

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
---	--

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments	S 000		
	Annual Certification and Licensure			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210a) 300.1210b) 300.1210c) 300.1210d)2)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
---	--

(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
S9999	<p>Continued From page 1</p> <p>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to provide monitoring of water intake for 1 of 16 residents (R4) reviewed for quality of care in the sample of 66. This failure has resulted in R4 being hospitalized multiple times for a low sodium level related to excessive water consumption.</p> <p>Findings Include:</p> <p>R4's Admission Record, print date of 8/24/22, documents that R4 was admitted originally on 9/17/2015 and has diagnoses of Schizoaffective Disorder, Polydipsia (excessive thirst), anxiety disorder and Hypo-Osmolality and Hyponatremia (low sodium level).</p> <p>R4's Minimum Data Set (MDS), dated 5/23/22,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
--	--

(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
S9999	<p>Continued From page 2</p> <p>documents that R4 is cognitively intact, has hallucinations and delusions, Verbal behavioral symptoms directed toward others and behavioral symptoms not directed towards others that occurred 1 to 3 days. This MDS also documents that R4's behaviors put R4 at significant risk for physical illness or injury, significantly interfere with R4's care and R4's ability to participate in activities or social interaction. This MDS also documents R4's behaviors place other residents at risk for physical injury, intrudes on others privacy or activity and significantly disrupts care or living environment. This MDS also documents that R4 does wander and his wandering places him in significant risk of getting to a potentially dangerous place and it impacts other residents.</p> <p>R4's Hospital Discharge Plan, dated 7/5/22, documents, "General Diet; Fluid Restriction: 1500 ml (milliliter)/day."</p> <p>R4's Orders Summary Report, dated 8/25/22, fails to document fluid restrictions.</p> <p>R4's Health Status Note, dated 4/21/22, documents, "Writer received called from MD (Medical Doctor) regarding lab results. MD stated to send resident out to due decline of sodium levels. Bed hold policy obtained but unable to sign from resident, ambulance called and in route. POA (Power of Attorney) did not answer phone after multiple attempts. Unable to leave voice message due to mailbox being full."</p> <p>R4's Health Status Note, dated 4/28/22, documents, "Resident was discharge at (hospital) and returned to the facility today."</p> <p>R4's Health Status Note, dated 5/7/22,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
---	--

(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
S9999	<p>Continued From page 3</p> <p>documents, "Res (Resident) call ambulance. EMT (Emergency Medical Technicians) transferred res to hospital for eval (evaluation) and treatment."</p> <p>R4's Health Status Note, dated 5/17/22, documents, "Res returned from (hospital)."</p> <p>R4's Sodium Laboratory Result, dated 5/4/22, documents R4's Sodium Level at 121 meq (milliequivalent)/L (liter) normal range is 135 -145.</p> <p>R4's Hospitalist Discharge Summary, print date of 5/17/22, documents, "Admit date: 5/7/22. Discharge date and time 5/17/22. Discharge diagnosis: Hypo-osmolality and hyponatremia, Psychogenic polydipsia. (R4) is a 55-year-old male who has a pertinent Past Family, Past Social, and Past Surgical history, and has a past medical history of anxiety Hyponatremia due to psychogenic polydipsia." It continues, "Patient was recently admitted here April 21 to April 28,22 after presenting with lightheadedness, found to have a sodium of 106. He was initially admitted to ICU (Intensive Care Unit)."</p> <p>R4's Health Status Note, dated 6/30/22, documents, "Res admitted to (hospital)."</p> <p>R4's Patient Discharge Plan, dated 7/5/22, documents, "Hospital Summary: I was in the hospital because: Abnormal labs. The medical name for this condition is Hyponatremia."</p> <p>R4's Census Log documents that R4 was readmitted to the facility on 7/5/22 from the hospital and went back out to the hospital on 7/6/22.</p> <p>R4's Health Status Note, dated 7/6/22,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>documents, "resident called 911 stating that he needed an ambulance and that he drank too much water resident sent out to (hospital) to be evaluated family and md notified."</p> <p>R4's Health Status Note, dated 7/12/22, documents, "admission note: resident arrived at facility at (2:45 PM) via transport ambulation with no assistance vitals 134/72, 82, 16, 98.2, 98% pain assessment done resident denies any pain skin assessment completed skin intact and clear resident to follow up with (V20) will follow up in house."</p> <p>R4's Health Status Note, dated 7/19/22, documents, "(V21, V20's [physician] Nurse Practitioner) called facility re (reference): res labs faxed, per (V21) - res to go to hosp (hospital) for eval/tx (evaluation / treatment) for Hyponatremia."</p> <p>R4's Hospital History and Physical, dated 7/19/22, documents, "Impression and Plan: Hypo- osmolar hyponatremia secondary to primary polydipsia. Plan Admit to ICU, give 1 Liter normal saline bolus, start 1 Liter fluid restriction, goal sodium 122 by 9:00 AM tomorrow morning. History of Present Illness: Patient has a history of primary polydipsia secondary to schizoaffective disorder and was hospitalized to the ICU 3 weeks ago for hyponatremia."</p> <p>R4's Health Status Note, dated 7/25/22, documents, "resident returned from hospital."</p> <p>R4's Hospital History and Physical, dated 8/7/22, documents, "Patient present to the ED (Emergency Department) on 8/7/22 after "drinking too much water." Noted to have a Sodium of 103. Admitted under (Hospital Intensive Care) for further treatment and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
---	--

(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
S9999	<p>Continued From page 5</p> <p>evaluation."</p> <p>R4's Health Status Note, dated 8/10/22, documents, "Admission Nurses Note: Patient arrived per (facility) transport without incident. Patient is 55-year-old male admitted from (hospital)."</p> <p>On 08/22/22 at 10:10 AM, R4 stated that he hates the fluid restrictions, and the doctor doesn't know a thing. R4 stated that he is on fluid restriction because it makes his sodium go low.</p> <p>On 8/22/22 at 10:20 AM, V17, Licensed Practical Nurse (LPN), stated that R4 is non complaint with his fluid restrictions and that he will sneak fluids whenever he can. V17 stated that R4 has been hospitalized often due to low sodium.</p> <p>On 08/23/22 at 8:59 AM - 9:15 AM, R4 was walking with his cup from his room to the hallway. R4's cup was half full of ice water. R4 kept going back in and out of his room. R4 went into the bathroom with his cup. R4 went back to his room.</p> <p>On 8/23/22 at 9:15 AM, R4 was sitting on his bed. R4 was drinking from his cup which holds 1000 milliliters of fluid. R4's cup was 3/4's full of water. R4 drank the entire glass of water during the interview. At this time, R4 stated that he drinks the water because he is going to die anyway and that he has to drink the water, or he will die.</p> <p>On 8/23/22 at 9:30 AM, R4 is yelling that someone took his cup. R4 came out of his room with a cup and went down to R64 's room. R4 went into R64's bathroom and filled up his cup. R4 then went back to his room.</p> <p>On 8/23/22 from 8:59 AM to 9:30 AM, R4</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>appeared to be agitated and anxious at this time. At this time, no staff interacted with R4 to monitor his fluid intake or intervene with a distraction or a talk.</p> <p>On 8/23/22 at 10:20 AM, V9, Certified Nurse Aide (CNA), stated that they do the best they can to limit R4's water intake. V9 stated, "He (R4) will go into other rooms and get water. He will go into the bathroom and get water. I have caught him drinking shower water before. He will hide a cup in the bathroom. He is fussing right now because someone took his cup away."</p> <p>On 8/24/22 at 10:20 AM, V12, CNA, stated, "All the CNA's will tell him he is on fluid restrictions. He goes all day looking for ice. He will sneak in the bathroom." V12 was questioned about what she does to try and prevent R4 from drinking so much water, V12 stated that she just tells him he is on fluid restrictions.</p> <p>On 8/25/22 at 2:10 PM, V20, Medical Director, stated that he is very familiar with R4. V20 stated that R4 has been in the hospital multiple times and 2 of those times he has needed to be put into ICU because his sodium level was so low. R4 will just drink water in excess. V20 was questioned as to the medical consequences that could happen to a person with low sodium, V20 stated, "Well it could lead to a coma, but he has done this for so long that his body has become used to having low sodium level. He will get headaches, get weak and have nausea from the low sodium level. Also, he knows when he has drank too much water and he will call 911 because he knows how he feels when he gets low." V20 stated that he has spoken to R4 multiple times about not drinking so much water but he doesn't know how much he retains because of his mental condition. V20</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703
---	--

(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
S9999	<p>Continued From page 7</p> <p>stated that when R4 shows signs of having a bad day and drinking excessively the staff should supervise him more to monitor water consumption and try to distract him. V20 added that distracting him maybe difficult because he gets agitated, and he is a very big guy and staff need to keep a distance from him for their own safety. V20 also stated that it is important to educate R4 on his good days because hopefully he is more receptive.</p> <p>On 8/30/22 at 4:30 PM, V16, Psychiatrist, stated that he does remember R4 and that he has delusions that he needs to drink water to help himself. V16 stated that once a person is having delusions, it does not matter what is said to them at that point they need one to one supervision but that is a strain on the facility.</p> <p>On 8/29/22 at 12:22 PM, V2, Director of Nurses, stated that R4 is on fluid restriction and that he will try and sneak water. V2 stated that R4 has been hospitalized many times for low sodium. V2 was questioned about how the staff should intervene when R4 starts water seeking, V2 stated that she would need to look at his (R4's) Care Plan to see what interventions are in place.</p> <p>R4's Care Plan, revision date of 4/25/22, documents, "Is non complaint with 2300 cc (cubic centimeters) fluid restriction. Intervention: Monitor and document weight. Notify Dr regarding any significant weight change. Monitor Skin Report weekly. Serve diet as ordered. Access likes and dislikes. Substitute likes for dislikes. Will encourage compliance with fluid restriction." R4's Care Plan, revision date of 4/29/22, documents, "(R4) have a behavior problem: making self vomit r/t (related to) schizophrenia. (R4) drinks more water than ordered and will throw it up stating. "I</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002661	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER AVENUES AT SPRINGFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703		
(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	
S9999	Continued From page 8 drank too much now I'm sick." (R4) continues to overhydrate water and throw up claiming he is sick, heart racing, I feel weak. Interventions: Administer medications as ordered. Monitor / document for side effects and effectiveness. Anticipate and meet the resident's needs, remind (R4) of the purpose of the fluid restriction order. Minimize potential for the resident's disruptive behaviors not following fluid restriction by offering tasks which divert attention." (B)	S9999			