

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2024
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NAME OF PROVIDER OR SUPPLIER TIMBER CREEK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 STAHLHUT LINCOLN, IL 62656
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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 Facility Reported Incident #177343 Section 295.4010 e)d) cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan 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) 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). Violation Based on interview and record review, the facility failed to update a resident's service plan to reflect increase confusion resulting in need for staff to manage medications for one (R1) of three residents reviewed for service plans in a sample of three. Findings include: R1's current service plan dated 8-18-23 documents R1 is independent with all activities of daily living and medication management, has good judgement and has modified independence	A4010		

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

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A4010	<p>Continued From page 1</p> <p>with decision making ability.</p> <p>On 9-5-24 at 11:30 am, E5 (Wellness Director) stated R1 has had a progression of increased confusion. R1 was independent with her medications. About two months ago, staff took over management of R1's medication due to increased confusion.</p> <p>On 9-5-24 at 1:30 pm, E1 (Regional Administrator) stated R1 has had a recent increase in confusion which is intermittent and inconsistent which is why the service plan was not updated.</p>	A4010		