

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 04/08/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>35156</p> <p>Based on observation, interview, and record review, the facility failed to ensure the plumbing system provided comfortable hot water temperatures for resident use for 10 of 15 residents (R1, R2, R3, R8, R9, R10, R11, R12, R14 and R15) reviewed for safe in the sample of 15.</p> <p>Findings include:</p> <p>On 4/1/2025 at 9:28 AM, water temperatures were taken with a metal calibrated thermometer.</p> <p>On 4/1/2025 at 9:32 AM, R2 stated water is always cold, she shares a sink in bathroom and shower room. The water is cold at her sink and in the shower room. R1, R2 and R3 all share a bathroom sink.</p> <p>On 4/1/2025 at 9:33 AM, V1, Administrator stated she was not aware of any issues with water temperatures.</p> <p>On 04/01 /2025 at 9:47 AM, R8 stated, The water was cold today. The showers are cold too. I tried to wash my hair, but it was too cold today to wash my hair, I just can't do it. R8 shares a room with R9. R9 was not interviewable.</p> <p>On 4/1/2025 at 9:57 AM, R8 and R9's sink registered 69.5 degrees Fahrenheit (F). This sink is shared with R8, R9, R10 and R11.</p> <p>On 4/1/2025 at 10:04 AM, R14 stated the water was cold today in her room. R14 shares a room with R15.</p> <p>On 4/1/2025 at 10:05 AM, R14 and R15's sink was 69.5 degrees F. This sink is shared with R14 and R15.</p> <p>On 4/1/2025 at 1:14 PM, V9, Sister Facility Maintenance Man stated, I got called in today because they said State was here in the building and our water temperatures were off. I was able to find out the circulatory pump needed repaired, so we were not getting hot water everywhere.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Illinois Department on Aging Residents' Rights for People in Long-Term Care Facilities revised 11/18 documents, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must be safe, clean, comfortable, and homelike.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35156</p> <p>Based on observation, interviews and record reviews the facility failed to ensure there was an air gap in the ice machine between the ice storage bin and floor sewage drain in ice machine and staff had warm water to wash their hands. This has the potential to affect the 61 residents living in this facility.</p> <p>Findings include:</p> <p>On 4/1/2025 at 9:32 AM, the metal thermometer was calibrated.</p> <p>On 4/1/2025 at 9:38 AM, the kitchen staff washing sink station water temperature was taken after running for one minute and the temperature was 69.5 Fahrenheit (F).</p> <p>On 04/01 /2025 at 9:42 AM, the ice machine was observed in sprinkler/employee break room. There was a hose that extended from the back through the wall to underneath leading to the outside. The hose to the ice storage bin of the ice machine was submersed into to pipe with no visible gap between the end of the hose and the drain to ensure that no sewage could back up into the ice machine.</p> <p>On 4/1/2025 at 9:49 AM, V1, Administrator stated, I am not sure what you are referring to regarding an air gap. Our machine has always been like that and the tubes in the ice machine were installed years ago.</p> <p>On 4/1/2025 at 10:03 AM, V8, Dietary Manager stated, We only have one ice machine in the building. The ice machine is in the 'Employee break room.' We use that ice for all the residents' drinks and for cooling and preparation of food. I am not sure how long the water has been cold at the hand washing station.</p> <p>On 4/1/2025 at 1:11 PM, V9, Sister Facility Maintenance Man stated, I would expect the kitchen hand washing sink to be warm for hand washing. Something is off and they called me here to look at it. I am looking into it now. That water should be a lot warmer, at least in the 100's degrees.</p> <p>The Resident Roster dated 4/1/2025 documents there are 61 residents living in the Facility.</p>		