

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510228	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/27/2025
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE PLACE - DECATUR	STREET ADDRESS, CITY, STATE, ZIP CODE 1215 W ARBOR DRIVE DECATUR, IL 62526
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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
A 000	<p>Initial Comment</p> <p>Complaint Investigation</p> <p>Complaint 2561065/IL186054</p> <p>Complaint cannot be substantiated. No violations cited.</p> <p>Complaint 2561068/IL186057</p> <p>Complaint cannot be substantiated. No violations cited.</p> <p>Annual Licensure Survey</p>	A 000		
A2000	<p>Section 295.2000 Residency Requirements</p> <p>This Regulation is not met as evidenced by: Violation</p> <p>Section 295.2000 Residency Requirements c) A person shall not be accepted for residency if: 3) The person requires total assistance with 2 or more activities of daily living; 13) The person requires treatment of stage 3 or stage 4 decubitus ulcers or exfoliative dermatitis; or</p> <p>Based on record review and interview the establishment failed to ensure that resident's meet residency requirements.</p> <p>Findings include:</p> <p>R1 was admitted to the establishment on 03-28-2024. R1's diagnoses include atrial fibrillation, difficulty walking, back pain,</p>	A2000		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A2000	<p>Continued From page 1</p> <p>hypertensive heart disease without heart failure, arthritis, and dementia with behavioral disturbances.</p> <p>R1's 04-04-2024 service plan includes documentation that R1 requires assistance with dressing and toileting, that R1 is independent with transfers, mobility/ambulation, eating and evacuation, and that R1 requires total assistance with bathing and personal hygiene. The service plan also includes documentation that R1 requires prompting with bathing and requires oversight with personal hygiene. The service plan includes documentation that R1 wears eyeglasses and utilizes a cane. The same service plan also includes documentation that R1 refuses showering becoming combative with cane.</p> <p>R1's 01-31-2025 progress notes include documentation that R1 returned from the hospital and is now receiving hospice care services.</p> <p>R1's hospice care plan includes documentation that R1 is to have a physical therapy consult for safe transfers.</p> <p>R2 was admitted to the establishment on 10-26-2021. R2's diagnoses include polyneuropathy, peripheral vascular disease, spinal stenosis, and hypertension.</p> <p>R2's October 2024 service plan includes documentation that R2 is independent with eating, requires assistance with dressing, transferring, and mobility/ambulation. R2's service plan also includes documentation that R2 requires total assistance with bathing, toileting, personal hygiene, and evacuation. Documentation also includes that R2 wears</p>	A2000		

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A2000	<p>Continued From page 2</p> <p>eyeglasses and utilizes a wheelchair.</p> <p>R2's record includes documentation that R2 was discharged from the establishment on 02-06-2025.</p> <p>R3 was admitted to the establishment on 07-24-2024. R3's diagnoses include displaced comminuted fracture of shaft of humerus right arm, unspecified dementia, chronic atrial fibrillation, age related osteoporosis, unspecified pressure ulcer of left heel stage 3, and pressure ulcer of right heel stage 3.</p> <p>R3's 09-25-2024 service plan includes documentation that R3 requires total care with dressing, bathing, toileting, transfers, personal hygiene, mobility, and evacuation. The service plan includes documentation that R3 requires assistance with eating, wears eyeglasses, utilizes dentures and a wheelchair. The service plan includes documentation that R3 utilizes a wound care company for treatment of both heels and that R3 requires daily skin checks.</p> <p>On 02-26-2025, approximately 9:40am, E4 (Licensed Practical Nurse,) was observed to change R3's bilateral heel dressings. E4 states that the wounds are looking better and that R3 was admitted with the wounds to both heels. R3's left heel wound is on the outer heel and appears almost healed with no open area noted and no signs or symptoms of infection noted. R3's right heel wound is on the outer side and is still open with no redness, swelling, or drainage noted.</p>	A2000		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Violation</p> <p>Section 295.4010 Service Plan</p> <p>e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).</p> <p>g) Service plans shall address:</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>Based on record review and interview the establishment failed to ensure service plans were revised immediately after a significant change in residents. The establishment failed to ensure service plans address the amount, type, and frequency of health-related services required by residents. The establishment failed to ensure service plans include all support services provided to residents.</p> <p>Findings include:</p> <p>R1 was admitted to the establishment on 03-28-2024. R1's diagnoses include atrial fibrillation, difficulty walking, back pain, hypertensive heart disease without heart failure, arthritis, and dementia with behavioral disturbances.</p> <p>R1's 04-04-2024 service plan includes</p>	A4010		

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A4010	<p>Continued From page 4</p> <p>documentation that R1 requires assistance with dressing and toileting, that R1 is independent with transfers, mobility/ambulation, eating and evacuation, and that R1 requires total assistance with bathing and personal hygiene. The service plan also includes documentation that R1 requires prompting with bathing and requires oversight with personal hygiene. The service plan includes documentation that R1 wears eyeglasses and utilizes a cane. The same service plan also includes documentation that R1 refuses showering becoming combative with cane.</p> <p>R1's 01-31-2025 progress notes include documentation that R1 returned from the hospital and is now receiving hospice care services.</p> <p>R1's hospice care plan includes documentation that R1 is to have a physical therapy consult for safe transfers.</p> <p>R1's 04-04-2024 service plan was not revised when R1 started receiving hospice services. The service plan does not include the amount, type, or frequency that R1 receives health-related services.</p> <p>On 02-27-2025, approximately 10:15am, E3, (Care Plan Coordinator/Registered Nurse,) states that she will do R1's care plan as scheduled next week with the hospice staff and R1's family via a telephone call.</p>	A4010		