STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058099	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THREE SPRINGS SR LIVING & RHAB	161 THREE SPRINGS ROAD , CHESTER, Illinois, 62233

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S0000	Initial Comments Complaint Investigation: 2548039/2598630	S0000		09/16/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		09/16/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 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) 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 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. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to supervise a moderately impaired resident with a history of stroke. R3 was left unattended outside and fell from the wheelchair for 1 of 3 residents (R3) reviewed for falls in the sample of 6. This failure resulted in R3 being sent to the hospital after sustaining a black eye and bruising to her forehead from the fall. Findings include: R3's Physician Order Sheet for August 2025 documents diagnosis of atherosclerotic heart disease, cerebral infarction due to thrombosis of left middle cerebral artery, unsteadiness on feet, weakness, need for assistance with personal care, lack of coordination, other abnormalities of gait and mobility, muscle weakness, hemiplegia and hemiparesis following cerebrovascular disease affecting unspecified side.	S9999		

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S9999	Continued from page 2 R3's Minimum Data Set (MDS) dated 7/24/2025 document she is moderately impaired for cognition for activities of daily living. She has impairment on one side on both her upper and lower extremities and uses a wheelchair. For transfers she requires a Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed -Helper does ALL the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity. R3's Care Plan: dated 4/10/2025 documents, the resident has hemiplegia/hemiparesis. The Care Plan with a created date of 1/5/2025 documents, The Resident has impaired cognitive function/dementia or impaired thought processes, the resident is on anticoagulant therapy. The resident has an ADL (activities of daily living) Self Care Performance Deficit, start date 1/5/2024. For Falls with a created date of 7/17/2025, (R3) is at risk for falls related to history of stroke with hemiplegia and hemiparesis and weakness. The Care Plan with a start date of 4/10/2025 also documents the resident has impaired visual function. R3's Smoking Assessment dated 8/11/2025 documents, "Resident is a supervised smoker. Resident has to be reminded to hand staff her cigarette to put it out. Resident only smokes occasionally and only a few drags off cigarette. R3's falls Risk assessment dated 7/28/2025 documents R3 was at risk for falls. On 8/28/2025 at 12:18 PM, R3 was sitting near the entrance of the facility in her wheelchair. R3's wheelchair brakes were locked, and R3 was rocking back and forth, as an attempt to propel forward. R3 was moaning and was slumped in the chair. There was another resident outside as well but with her back to her and that resident (R4) was talking on the phone. There were no staff outside. The double doors were shut, and no staff were monitoring any resident. R3 was moaning repeatedly and rocking back and forth. Surveyor approached R3 and asked R3 if she needed anything, but she was not alert and was just moaning and then she leaned forward in her wheelchair, slipped out and hit her head on the concrete as fell out of the chair. R3 sustained abrasions on her knees and a large baseball	S9999		

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S9999	Continued from page 3 size swelling on her forehead. Surveyor ran inside the building to alert staff (V1 Administrator) and to get assistance for R3. R3's Progress Notes dated 8/28/2025 at 12:20 PM, Note Text: This nurse was notified by staff that resident was found on the ground at the front entrance/patio area. Resident was found lying face down on the ground. Assisted resident to back and large bruise and swelling noted above right eye. Resident alert and able to answer questions appropriately. Resident c/o (complained of) pain to right hip area. This nurse contacted (Physician) and received order to send to (Hospital) for evaluation. EMS (emergency Medical Service) services contact and arrived shortly. Resident transferred to stretcher without incident and transported to hospital." R3's Hospital Records dated 8/28/2025 at 12:50 PM, documents, "Patient sent from (Facility), reported she fell out of her wheelchair hitting her forehead. Large purple hematoma noted above right eyebrow. History of stroke with right side weakness aphasia. The patient spilled forward out of the wheelchair and struck her forehead, baseball size swelling and ecchymosis over the forehead." On 8/28/2025 at 2:33 PM, R3 was sitting outside and has an abrasion to the front of her head in the middle of her forehead approximately 6 millimeters in length and 4 millimeters in width , a black eye with a darken circle area is present on her entire left eye with a small blackish area under part of her eye on the right side, only ¼ of the eye is covered in a black streak." On 8/28/2025 at 3:45 PM, V8 (Licensed Practical Nurse/LPN) stated (V15 Corporate) came and got me because (R3) is on my hall. She told me (R3) had fallen outside. (R3) is hard to understand and she does moan out loud, really loud when she needs something because she can't communicate very well. I think (V12 LPN) took her outside. I am not sure why she did not stay with her. (R3) likes to go outside and we have several residents that like to go outside but they are more alert than (R3). We are supposed to stay with (R3) when she is outside. I just got call from the hospital. I am not aware of her having any previous falls. She has never had behaviors and/or threw herself on the ground that I am aware of." On 8/28/2025 at 3:53 PM, V12 (LPN) stated, (R3) cannot	S9999		

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S9999	Continued from page 4 walk on her own and she uses a wheelchair. You have to really pay attention to (R3) to know what she wants. (R3) moans a lot when she wants something. She had a stroke. She just recently lost her husband; they were roommates here together. (R3) was in the dining room today, and she was wanting her cigarettes, and she only had a small cigarette left so I took her outside. She likes to go outside. She only had a part of a cigarette and after she finished, (R3) did not want to come back in. (R3) has never thrown herself on the floor before, and I did not lock her wheelchair. I did not bring her back in because (R3) did not want to come back. I am not sure if she needed supervision or if she could stay outside unsupervised. I don't know. I know she does need supervision for the cigarettes, but I did not think about it for being outside because she loves to go outside." The Facility Fall Policy with a revision date of March 2018 documents, "Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risk and causes to try to try to prevent the resident from falling and try to minimize complications from falling. The Facility Smoking Policy with a revision date of July 2017 documents, "Any resident with restricted privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor or volunteer worker at all times when smoking." "B"	S9999		