Certified Nursing Assistant (CNA) came in and stated she couldn't get R11 up until the nurse disconnects his IV and that the CNA let the nurses know. V4 stated R11's IV pump had been going off for at least 30 minutes and they still have not gotten anyone in the room to assist R11. V9, Licensed Practical Nurse (LPN), was notified and stated she was not able to disconnect R11's IV due to the PICC line and that it had to be a Registered Nurse (RN). V13, RN, entered to disconnect R11's IV. V14, CNA, entered to assist R11 to restroom. V14 applied gait belt around R11 and put walker in front of him. V14 stood and walked to restroom to use toilet. Upon R11 standing, his incontinence brief dropped to the floor due to being so heavy and saturated with urine, and his chair alarm did not go off. V14 held brief up while R11 walked to restroom and was assisted to the toilet.</p> <p>On 11/20/24 at 10:20 AM, V13, RN, stated that she was the one who got R11 out of bed and to his chair this morning to start his IV antibiotic. V13 stated she did not perform incontinent care at that time.</p> <p>On 11/20/24 at 10:25 AM, V7, CNA, stated that she normally gets R11 out of bed and to the shower early morning and she cleans him up at that time. V7 stated when she walked in, the</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>nurse had already gotten R11 up to a chair and she could not get him up with the IV infusing. V7 stated she did not do incontinent care on R11 this morning.</p> <p>On 11/20/24 at 10:57 AM, when asked if sitting in his chair with a wet brief on while he had visitors was embarrassing to him, R11 stated "Well two weeks ago I would have been embarrassed, but since I've been here, it seems like everyone wants to see my butt."</p> <p>The Facility's "Resident Rights" Policy, dated 11/14/16, documents "Residents have basic rights guaranteed by Federal and State laws. Residents will receive equal access to care regardless of diagnosis, severity of condition, or payment source. Residents are entitled to exercise their rights and privileges to the fullest extent possible without interference, coercion, discrimination or reprisal from the facility and will be supported in the exercise of their rights. Each resident will be treated with dignity and respect and receive care that promotes, maintains, or enhances quality of life, recognizing each resident's individuality."</p> <p>The Facility's "Call Lights" policy documents, "Purpose: To meet the guest's requests and needs within an appropriate time period." It continues, "All staff is responsible for answering call lights for all guests. A call light should be answered as soon as possible." It further documents, "Respond to the guests call light asking, "What can I do for you today?" If you are unable to assist the guest, find a staff member who can."</p> <p>(B)</p> <p>Statement of Licensure Violations (3-3)</p>	S9999			

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S9999	<p>Continued From page 9</p> <p>300.610a) 300.1210a) 300.1210b)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>applicable. (Section 3-202.2a of the Act)</p> <p>b) 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.</p> <p>These requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the Facility failed to ensure residents pain was addressed, assessed and medication provided in a timely fashion and residents are treated with dignity and respect by providing timely care which promotes quality of life for 1 of 24 residents (R117) reviewed for pain management, in the sample of 44. This failure resulted in R117 experiencing prolonged, unrelieved pain and feeling undignified .</p> <p>Findings include:</p> <p>R117's Face Sheet, undated, documents R117 was admitted to the Facility on 11/8/2024 with diagnoses including left femur fracture and chronic pain syndrome.</p> <p>R117's Minimum Data Set (MDS) dated 11/11/2024 documents R117 is cognitively intact.</p> <p>On 11/18/2024 at 9:53 AM, R117 stated he turned on his call light the night prior, to request pain medication. R117 states he has a lot of pain due to a broken left hip as well as chronic pain in both</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>legs. R117 stated it was approximately two hours before he received his pain medication, which did provide some relief after he received it. . R117 stated the nurse "chewed him out" about "using my call light too much" and that "once is enough". R117 stated he had to use it more than once to get help. R117 stated he did not tell anyone about it because he did not feel like it was abusive, but it did make him "feel like I don't matter much."</p> <p>On 11/19/2024 at 1:56 PM, V20, Minimum Data Set (MDS) and Care Plan Coordinator, stated R117 was on scheduled Oxycodone for pain, but it was changed to a PRN (as needed) order on 11/13/2024. V20 stated R117 was on Oxycodone prior to experiencing his fracture due to chronic pain and cancer.</p> <p>On 11/19/2024 at 2:24 PM, R117 stated he wrote the times down when he first pressed his call light to request his pain medication and when he received his pain medication. R117 stated he activated his call light at 7:45 PM and received his pain medication at 9:15 PM.</p> <p>On 11/21/2024 at 9:25 AM, R117 stated occasionally the nurses ask him to rate his pain, but not usually. R117 stated the night of 11/17/2024, when he requested his pain medication, his pain was at a 7 on a 1-10 pain scale. R117 stated his pain level went up to a 9 by the time he received his pain medication.</p> <p>R117's Medication Administration Record (MAR) documents on Sunday 11/17/2024 R117 received his Oxycodone 15 milligrams (mg) at 1:07 PM and again at 9:07 PM.</p> <p>On 11/21/2024 at 8:34 AM, V2, Director of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016794</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>11/25/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD SUITES REHAB AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3089 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62704</b>		
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S9999	Continued From page 12  Nursing (DON) stated she would expect for the nurse to have address resident pain in a more timely fashion.  The Facility's Pain Management Policy, undated, documents, "Purpose: Guests will receive the best level of pain control that can safely be provided in order to prevent unrelieved pain. Policy: To provide guidelines to caregivers in how to assess, treat, and assist in managing a guest's pain. Pain is whenever the experiencing person says it is, existing whenever he/she says it does. Self-report is the preferred indicator of pain. Pain relief is the alleviation of pain or a reduction in pain to a level of comfort that is acceptable to the guest and is demonstrated by a decrease in the guest's pain scale rating." (B)	S9999			