

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2025
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NAME OF PROVIDER OR SUPPLIER GLENWOOD OF MAHOMET, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1709 SOUTH DIVISION STREET MAHOMET, IL 61853
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(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
A3020	<p>Continued From page 1</p> <p>On 02-24-2025 at approximately noon, E1 stated that they do have on-line training.</p> <p>E3's, (Care Partner,) on-line transcript of training was reviewed. The transcript documents that E3 completed training on Sexual Harassment on 11-10-2024. The document does not contain evidence of any further on-line training completed by E3.</p> <p>E3's employee file was reviewed and only contained documentation of E3's required orientation.</p>	A3020		
A4000	<p>Section 295.4000 Physician/s Assessment</p> <p>This Regulation is not met as evidenced by: Type 3 Violation</p> <p>Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.</p> <p>Based on record review and interview the establishment failed to ensure that residents had physician assessments completed annually.</p> <p>Findings include:</p> <p>R1 was admitted to the establishment on 09-09-2023. R1's diagnoses include vitamin B12 deficiency anemia, vitamin D deficiency, hyperlipidemia, and unspecified heart block.</p> <p>R1's record was reviewed and contained</p>	A4000		

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A4000	Continued From page 2 documentation of a physician certification completed on 10-20-2023. R3 was admitted to the establishment on 05-01-2018. R3's diagnoses include anemia, hyperlipidemia, recurrent major depressive disorder, macular degeneration, and hypertension. R3's record was reviewed and contained documentation of a physician certification completed on 12-05-2023. On 02-24-2025, approximately 12:30pm, E1 stated that they do not have any updated physician certifications for R1 or R3.	A4000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Type 3 Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Based on record review and interview the establishment failed to ensure all employee received Tuberculin skin testing in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696.) Findings include:	A4050		

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A4050	<p>Continued From page 3</p> <p>E2's (Director of Wellness) employee file was reviewed. E2's file did not contain documentation of tuberculin skin testing or a chest x-ray completed upon hire.</p> <p>E3's (Care Partner) employee file was reviewed. E3's file did not contain documentation of tuberculin skin testing or a chest x-ray completed upon hire.</p> <p>On 02-24-2025, approximately 1:50pm, E1 states that she doesn't have tuberculin testing documentation for E2 or E3; that it wasn't done.</p>	A4050		