

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 01/29/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to perform hand hygiene and glove changes appropriately and failed to label, date and cover food in the kitchen refrigerator. The failure could affect all 64 residents who live in the facility. Findings include: 1. On 01/27/2026 at 9:30 AM in refrigerator #1, there was a gallon of 2% milk, opened and had an expiration date of 1/25/26. In refrigerator #2 there was a 1/2 pound of butter opened, not labeled or dated. In the freezer there was a sandwich bag of green beans that was not labeled nor was it dated. There was also a bag of frozen fritters that was not labeled nor dated. V13, Dietary Manager was made aware of the items that were not labeled or dated. 2. On 1/27/2026 at 10:00 am, V14, Dietary aide, did not have a hair net on while wrapping silverware. When he was asked about it, he stated that he should have a hair net on, but it fell off into the hood part of his sweatshirt. V14 then placed it back on his head without benefit of hand hygiene, he began wrapping silverware again. On 1/27/2026 at 10:05 AM, V13, Dietary Manager, stated the food in the refrigerators (coolers) should be labeled and dated and discarded when out of date. He also stated that hair nets should be always worn in the kitchen. 3. On 1/28/2026 at 11:30 am in refrigerator #2 the 1/2 pound of butter was opened, not labeled or dated still from yesterday. Also, in refrigerator there were 3 trays of cookies that were not labeled or dated. On 1/28/2026 at 11:36, V19, Regional Dietary Manager, stated she was under the impression that they did not have to be covered or labeled or dated if they were being used the same day and that it was for supper tonight. 4. On 1/28/2026 at 11:50 am V15, Cook, without benefit of hand hygiene donned gloves, opened refrigerator #2 door and retrieved uncooked grilled cheese sandwiches that were in zip locked bags, and the 1/2 pound of unlabeled and not dated butter and then shut the refrigerator door. He then opened all the zip locked bags and took out the 9 sandwiches with the same gloved hands. V15 unwrapped the butter and rubbed it on the griddle on the stove then, with same gloved hands, placed 3 of the sandwiches on the griddle and rubbed the sandwiches on the griddle in the butter. V15, with same gloved hands, adjusted the stove knobs and then opened the oven door. He then, with his one hand and a spatula in the other hand, touched the top of the grilled cheese with the same gloved hand turned over the grilled cheese to cook the other side. 5. On 1/28/2026 at 12:20 pm V13, Dietary Manager, removed bowls of pureed pork from the microwave and placed them on the tray for the residents. He then donned a pair of gloves without benefit from hand hygiene and started serving lunch with V15, Cook. 6. On 1/28/2026 at 12:22 pm, V16, Dietary Aide, donned a pair of gloves, without benefit of hand hygiene, opened the refrigerator door and retrieved a bowl of chicken noodle soup. He then opened the microwave door and placed the bowl of chicken noodle soup in it. He removed his gloves and without benefit of hand hygiene, donned another pair of gloves. V16 then removed the bowl of chicken noodle soup out of the microwave and placed it on a tray and then, with the same gloves, picked up a grilled cheese sandwich and put it on a plate and placed it on the tray and gave it to the cook. On 1/28/2026 at 12:50 pm V13, Dietary Manger, stated they should wash their hands before, and after glove changes. On 1/28/2026 at 12:51 PM, V15, Cook, stated he washes his hands before and after glove changes. On 1/28/2026 at 12:52 PM, V16, Dietary Aide, stated he does wash his hands before putting gloves on and after he takes them off. The facility's policy, Kitchen Sanitation Manual, (continued on next page)		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	dated 01/2026, documented, 1. The best way to prevent contamination of food or food surfaces is to frequently wash hands. 2. Hairnets or hair coverings will be worn at all times. It continues, 4. Food will not be handled with bare hands. Proper utensils will be used, or disposable gloves will be worn. It continues, It continues, 9. Unused food will be covered, timed, labeled and dated with their content It continues, Use of Disposable Gloves Policy: Plastic gloves for food service will be worn when handling food directly with hands. It continues, 2. hands will be washed before and putting on disposable gloves. Note: Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed. It continues, 3. Hands should be washed each time disposable gloves are removed. The Department of Health and Human Services, Centers for Medicare & Medicaid Services, Long-Term Care Facility Application for Medicare and Medicaid, dated 1/27/2026, documented that there were 64 residents living in the facility.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to implement and maintain effective measures to prevent the growth and transmission of Legionella bacteria within the water system. This has the potential to affect all 64 residents residing at the facility. Findings include: 1. On 1/28/2026 at 12:12PM V6, maintenance interviewed regarding water management and prevention of legionella. V6 stated the facility calls a contractor for the prevention of legionella. V6 stated the contractor checks for algae. V6 stated he would have to check his book to see if there were any legionella in past year. V6 was unable to describe water flow and stated he would have to check his book for diagram of water flow. V6 stated he did not know the answer if the facility had empty resident rooms in regard to the prevention of legionella. On 1/29/2026 at 10:29AM V1, Administrator stated she would expect the facility to follow the water management program for the prevention and growth of legionella. V1, stated V6, maintenance not available as he was on suspension. V1 stated maintenance book was unavailable as it is not complete. The facility Water Management Program for Prevention of Legionella Growth dated last revised 1/2026 documents the purpose is to reduce Legionellae risk in the facility water systems to prevent cases and outbreaks of Legionnaires' Disease. The policy documents the bacterium Legionellae can cause a serious type of pneumonia called Legionella Disease in persons at risk. The policy documents those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression, Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. The policy documents factor internal to buildings that can lead to legionella growth can include water temperature fluctuations, water pressure changes, inadequate disinfectant, and water stagnation. The policy documents potential risk includes but are not limited to hot and cold-water storage tanks, water heaters, pipes, valves and fittings, water filters, showerheads and hoses, eyewash stations, ice machines. The policy documents development of a water management program to reduce the building's risk for growing and spreading legionella. The policy documents the elements of the water management program should be reviewed at least once a year. The policy documents water quality should be measured throughout the system to ensure changes that may lead to Legionella growth are not occurring; water heaters should be maintained at appropriate temperatures. The policy documents development of a water management program to reduce the buildings risk for growing and spreading legionella. The policy documents the water management program should be reviewed at least once a year. The CMS 671 dated 1/27/2026 documents a census of 64.		

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on observation, interview and record review the facility failed to provide a trained infection preventionist at the facility. This has the potential to affect all 64 residents at the facility. Findings include: On 01/28/2026 at 11:00 AM V1 administrator stated V2, Director of Nursing (DON) is infection preventionist. V1 stated V2 does not have a certificate and is working under V10, regional nurse. V1 stated V2, DON started on Monday, Jan. 19th 2026. On 1/28/2026 at 11:50AM V2, DON stated she does not have a certificate and is working under the regional nurse, V2, DON stated she signed up for the infection prevention course yesterday and will be taking the course this weekend. On 1/29/2026 at 10:29AM V1, Administrator stated she would expect a trained infection preventionist to be onsite at the facility. V1 did state the regional nurse does not work at the facility. On 1/29/2026 at 10:29AM V1, administrator stated the facility does not have a specific policy for infection preventionist but does follow state guidelines. The CMS 671 dated 1/27/2026 documents a census of 64.		

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F 0912 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. 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 64 residents in the facility.Finding includes: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:The following residents reside in A1 through A16: R48, R23, R59, R35, R36, R19, R42, R33, R1, R50, R27, R64, R55, R34, R8, R25, R5, R63, R41, R47, R44, R18, R30, R17, R52, R39, R46, R28, R38, R57, R7, and R16.The following residents reside in B1 through B16: R4, R15, R11, R3, R61, R21, R2, R32, R20, R31, R54, R49, R26, R14, R51, R6, R43, R37, R60, R62, R13, R9, R58, R56, R22, R24, R10, R29, R40, R45, R12, and R53.On 1/29/26 at 1:01 PM, V12 ADON (assistant director of nursing) stated all rooms in the facility are being occupied.On 1/27/26 at 9:26 AM, V1 (administrator) stated all the rooms in the facility are under the required square footage. The Long-Term Application for Medicare and Medicaid dated 1/27/26, documents that the facility has 64 residents living in the facility.		