

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2540204/IL183978 - Past noncompliance - no plan of correction required.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 300.3100d)2) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

01/22/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. Section 300.3100 General Building Requirements	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 2 d) Doors and Windows 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to prevent an elopement in 1 of 4 residents (R2) reviewed for elopement/supervision in the sample of 4. This failure resulted in R2 eloping from the facility on 12/30/24 and while missing, R2 sustained a fall resulting in a laceration and nasal fracture. This past non-compliance occurred on 12/30/24. Past noncompliance-no plan of correction required. The Immediate Jeopardy began on 12/30/24, when R2 eloped from the facility and sustained a fall resulting in a laceration and nasal fracture. On 1/15/25, at 9:30 AM, V1, Administrator, and V2, Director of Nurse, DON, were notified of the Immediate Jeopardy. The surveyor confirmed by observation, interview and record review, the Immediate Jeopardy was removed, and the deficient practice was corrected on 12/30/24, prior to the start of the survey and was therefore Past Noncompliance. Findings include:	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 On 1/14/25 at 8:50 AM, V1, Administrator, stated R2 recently eloped from the facility. V1 stated R2 went out the front door behind a staff member and the door alarm sounded. V1 stated R2 was found with police assist three blocks from the facility. On 1/14/25 at 1:20 PM, V1 stated R2 was identified as missing from the facility on 12/30/24 at 4:30 AM and she was notified that R2 was found by the police at 5:30 AM. On 1/14/25 at 8:50 AM, V2, Director of Nursing, DON, stated when R2 eloped he sustained a laceration to his forehead and a fractured nose. V2 stated R2 has Alzheimer's/Dementia and was unable to tell them how the injuries occurred but after watching the camera footage, R2 was seen falling causing the injuries. On 1/14/25 at 12:55 PM, V5, Certified Nursing Aide, CNA, stated on 12/30/24 at 3:30 AM, V6, Maintenance Director, came into the building to conduct a fire drill. V5 stated after the fire drill was over, she went into the dining room to see if any residents were in there and observed V7, CNA, guiding R2 away from the front door and take R2 back to his room. While V5 was in another resident room, she heard what sounded like another alarm, she wasn't sure what the alarm was, if it was another fire drill or something else. When V5 finished with the resident she was assisting, she went to through the lobby to the restroom and did not see any residents and the alarm was no longer sounding. Approximately 5-8 minutes later, V5 stated V7 told her R2 was missing. V5 stated they checked R2's room, bathroom, couldn't find him in the building so the elopement protocol was initiated. V5 stated V7	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 got into his car and drove around but did not see R2. V5 stated she checked all the exit door alarms to ensure they were functioning properly with all in working order. V5 stated the police were notified, found R2 and took him directly to the hospital. V5 stated she was not in the facility when R2 returned but prior to eloping, she observed R2 in a white shirt and gray sweatpants. V5 stated R2 is not cognitively intact and goes through spurts where he tries to elope, is unstable and can barely walk. V5 stated R2 has been on one-on-one supervision in the past for attempting to elope. V5 stated when she returned for her next shift, R2 was on one-on-one supervision. On 1/14/25 at 2:05 PM, V3, R2's Physician, stated R2 is not cognitively intact enough or safe to be out of the facility unsupervised. V3 stated he was notified of R2's elopement and R2 was found by police and sent to the hospital for further evaluation and treatment. V3 stated the facility has been educating their staff and checking their doors to ensure this doesn't happen again. R2's Face Sheet, undated, documents R2 has the following diagnoses: Major Depressive Disorder, Generalized Anxiety Disorder, Chronic Obstructive Pulmonary Disease, Unspecified Dementia, Personal History of Traumatic Brain Injury, Conversion Disorder with Convulsions, Cerebral Infarction, Gastro-Esophageal Reflux Disease, Anemia, Hypertension, Hyperlipidemia, Insomnia, Vitamin D Deficiency and Protein Calorie Malnutrition. R2's Minimum Data Set, MDS, dated 10/17/24, documents R2 has a Brief Interview for Mental Status (BIMS) score of 11, indicating R2 has moderate cognitive impairment and wanders	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 daily. R2's Care Plan, dated 8/2/23, documents R2 is at risk for elopement. There was no documented Elopement Risk Assessment or Community Survival Skills Assessment in R2's medical record prior to 12/30/24. R2's Elopement Risk Assessment, dated 12/30/24, documents R2 is at risk for elopement. R2's Community Survival Skills Assessment, dated 12/30/24, documents R2 is not capable of unsupervised outside pass privileges. R2's Progress Note, dated 12/30/24 at 5:38 AM, documents the following: "Approximately 0400 (4:00 AM) resident was given AM po (administered by mouth) meds. Resident was placed in bed by nurse and CNA (Certified Nurse's Assistant). 0430 (4:30 AM) staff noticed resident was not in bed. Each room was search thoroughly x 2. 0455 (4:55 AM) DON notified of elopement. Writer then called police; information was given. Police reported resident was located 3 blocks from facility. Police informed writer they were taking resident to (local) hospital. DON notified that resident was located and being transported to (local) hospital." R2's Progress Note, dated 1/7/25 at 11:56 AM, "Late Entry: Resident exited the facility via Main Entrance. Resident was evaluated in the ER (Emergency Room). Resident returned to facility. Head to toe assessment completed. No pain noted at the time of assessment. Resident was re-assessed for risk of elopement and community survival skills. Plan of Care Update to reflect	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 current risk for elopement and associated behavioral needs. All exit door alarms system functional. All resident windows are secured. Code Pink drill completed weekly X 4 weeks. Staff in-service on Code Pink. Elopement and Community Survival skills assessment completed on all residents." R2's Elopement Investigation documents the following: Final report, dated 1/6/25, "Staff reported resident exited the property. Code pink was initiated. Resident exited the facility via the main entrance. Resident was evaluated in the ER. Resident returned to the facility with a nose fracture and cut on his face. Head to toe assessment completed upon return to the facility. No concerns with pain. Resident was reassessed for risk of elopement and community survival skills. Plan of care was updated to reflect current risk of elopement and associated behavioral needs. All exit door alarm systems are functional. All resident room windows are secured. Resident continues on one-on-one supervision. Evaluation completed with psychiatric services." R2's Hospital After Visit Summary, dated 12/30/24, documents R2 was diagnosed with a cut to his face and a nose fracture. The Code Pink - Missing Resident/Elopement Policy, dated 2/2024, documents elopement is the ability of a cognitively impaired resident, who is not capable of protecting himself or herself from harm, to successfully leave the facility unsupervised and unnoticed and who may enter into harm's way. Prior to the survey date of 1/15/25, the facility had taken the following action to correct the noncompliance:	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 7 ACTION TAKEN/COMPLETION DATE: 12/30/24. 1. Resident should be re-evaluated for supervision and interventions related to exit seeking/wandering behaviors, and update care plans accordingly. Resident sent to ER for evaluation. Diagnoses Cut on Face and Nose Fracture. Upon return to the facility, R1 was assessed per DON with no skin or pain issues noted on 12/30/2024. Reassessed for risk of elopement and community survival skills. Plan of care updated to reflect current risk of elopement and associated behavioral needs per PRSC (Psychosocial Rehabilitation Services Coordinator). 2. The facility needs to take immediate action to be aware when residents are leaving the facility undetected and with the potential of being harmed. The facility needs to prevent further elopements from occurring concurrent with functioning systems, i.e. electronic systems, door alarms, video monitoring, visual checks, supervision, etc. 12/30/2024 Maintenance Director confirmed door alarm/ system functional status and all resident room windows are secured. Code Pink drill to be completed weekly X 4 weeks. On 12/30/2024 IDT (Interdisciplinary team) team completed 100% In-service to staff related too visually checking outside of the facility to ensure no one has left the facility. If no one is in site immediately complete a head count. Resident was placed on 1:1 with staff on 12/30/2024 Resident remained on 1:1 with a weekly review by psych services and when discontinued by Psych Provider. This resident is currently admitted to local hospital. Reviewed and updated elopement binder on 12/30/2024 by PRSC. Code Pink, this is the color code for	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 8 Elopement, Education provided to 100% of staff on 12/30/2024 by IDT Team. All residents have been assessed for elopement risk and community survival by PRSC. This was completed on 12/30/2024. 3. The facility needs to periodically re-evaluate all residents at risk for elopement and after newly identified exit seeking/wandering behaviors are identified, update care plans accordingly. The facility must educate staff on residents who are at risk for elopement and supervision needs of those residents. The facility needs to educate staff on identifying behavioral patterns of exit seeking and wandering, developing behavior tracking, reporting these behaviors, to the resident's family and physician, and developing/implementing person centered interventions. On 12/30/2024 all residents of the facility were reviewed by PRSC. All residents to be reevaluated for elopement risk at admission, readmission, quarterly, annually, and significant change or incidentally if risk behaviors are identified. This will be on-going. PRSC was assigned this responsibility as of 12/30/2024. Audit to be reviewed by administrator or designee for four weeks. Provide education to staff regarding wandering/exit seeking behavior, and when to provide/implement increased supervision to a resident exhibiting these behaviors. The IDT team consists of Administrator, DON, MDS, SS (social service), Housekeeping/Laundry Manager, Dietary Manager, Human Resource/Business Office Manager (BOM), Activity Director and Maintenance Director All staff were in-serviced in person or via phone call completed on 12/30/2024. The facility does not use agency staff. Elopement drill conducted on 12/30/2024 at 4:45pm by Administrator. Elopement drill conducted on 12/31/2024 5:30am by	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/15/2025
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 9 Administrator. Education including elopement policy to occur upon hire and will remain ongoing. 4. The facility needs to review their elopement policy to ensure processes address enhanced supervision and interventions. ADHOC QA (Quality Assurance) completed on with IDT regarding Elopement Policy and procedure on 12/30/2024. QA to review policy and procedure as part of Quality Assurance Process; next QA meeting scheduled for 1/23/2025. Elopement to be reviewed during each quarterly meeting x 4. (A)	S9999			