

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E847	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Avenues at Springfield		STREET ADDRESS, CITY, STATE, ZIP CODE 525 So Martin Luther King Dr Springfield, IL 62703	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43847</p> <p>Based on interviews and record review the facility failed to always maintain a nurse on duty to meet the needs and safety of all residents. This failure has the potential to affect all 62 residents that reside in the facility.</p> <p>On 4/23/2024 at 12:27pm, V5, (Ambulance staff), stated that on 4/19/2024 around 8pm, V5 was returned R2 to the facility via ambulance transfer. V5 stated, there was no Nurse on duty in the building when they arrived to receive R2 back into the facility for care. V5 stated, V4, (Certified Nursing Assistant, CNA), told her that V3 had left and would be back shortly. V5, (Ambulance staff), stated 15-minutes passed with no signs or return to the facility of V3, (LPN).</p> <p>On 4/23/2024 at 2:30pm, V4, (CNA), stated, that on 4/19/2024 around 8pm, R2 returned from the hospital via Ambulance and V3, (LPN), was not in the facility. V4 stated, she called V3, and V3 will be back shortly. V4 stated, the Ambulance waited for a few minutes and then made a phone call, then left R2 at the facility with V4.</p> <p>On 4/23/2024 at 3:00pm, V3, (LPN), stated, that on 4/19/2024, she left the facility to deal with a family emergency, she was gone for about 15-min. V3 stated she was not present when the Ambulance arrived to returned R2. V3 stated she was the only Nurse on duty in the facility that shift. V3 did not call her Management to let them know she was out of the facility. V3 stated, there was no Nurse covering, while she was out of the facility.</p> <p>On 4/24/2024 at 8:30am, V1, (Administrator), and V2, (Director of Nursing), stated, they did not know until 4/23/2024 that V3 had left the facility on [DATE], with no Nurse covering while she was gone out of the facility. V1 and V2 both stated, they expect the Nurse to stay in the facility when they are the only Nurse on duty. V1 and V2 both stated V3 should have called someone to cover her during her time away from the facility. V1 stated she expects there to always be always a nurse in the facility.</p> <p>On 4/23/2024, facility schedule for 4/19/2024 showed V3 scheduled as the only Nurse on duty on the second shift.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R2's Patient Care Report dated 4/19/2024 from Ambulance transfer on 4/19/2024 at 8:00pm, documents, We were informed no RNs at the facility at this time, due to one taking care of personal problem. We informed them that we needed one for transfer of care. We waited approximately 10-minutes for one to arrive. While waiting, (V3) spoke with Medical Control, to inform them that we could not do a proper transfer of care.</p> <p>On 4/24/2024 at 8:30am, V1 stated the facility does not have a staffing policy, but the facility is supposed to follow the regulations for staffing.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>43847</p> <p>Based on record review and interviews the facility failed to provide the services of a Registered Nurse for 8 consecutive hours on the dates of 04/01/2024, 04/06/2024, 04/15/2024, 04/18/2024, 04/19/2024 and 04/20/2024. This failure has the potential to affect all 62 residents that reside in the facility.</p> <p>On 04/23/2024 at 1:00pm, V1 (Administrator) stated there are some days that the facility does not have a Registered Nurse for 8 consecutive hours a day. V1 stated current census is 62 and noted by the Matrix obtained from V1.</p> <p>On 04/23/2024 at 1:30pm, Facility provided the Nursing schedules with no RN scheduled to work on the following dates 04/01/2024, 04/06/2024, 04/15/2024, 04/18/2024, 04/19/2024 and 04/20/2024.</p> <p>On 04/23/2024 at 2:30pm, V4 (Certified Nursing Assistant) stated there are some days that there is no RN working in 24-hours.</p> <p>On 04/24/2024 at 8:30am, V1 stated the facility does not have a staffing policy but the facility is supposed to follow the Regulations for staffing.</p>