

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2024
NAME OF PROVIDER OR SUPPLIER GREENFIELDS OF GENEVA		STREET ADDRESS, CITY, STATE, ZIP CODE ON801 FRIENDSHIP WAY GENEVA, IL 60134		
(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	<p>Initial Comment</p> <p>Annual Survey conducted 12/09/2024</p> <p>Violations Cited:</p> <p>295.4000</p> <p>295.4010</p>	A 000		
A4000	<p>Section 295.4000 Physician/s Assessment</p> <p>This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment</p> <p>b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician.</p> <p>This requirement was not met as evidenced by: Based on record review and interview, the facility failed to ensure that a comprehensive assessment was completed by a physician at least annually for a resident. This failure involves 1 of 6 residents reviewed for this requirement (R5).</p> <p>Findings include: During record review on 12/09/2024 at 12:41 PM the facility provided R5's documents. The surveyor was unable to locate a physician's assessment for 2024.</p> <p>During interview with E2 (Director of Nursing) on 12/09/2024 at 2:26 PM they stated, "I have R5's 2023 physician assessment."</p>	A4000		

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

TITLE

(X6) DATE

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A4000	Continued From page 1 During record review on 12/09/2024 at 2:30 PM it was found that R5's latest physician assessment was on 11/1/2023. This is outside of the annual requirement.	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 Violation Section 295.4010 Service Plan b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) g) Service plans shall address:	A4010		

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A4010	<p>Continued From page 2</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living;</p> <p>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident;</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the service plan;</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure service plans addressed the level of service the resident is receiving with activities of daily living. The facility also failed to ensure service plans addressed medication administration. Finally, the facility failed to ensure that service plans were signed by residents/resident representatives. These failures involve 3 of 6 residents reviewed for these requirements (R1, R4, & R6).</p> <p>Findings include:</p> <p>During record review on 12/09/2024 at 11:55 AM</p>	A4010		

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A4010	<p>Continued From page 3</p> <p>it was found that R1, with an admission date of 3/29/2024, had a service plan, with a date of 9/13/2024, that did not address activities of daily living or medication administration. R1's service plan was also not signed by the resident or resident representative. There was a pre-admission functional assessment that included some elements of a service plan. However, that document did not have any signatures, did not identify who was involved in the development, and was done prior to R1's admission to the facility.</p> <p>During record review on 12/09/2024 at 12:37 PM it was found that R4, with an admission date of 5/2/2024, had a service plan, with a date of 10/23/2024, that did not address medication administration. R4's service plan was also not signed by the resident or resident representative. There was a note in R4's chart that a service plan was discussed with R4's POA on 8/16/2024, however this was 2 months prior to the development of R4's most recent service plan.</p> <p>During record review on 12/09/2024 at 12:55 PM it was found that R6, with an admission date of 4/15/2024, had a service plan, with a date of 11/11/2024, that was not signed by the resident or the resident representative. There was a note in R6's chart that a service plan was discussed with R6's POA on 6/28/2024, however this was around 5 months before the development of R6's most recent service plan.</p> <p>During an interview with E2 (Director of Nursing) on 12/09/2024 at 2:26 PM they stated, "R1 is independent in ADLs, that's why they aren't on the service plan."</p>	A4010		