

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510233</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LUTHER OAKS INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 LUTZ RD</b> <b>BLOOMINGTON, IL 61704</b>
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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	Initial Comment  Original complaint investigation #2469359/IL180976 - Section 295.6000 a)5) cited  Original complaint investigation #2469481/IL181211 - No Violation	A 000		
A6000	Section 295.6000 Resident Rights  This Regulation is not met as evidenced by: Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: 5) The right to receive the services specified in the service plan, to review and renegotiate the service plan at any time; and to be informed of the cost of the changes;  Type 3 Violation  Based on interview and record review, the establishment failed to provide meals and showers per resident's service plans for three (R1, R2 and R4) of three residents reviewed for service plans in a sample of six.  Findings include:  R1's service plan dated 4-12-24 documents R1 needs assistance with meals and showering. The service plan documents R1 is legally blind and needs assistance with activities of daily living.	A6000		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A6000	<p>Continued From page 1</p> <p>On 11-22-24 at 8:30 am, Z1 (R1's family) stated during late October and November, R1 did not receive all his meals. On dates unknown, R1 did not get his breakfast on one day, his dinner on another and still another day he did not receive his lunch until 4:30 pm which was then his dinner. Z1stated if R1 is sleeping at meal time, staff will put his meal on the counter. R1 is legally blind and when he wakes up, he doesn't know that it's there.</p> <p>On 11-21-24 at 2:00 pm, E2 (DON/Director of Nursing) stated in late October or early November 2024, there was a mix up with R1's lunch. On that day, R1 did not receive his lunch until 4:30 pm that afternoon. That meal served as his supper.</p> <p>R2 and R4's current service plans document they need the assistance of staff for showering,</p> <p>R1, R2 and R3's shower schedules document they need assistance with taking two showers per week.</p> <p>The establishment provided documentation of showers for R1, R2 and R4 for October and November 2024. This documents shows in October/November 2024, R1 received a shower on 10-4, 11-1, 11-8 and 11-21-24. The documentation shows he refused on 10-25 and 11-12-24.</p> <p>The documentation shows R2 received showers on 10-4, 10-25, 11-4, 11-8, 11-12, 11-15 and 11-19-24.</p> <p>The documemntation shows R4 received showers on 10-17, 10-21, 10-31, 11-4, 11-7 and 11-18-24 with a refusal on 11-2.24.</p>	A6000		

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A6000	<p>Continued From page 2</p> <p>R1, R2 and R4's shower schedules document they are to receive two showers per week.</p> <p>On 11-21-24 at 2:00 pm, E2 and E3 (Assistant Director of Nursing/ADON) stated they have been having problems with shower documentation and knowing if residents are being offered their showers two times a week. E2 stated R1 will often refuse but that is not always documented. They have implemented new procedures to help improve the situation.</p>	A6000		