

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 08/01/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</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 provide services to residents with gastrostomy tube to restore/maintain eating skills for one of one resident (R40) reviewed for tube feedings in the sample of 65.</p> <p>Findings include:</p> <p>R40's Face Sheet, date 8/1/2024, document diagnoses of Schizophrenia, major depressive disorder, anxiety, Chronic Obstructive Pulmonary Disorder (COPD), Parkinson, benign prostatic hyperplasia, Hypertension, hyperlipidemia, Gastroesophageal reflux disorder, insomnia, and protein calorie malnutrition. R40's clinical record does not document any dysphagia or swallow issues.</p> <p>R40's physician orders dated 4/2024, prior to hospitalization on [DATE] documents R40 was ordered a REGULAR diet, Mechanical Soft, Ground Meat texture, thin consistency on 4/1/2024.</p> <p>R40's Progress Note, dated 4/23/2024 at 7:52pm documented R40 was admitted to local hospital for COPD exacerbation and pneumonia.</p> <p>R40's Facility's progress notes dated 4/24/2024 at 11:32AM documented R40's plan of care. R40's progress note documented R40 is noncompliant and refusing majority of care currently, was admitted for pneumonia and on 4L (liters) of O2 (oxygen) NC (nasal cannula). The Note documented the hospital stated when R40 is more compliant they will attempt a swallow study and agree that R40 needs a dysphagic diet plan/ purred foods, thickened liquids if R40 will tolerate.</p> <p>R40's Progress Note, dated 4/29/2024 at 3:33 PM documents R40 returned to facility from hospital with admitting diagnosis of aspiration pneumonia.</p> <p>R40's physician orders dated 4/29/24 documents NPO (nothing by mouth), 1.5 Cal/Fiber.</p> <p>R40's Behavior progress note dated 5/14/2024 at 9:36 AM documents R40 noted to be putting cups of ice under his bed and eating/sucking on it when he wants. R40 educated on the risks of eating ice when he is NPO. Resident mad but voiced understanding.</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
---	-------	-----------

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 08/01/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R40's Nurse Practitioner (Psychiatric Nurse Practitioner) dated 5/30/204 documents R40's mood is irritable. R40 states he is not doing good, because he went to the hospital and the new medicine they give him burns when they put it through the g-tube. R40 states he wants to go back to a regular diet. R40 appears irritable due to this, with some yelling but otherwise calmly in his seat.</p> <p>R40's progress note dated 6/15/2024 at 9:05pm documents, attempted to give R40 his G-tube feeding. R40 became belligerent and yelling obscenities at writer. Was unable to finish his feeding due to resident refusing to continue with feeding when writer attempted to calm him down. R40 yelled get out of here you stupid b****. He then came out of his room yelling obscenities at his roommate and while in the dining room continued to yell obscenities.</p> <p>R40's progress note dated 6/17/2024 at 3:14pm documents R40 is getting money from other residents to buy snacks. R40 was educated on the importance of not eating due to him having a feeding tube and being NPO and that we cannot get money from other residents.</p> <p>R40's Behavior progress note dated 7/24/2024 at 3:56 pm documents R40 has been hateful, yelling, cursing, at staff. Difficulty to redirect. Yelled at insurance nurse and refused to sign paperwork. Refused medications and noon feeling, cussing, and calling staff cuss names. Another resident gave resident a cup of soda. Took soda away from resident, which caused him to become angrier. Sitting at table in dining room yelling out.</p> <p>On 7/30/2024 at 2:00 PM R40 stated that he wanted to eat and drink he didn't like the tube. R40 stated he want to drink soda and he can't. R40 asked surveyor to do something so he can eat and drink again. R40 stated he is mad.</p> <p>On 7/31/2024 at 11:00 AM V4, Certified Nursing Assistant, CNA, stated that R40 has outburst of anger, that R40 still goes to dining room for meals but isn't supposed to be eating anything. V4 stated that R40 will get snacks out of the vending machine hide it in under his shirt or in his pants and take it back to his room to eat it. V4 stated R40 yells if you tell him he isn't supposed to eat. V4 stated R40 gets mad is his tube feeding is late. V4 stated that the first week after R40 came back from the hospital with his G tube R40 told V4 that he was supposed to be getting speech therapy so he could eat. V4 stated R40 is not receiving any speech therapy.</p> <p>On 7/30/2024 at 2:15 PM V2, Director of Nursing, stated there is no plan for R40 to eat or be evaluated for any oral intake. V2 stated she will ask medical director on 8/1/2024 if R40 can have a swallow study done. V2 stated that R40 did not have any orders for Speech Therapy. V2 stated the facility does have Speech Therapy services. V2 states R40 refuses his tube feeding at times and gets angry.</p> <p>On 8/1/2024 at 8:45 AM V2 stated that R40 has the tube feeding placed in 4/2024 because of aspiration pneumonia. V2 stated that R40 does not currently have aspiration pneumonia.</p> <p>On 8/1/2024 at 9:00 AM V2 stated that the facility does not have a policy on restoring eating skills.</p>		

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 08/01/2024
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 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>33112</p> <p>Based on interview, observation, and record review, the facility failed to provide 8 consecutive hours of Registered Nurse Coverage. This has the potential to affect all 61 residents residing in the facility.</p> <p>Findings include:</p> <p>On 7/30/2024, V2, Director of Nurses (DON), stated that the facility does have days that the facility is unable to staff 8 consecutive hours of Registered Nurse coverage. V2 stated she has been trying to hire Registered Nurses but hasn't had any applicants lately.</p> <p>On 7/31/24 at 8:30 AM, V2, stated the facility does not have a policy on 8 hours of consecutive Registered Nurse hours but she tries to meet the regulation.</p> <p>On 7/30/24, V2 was the only Registered Nurse in the building.</p> <p>The Nursing Unit Postings from 6/1/2024 - 7/29/2024 were reviewed. The facility failed to have 8 hours of consecutive Registered Nurses coverage on: 6/3/24, 6/8/24, 6/9/24, 6/17/24, 6/28/24, 7/2/24, 7/6/24, 7/7/24, 7/20/24, and 7/29/24.</p> <p>The Long-Term Care Application for Medicare and Medicaid dated 7/29/24, documents 61 residents reside in the facility.</p>

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 08/01/2024
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 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>33112</p> <p>Based on interview, observation, and record review, the facility failed to wear hair nets covering the hair, store food at a safe temperature, document food temperature after taking them, and have clean and sanitary equipment to prevent potential food contamination and food-borne illness. This failure has the potential to affect all 61 residents residing in the facility.</p> <p>Findings include:</p> <p>1. On 7/29/24 from 12:05 PM until 12:26 PM, V9, Preparation Cook, was observed without out a hair net covering her hair. V9 is assisting V8, Cook, placing uncovered food items onto the resident's tray and then placing the tray onto the service counter for staff to deliver to the residents in the dining room. V9 has past the shoulder braided hair that is pulled into a ponytail. V9 's hair net is at the end and side of the ponytail caught in the hair but not covering any hair.</p> <p>2. On 7/31/24 at 11:44 AM the kitchen was entered. The thermometer was calibrated and shown to V7, cook. The noon meal food items were corn dogs, stewed tomatoes, cold macaroni salad and peach cake. The macaroni salad was 60.2 degrees Fahrenheit (F) and on a preparation table. V7 stated she was going to put it on ice and that it just came out of the refrigerator.</p> <p>On 7/31/24 at 12:00 PM, the food temperature log was observed to be not filled out. V7 stated she was going to take them now. V7 stated that the macaroni salad temperature she got was 56 degrees. V7 failed to document the temperatures she had taken on the temperature log. At 12:07 PM V7 began to serve the meal.</p> <p>7/29/24 at 1:45 PM, the can opener blade was covered in a thick black substance.</p> <p>On 7/31/2024 at 1:55 PM, V6, Dietary Manager, stated, (V7) should have chilled the macaroni salad down more or thrown it away. The safe temperature is 41 degrees for cold items. I don't think I can clean that can opener. I just need a new one. Everyone should wear a hair net covering their hair.</p> <p>The undated cleaning schedule failed to document the can opener.</p> <p>The Kitchen Sanitation policy failed to address hair net.</p> <p>The facility policy Monitoring Food Temperature for Meal Service dated, last revised 9/2023 documents if the serving/holding temperature of a cold food item or beverage is not at 41 degrees Fahrenheit (F) or below (for less than four hours in duration) when checked prior to meal service, the item will be chilled on ice or in the freezer until it reaches 41 degrees F (or less) before service.</p> <p>The Long-Term Care Application for Medicare and Medicaid, dated 7/29/24, documents there are 61 residents living in the facility.</p>		

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 08/01/2024
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>43847</p> <p>Based on observation, interview, and record review, the Facility failed to provide 80 square feet of floor space per resident bed for 32 two-bed resident rooms residents. This has the potential to affect all 61 residents in the facility.</p> <p>Finding includes:</p> <p>The facility has 32 two-bed resident rooms that can be occupied by 2 residents. According to historical data, the room measurements for these rooms provide only 76 square feet per bed. All these rooms are certified for Medicaid. These rooms are as follows:</p> <p>The following residents reside in A1 through A16: R115, R 24, R5, R46, R10, R32, R44, R62, R19, R60, R12, R25, R43, R42, R51, R16, R50, R34, R31, R9, R36, R13, R23, R27, R61, R49, R29, R21, R59, R14, R5 and, R11.</p> <p>The following residents reside in B1 through B16: R40, R6, R38, R22, R52, R3, R30, R37, R54, R39, R47, R33, R45, R8, R17, R48, R41, R35, R57, R15, R7, R28, R1, R58, R4, R20, R26, R18, R2 and R56.</p> <p>On 7/31/2024 at 3:05 PM, V1, Administrator, stated, None of our rooms meet the square footage requirement. We have one private room which is unoccupied at this time.</p> <p>The Long-Term Application for Medicare and Medicaid dated 7/29/2024, documents that the facility has 61 residents living in the facility.</p>