

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510524	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/02/2024
NAME OF PROVIDER OR SUPPLIER CEDARHURST OF SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 3520 OLD JACKSONVILLE ROAD SPRINGFIELD, IL 62711		
(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
A 000	Initial Comment Original complaint #'s IL178251 and IL178017 IL178251: For this survey, the establishment is in compliance with Part 295 Assisted Living and Shared Housing Establishment Administrative Code and 210 ILCS 9/1 Assisted Living and Shared Housing Act. IL178017: Violations cited: 295.4010 i) Type 3 295.5000 c) 7) and f) 5) Type 1	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 violation Section 295.4010 Service Plan i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan. These requirements were not as evidenced by: Based on interview and record review the facility failed to document the risks of refusing services	A4010		

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

TITLE

(X6) DATE

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A4010	<p>Continued From page 1</p> <p>or approaches in the service plan.</p> <p>Findings include:</p> <p>Per interview with E1 and E2, as well as a completed record review. It was noted that R9 had a fall on 8/2/24. The POA and the primary care provider were notified. The POA denied any treatment. On 8/4/24, R9 had an X-ray. It was confirmed that R9 had sustained a fracture to the right forearm. The POA was notified again as well as the primary care provider and it was suggested that R9 be sent out for treatment. The POA, again denied any treatment to R9. R9 was treated for pain with over the counter medication. The facility and the primary care provider tried to get the POA to allow the resident to receive treatment. A report was sent to the department.</p> <p>Record Review: Documentation of the refusal of services and the risks involved were not updated in the most current service plan available. It was well documented in the nurses notes that the primary care provider and the facility encouraged the POA to let R9 have the fractured arm be treated.</p> <p>Interview: E1 and E2 stated that R9's POA would not allow treatment of R9's fractured arm. E1 and E2 confirmed that E9's service plan was not updated with the risks of refusal of services or approaches.</p>	A4010		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med	A5000		

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A5000	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Type 1 violation</p> <p>Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage</p> <p>c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional.</p> <p>7) Documenting in writing that the resident has taken (or refused to take) the medication.</p> <p>f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address:</p> <p>5) Recording of medication assistance provided to residents and maintenance of medication records.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on interview and record review the establishment failed to document administered medication and perform the maintenance of medication records.</p> <p>Findings include:</p> <p>Record Review: R7 is a memory care resident. R7 was sent out for a scheduled CT scan on</p>	A5000		

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A5000	<p>Continued From page 3</p> <p>8/21/24. The medication metformin 500 mg was held per the CT scan protocol. Review of documentation shows that that the medication, metformin 500 mg, was not taken off of hold status until 10/01/24. The medication was to be restarted on 8/22/24, after the CT scan. The facility failed to document that the medication, metformin 500mg, was given to R7 on 8/22/24 through 10/1/24.</p> <p>Interview: Interview with E2 was completed. E2 stated that R7 received the medication Metformin 500mg after the CT scan on on 8/22/24 and the days following, but was not taken off of the hold status in the electronic system.</p>	A5000		