

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510065</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRUSTWELL LIVING OF SPRINGFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2451 W WHITE OAK DRIVE SPRINGFIELD, IL 62704</b>		
(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 177567, 177487, 177419, 177273.  IL# 177273 Violations cited 295.2050 b) Type 2. 295.6000 13) Type 2.	A 000		
A2050	Section 295.2050 Incident and Accident Reporting  This Regulation is not met as evidenced by: IL# 177273 Type 2 violation  Section 295.2050 Incident and Accident Reporting  b) The report shall be made by contacting the Department of Public Health Central Complaint Registry or by fax or by other electronic means within 24 hours after the occurrence of the incident or accident.  These requirements were not met as evidenced by:  Based on interview and record review the establishment failed to contact the Department of Public Health within 24 hours after the occurrence of a incident or accident. This creates a substantial probability of harm to a resident or residents.  Interview: E1 stated that they are not aware of a report being sent to the department within 24 hours after the occurrence of an event that	A2050		

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

TITLE

(X6) DATE

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A2050	Continued From page 1  happened to R1 on 8/14/24.  Record review: R1 sustained an injury to the hand while being redirected by staff to exit the room of another resident. R1 was sent to the hospital and treated on 8/14/24 after a witnessed fall.	A2050		
A6000	Section 295.6000 Resident Rights  This Regulation is not met as evidenced by: IL# 177273 Type 2 violation  Section 295.6000 Resident Rights  13) The right to be free of abuse or neglect or financial exploitation or to refuse to perform labor;  These requirements were not met as evidenced by:  Based on interview and record review the establishment failed to keep the resident free from neglect. R1 sustained an injury while being escorted by staff. This creates a substantial probability of harm to a resident or residents.  Interview: E1 stated that R1 sustain an injury to the hand resulting in broken bones in the right hand. This occurred 8/14/24 while staff were redirecting R1 out of another residents room.  Record review: R1 sustained an injury to the hand while being redirected by staff to exit the room of another resident. R1 was sent to the hospital and treated on 8/14/24 after a witnessed fall.	A6000		

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