(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			С	
		IL6016794		B. WING			03/25/2025	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SPRING	FIELD SUITES REHA	3 AND NURSING		JACKSONV IELD, IL 627				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments			S 000				
	Complaint Investiga	ation						
	2542515/IL188641							
S9999	Final Observations			S9999				
	Statement of Licens	sure Violations 1 of 1						
	300.610a) 300.1210b) 300.1210d)1) 300.1220b)3) 300.1630d)							
	Section 300.610 Re	esident Care Policies						
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory coof nursing and othe policies shall comp	shall have written poling all services provid policies and procedu Resident Care Policy ng of at least the dvisory physician or tommittee, and represer services in the facility with the Act and this shall be followed in control of the services in the services in the facility with the Act and this shall be followed in control of the services in the services in the facility with the Act and this shall be followed in control of the services in t	ed by the res shall he entatives ty. The s Part.					
	Section 300.1210 C Nursing and Person	General Requirements nal Care	s for					
	care and services to practicable physical well-being of the re- each resident's con- plan. Adequate and	shall provide the necests attain or maintain the line in mental, and psychosident, in accordance in prehensive resident line properly supervised care shall be provided	e highest logical with care nursing					

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

03/31/25 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE			
		IL6016794	B. WING			C 25/2025
	PROVIDER OR SUPPLIER	3089 O	ADDRESS, CITY, ELD JACKSON	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	resident to meet the care needs of the red d) Pursuant to nursing care shall in following and shall is seven-day-a-week 1) Medications hypodermic, intrave be properly administ Section 300.1220 Services b) The DON shall some nursing services of 3) Developing an upeach resident base comprehensive assuand goals to be accomprehensive assuand personal care are representing other successes and goals to be accomprehensive assuand personal care are representing other successes and personal care are ordered by the plan shall be in writt modified in keeping indicated by the resident some number of the preparation of the plan shall be in writt modified in keeping indicated by the resident some number of the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order caprescriber shall be in written and the preparation order to be a considered and the preparation or	e total nursing and personal esident. subsection (a), general include, at a minimum, the be practiced on a 24-hour, basis: s, including oral, rectal, enous and intramuscular, shastered. Supervision of Nursing upervise and oversee the the facility, including: p-to-date resident care plan for the resident's essment, individual needs complished, physician's order and nursing needs. Personnesservices such as nursing, and such other modalities as physician, shall be involved in the resident care plan. The ing and shall be reviewed and with the care needed as sident's condition. Administration of Medication eason, a licensed prescriber's annot be followed, the licensed notified as soon as is ding upon the situation, and a	or s, l,			

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPL			SURVEY PLETED	
		IL6016794	B. WING			C 25/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	FIELD SUITES REHAE	3 AND NURSING	JACKSONV IELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	These regulations v	vere not met as evidence by:				
	failed to ensure pai available for admini increasing pain/disc	and record review, the Facility n medications were readily estration in order to prevent comfort for 2 of 4 (R2, R3) for pain medications in the				
	Findings include:					
	of 12/1/2024. Diagr Gastroenteritis and	t documents admission date noses include Noneffective Colitis, Intestinal Bypass and s, Spinal Stenosis, Diarrhea,				
	documents R3 has MDS documents R3	a Set, MDS, dated 1/16/2025 no cognitive impairments. 3 requires partial assist with vision with bed mobility.				
	R3 currently has an to Arthritis. Schedul effective. As neede available when nee administer medicati Medical Doctor (ME	ated 12/21/2024 documents alteration due to pain related ed Norco and Tylenol d, PRN, pain medication ded. Interventions include ion & treatments ordered by 0) and monitor for side effects or current medication				
	documents Hydroco Tablet 5-325 MG (H *Controlled Drug* G times a day for pair					
		ministration Records, MAR, 1/31/2024 documents				

Illinois Department of Public Health

STATE FORM 1GZR11 If continuation sheet 3 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMP		SURVEY PLETED			
		IL6016794		B. WING			C 25/2025
NAME OF PR	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SPRINGFIFI D SUITES REHAB AND NURSING				JACKSONV IELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F C C C C C C C C C C C C C C C C C C C	MG (Hydrocodone- by mouth two times Date-12/01/2024 at documentation that administered on 12/ 12/26/2024 AM & P dose, 12/28/2024 P dose, 12/30/2024 A & PM dose. R3's Medication Add dated 1/1/2025-1/32 Hydrocodone-Aceta MG (Hydrocodone-Aceta MG (Hydrocodone-Aceta documentation that administered on 1/1 1/2/2025 AM & PM R3's Medication Add dated 2/1/2025-2/28 Hydrocodone-Aceta MG (Hydrocodone-Aceta MG (Hydrocodone-Ac	aminophen Oral Table Acetaminophen) Give a day for pain. Start 8:00 PM. There is not the medication was 725/2024 PM dose, M dose, 12/27/2024 M dose, 12/29/2024 M & PM dose, 12/31 ministration Records 1/2025 documents aminophen Oral Table Acetaminophen) Give a day for pain. Start 8:00 PM. There is not the medication was 72025 AM & PM dosedose. ministration Records 8/2025 documents aminophen Oral Table Acetaminophen) Give a day for pain. Start 8:00 PM. There is not the medication was 72025 documents aminophen Oral Table Acetaminophen) Give a day for pain. Start 8:00 PM. There is not the medication was 9/2025 PM dose and 1 dose. Is dated 12/25/2024 - Its aminophen Oral Table 1 which is the medication was 9/2025 PM dose and 1 dose. Is dated 12/25/2024 - Its aminophen Oral Table 1 which is the medication was 9/2025 PM dose and 1 dose.	AM & PM AM & PM AM & PM /2024 AM , MAR, et 5-325 e 1 tablet D e and , MAR, et 5-325 e 1 tablet D et 5/325 day for	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
		IL6016794	B. WING			C 25/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SPRING	FIELD SUITES REHAE	3 AND NURSING	JACKSONV IELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	R3's Pain level asses 8:00 PM documents R3's Progress Note AM documents Macto request updated message left. R3's Progress Note AM Call out to Physician's office in left several messag script has not been put back urgent." R3's Progress Note AM documents: Mac Physician's office refor refill. Message sholiday until Thursd call physician to reter R3's Progress Note another call out to F still not received at and phone number correct phone number correct phone number and updated swill send updated signature results.	essment dated 1/2/2025 at spain level 3. es dated 12/26/2024 at 11:40 de call out to Physician's office script for Norco refill, es dated 12/27/2024 at 9:12 sician's office for Norco script. es dated 12/30/2024 at 2:41 de another call out to regard to Norco refill, have les and no returned call and filled. Reception stated, "will es dated 12/31/2024 at 11:38 de another call out to egarding Norco script update states "office is closed for lay 1/2." Writer requested on urn call. es dated 12/31/2024: Made Physician's office due to script pharmacy. Verified place, fax, Physician did not have the ber or fax but did have correct tion. Numbers updated and cript today.		DEFICIENCY		
	documents Made c	e dated 2/19/2025 at 10:48 AM, all out to Medical Doctor's dated Norco script for refill.				
	documents Hydroco	es dated 2/19/2025-2/20/2025 odone-Acetaminophen Oral sive 1 tablet by mouth two				

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	LETED	
			B WINC			С	
		IL6016794	B. WING		03/2	25/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SPRING	FIELD SUITES REHAI	R AND NURSING	JACKSONV IELD, IL 627				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	nge 5	S9999				
	times a day for pair	n, Unavailable.					
	R3's pain level asse 8:00 PM document	essment dated 2/19/2025 at s pain level 1.					
	R3's pain level asso 8:00 AM document	essment dated 2/20/2025 at s pain level 5.					
	documents Medica	e dated 2/20/2025 at 1:18 PM, I Doctor's office confirmed ent this AM. Writer confirming his time.					
	has ran out of her p Hydrocodone-Aceta December and Feb she had to go without almost 10 days. R3 had to go without h pain. R3 stated she medication for man hard to function due	aminophen in the months of bruary. R3 stated in December out her pain medication for 8 stated during the time she er pain medication, she was in a taken the pain may years and without it, it is to being in pain. R3 stated er pain medication for so long,					
	stated R3 did go a pain medication ba for about 2 days in primary care provid prescribes R3's Hy facility reached out before R3's script for December and their office closed for the reached out to the would fill R3's scrip on-call doctor would	07 PM V3, Nurse Manager, while without her prescription ck in December and recently February. V3 stated R3's ler is the doctor who drocodone. V3 stated the to R3's primary care provider or Hydrocodone ran out in the primary care provider's e holidays. V3 stated the facility on-call physician to see if they they do not fill it. V3 stated since the donot write the script for R3's	,				

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STATE FORM 6899 1GZR11 If continuation sheet 6 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE A. BUILDING: COMP			SURVEY PLETED	
		IL6016794	B. WING		1	25/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SPRING	FIELD SUITES REHAI	B AND NURSING	JACKSONV IELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	medication, R3 had V3 stated R3 did nd 2/19/20 or 2/20/25 new prescription from On 3/25/2025 at 11 Doctor's Licensed R3's Primary Care comes to a facility for way it is written. V8 Doctor expects the medications as ord with R3's medical documents and her pain medication risk for increased at 2.) R2's Face Shee of 3/3/25 with medications as ord with R3's medical documents R2 has MDS documents R2 has MDS documents R2 has MDS documents R2 has MDS documents R3 has MDS documents R4 touching assistance mobility. R2's Care Plan data an alteration due to syndrome. Interven OT participation, act treatments ordered effects and effective regimens.	It to go without her pain meds. of receive her Hydrocodone on due to the facility waiting for a om the MD (doctor). :46 AM V8, R3's Primary Care Practical Nurse (LPN), stated Doctor is a stickler when it following his prescriptions the stated R3's Primary Care facility to give a resident their ered and written. V8 stated liagnoses, if R3 went without in as prescribed it puts R3 at ind unnecessary pain. It documents admission date call diagnoses of Chronic Pain ers of Muscle, and a Set, MDS, dated 3/5/2, no cognitive impairments. 2 requires supervision or exist with transfer and bed and 3/3/25, documents R2 has a pain related to chronic pain tions include Encourage PT/diminister medication & by MD and monitor for side eness to current medication	S9999			
	Hydrocodone-Aceta 10-325 MG (Hydroc	er dated 3/11/25, documents aminophen (Norco) Oral Tablet codone-Acetaminophen)				

Illinois Department of Public Health

STATE FORM 6899 1GZR11 If continuation sheet 7 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE COMP			E SURVEY PLETED		
		IL6016794		B. WING			C 25/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CDDING	FIELD CUITES DELLA	AND NUDCING		JACKSONV	,		
SPRING	FIELD SUITES REHA	S AND NURSING	SPRINGF	IELD, IL 627	04		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7		S9999			
	hours as needed fo scale) and Give 2 to	or moderate pain (5-7 ablets by mouth ever re pain (7-10 on pair	y 8 hours				
	dated 3/3/25-3/31/2 Oral Tablet 10-325 (Hydrocodone-Aced mouth every 8 hour pain (5-7 on pain so DIAZEPAM** -Start Hydrocodone-Aceta MG (Hydrocodone-by mouth every 8 h pain (7-10 on pain so DIAZEPAM** -Start was no documental administered on 3/2 R2's Progress Noted documents Writer of Norco refill did not distated, "MD needs missing on script the	taminophen) Give 1 to as a needed for modeale) **DO NOT GIVE Date 03/11/2025 13 aminophen Oral Table Acetaminophen) Give ours as needed for secale) **DO NOT GIVE Date 03/11/2025 13 tion that medication value dated 3/18/25 at 8:20 contacted pharmacy come with delivery. From the contacted due to oral act was sent." Writer Practitioner and requestion of the contacted due to oral contacted due to	codone cablet by derate E WITH 45 and et 10-325 re 2 tablet revere VE WITH 45. There was rise. 46 AM due to Pharmacy Il route contacted				
	documents Nurse F	e dated 3/18/25 8:46 Practitioner stated, "s ited and sent to phar	cript				
	documents Guest v	e dated 3/19/25 at 12 very upset with facility n pharmacy for Norce	y; writer				
		e dated 3/19/25 at 1:0 pain medication did n very.					
	R2's Progress Note	e dated 3/19/25 at 8:5	50 AM				

Illinois Department of Public Health

STATE FORM 1GZR11 If continuation sheet 8 of 11

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3089 OLD JACKSONVILLE ROAD SPRINGFIELD SUITES REHAB AND NURSING SPRINGFIELD, IL 62704 SPRINGFIE	STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
MAME OF PROVIDER OR SUPPLIER SPRINGFIELD SUITES REHAB AND NURSING (PACH) ID PREERIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREERIX TAG (PACH) ID PROERITATION (PACH) ID PRE						С	
PRINOFIELD SUITES REHAB AND NURSING Ox4 D SUMMARY STATEMENT OF DEFICIENCIES TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREPAIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE PROPRIATE DAT			IL6016794	B. WING		03/2	5/2025
CALIFIED SUITES REHAB AND NURSING SPRINGFIELD, IL 62704	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CAJID SUMMARY STATEMENT OF DEFDIENCIES PREFIX DECAIL DEFORMATION PREFIX PROVIDENCE PLAN OF CORRECTION COMMETTE PREFIX TAGS PROVIDENCE PLAN OF CORRECTION COMMETTE DATE PREFIX TAGS PROVIDENCE PLAN OF CORRECTION COMMETTE DATE PREFIX TAGS PREFIX TAGS PROVIDENCE PLAN OF CORRECTION PREFIX TAGS PREFIX TAGS PROVIDENCE PLAN OF COMMETTE DATE DA	SPRING	FIELD SUITES REHAI	B AND NURSING				
documents Writer contacted pharmacy related to Norco script did not come with delivery again after script was corrected by MD and staff is unable to pull medication from medication machine due to facility does not carry the Norco 10/325 mg dose needed. Pharmacy stated, "script was corrected by Nurse Practitioner and received yesterday, medication will come with delivery today." R2's Progress Note dated 3/19/25 at 9:53 AM documents Writer contacted Nurse Practitioner and made aware of situation, requested temporary script for Norco 5/325 mg prn because it is available to staff in the medication machine. Nurse Practitioner gave new order, okay for Norco 5/235 mg 2 tablets every 8 hours as needed for 24 hours until Norco 10/325 mg script arrives." Facility nurse made aware, and medication given to guest as ordered. R2's daytime pain level assessment dated 3/18/2025 documents pain level 5. R2's nighttime pain level assessment dated 3/19/2025 documents pain level 5. On 3/21/2025 at 8:24 AM, R2 stated she recently did not receive her prescribed pain medication Hydrocodone-Acetaminophen for almost 2 days. R2 stated the facility informed her they did not	PRÉFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
have her pain medication. R2 stated she has taken the prescribed pain medication for years due to multiple medical issues and without the pain medication she is pain and cannot complete her therapy as ordered. R2 stated during the time	S9999	documents Writer of Norco script did not after script was corrunable to pull medimachine due to fact 10/325 mg dose net "script was correcter received yesterday, delivery today." R2's Progress Noted documents Writer of and made aware of temporary script for it is available to state Nurse Practitioner of Norco 5/235 mg 2 to needed for 24 hour arrives." Facility numedication given to R2's daytime pain 1/3/18/2025 document R2's nighttime pain 3/18/2025 document R2's daytime pain 1/3/19/2025 document R2's daytime pain layed to multiple medication should be received the facility have her pain medication should be received to multiple medication should be received to m	contacted pharmacy related to to come with delivery again rected by MD and staff is cation from medication fility does not carry the Norco fieded. Pharmacy stated, and by Nurse Practitioner and medication will come with the dated 3/19/25 at 9:53 AM contacted Nurse Practitioner from situation, requested from Norco 5/325 mg prn because ffrom the medication machine. It was a second to gave new order, okay for tablets every 8 hours as so until Norco 10/325 mg script from made aware, and or guest as ordered. Evel assessment dated for pain level 5. Level assessment dated for pain level 6. Level assessment dated for pain level 6.	S9999	DEFICIENCY		

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STATE FORM 6899 1GZR11 If continuation sheet 9 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE COMF			SURVEY PLETED		
		IL6016794		B. WING			C 25/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	FIELD SUITES REHAI	R AND NURSING	3089 OLD	JACKSONV	ILLE ROAD		
JEKING	FIELD SUITES REHAL	B AND NORSING	SPRINGF	IELD, IL 627	04		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 9		S9999			
	experiencing increa	ased pain.					
	Nurse, stated she hout of R2's prescrib On 3/21/2025 at 2:0 stated the facility di prescription for Hyo R2 had to go about medication. V3 stat the MD for a new s script to the pharms on the script, theref fill R2's medication reach out to the Nu Practitioner sent an stated once the phar	23 AM, V5, Licensed has heard the facility bed pain medication of PM V3, Nurse Mad recently run out of drocodone-Acetamin a day and a half with the facility reached cript and when he seacy, he did not write fore the pharmacy was arse Practitioner and new script to the pharmacy received the farmacy rece	has ran recently. anager, R2's ophen and hout her ed out to ent the the route ould not able to the Nurse armacy. V3 script,				
	facility's on call doc prescription when a doctor is the orderin have to go without a resident's primary of prescription. V2, Di facility's medication Hydrocodone that to needed mediation of by the pharmacy, un medication arrives. On 3/25/25 at 12:30 Doctor, stated it is of residents their presordered. V9, Facility resident goes without	Nurse Manager, statestor will not write for a resident's primary on physician, the rest that medication until care doctor sends the rector of Nursing, states a machine does controlled the staff can pull a reform once a script is intil their package of OPM, V9, Facility Measurement of the staff can pull a reform once a script is intil their package of OPM, V9, Facility Measurement of the package of the packag	care cident will the e facility a ated the ain esident's received edical cility gives and ated if a in				

Illinois Department of Public Health

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					_ c	;
		IL6016794	B. WING		03/2	5/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SPRING	FIELD SUITES REHAI	B AND NURSING	JACKSONV ELD, IL 627			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 10	S9999			
	unnecessary pain a	and an increase in pain.				
	The facility's Admin Procedure revised "Purpose: To ensur administration of m physician orders ar Procedure: Medica according to physician overification of route, time and post resident's identity widentified, and the raccording to accep be withheld, refuses scheduled time, the mediation shall change and document medication be withle will be notified where or a pattern of frequenced. Documentat of withholding or redocumented in the Pain Management Procedure revised "Policy: to provide a treatments for pain specifically to older older people with specifically to develop clinical	istering Medication Policy and 10/15/2023, documents e safe and effective edication in accordance with ad state/federal regulations. tions shall be administered dian's written/verbal orders the right medication, dose, ditive verification of the vhen no contraindications are medication is labeled ted standards. Should a drug d, or given other than at the endividual administering the art in the Electronic Medical disign off for that particular that a rationale. Should a meld or refused, the physician of three (3) consecutive doses uent withholding or refusal is ion identifying the explanation ason for refusal will be medical record." The facility's and Assessment Policy and 11/22/2021, documents a broad spectrum of management as they apply people and with specifically to pecific recommendations to ing about pain management. practice guidelines for the ute or chronic pain."				

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