

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510246	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER MILL CREEK ALZHEIMER'S SCC		STREET ADDRESS, CITY, STATE, ZIP CODE 3319 GINGER CREEK DR SPRINGFIELD, IL 62711		
(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
A 000	Initial Comment Annual Survey entered on 08/07/25 and exited on 08/07/25. Violation 295.4000 b) Violation 295.4050	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements werenot met as evidenced by: Based on interview and record review, the facility failed to ensure a Physician's Assessment was completed and signed by the Physician annually for three of five residents (R3-R5) reviewed for Physician's Assessments in the sample of five. Findings include: 1. R3's most current Physician's Assessment (dated 01/28/25) was completed and signed by E4 (Nurse Practitioner). On 08/07/25 at 01: 42 PM, E1 (Executive Director) confirmed R3's 01/08/25 Physician	A4000		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A4000	Continued From page 1 Assessment was not completed or signed by R3's Physician. 2. R4's most current Physician's Assessment (dated 11/12/24) was completed and signed by E4 (Nurse Practitioner). On 08/07/25 at 01:47 PM, E1 (Executive Director) confirmed R4's Physician Assessment was not completed and signed by R4's Physician. 3. R5's most current Physician's Assessment (dated 07/24/24) was last completed and signed on 07/24/24. On 08/07/25 at 01:49 PM, E1 (Executive Director) confirmed R5's Physician Assessment has not been completed annually and signed by a Physician.	A4000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This Regulation is not met as evidenced by: Violation Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). These requirements were not met as evidenced by: Based on interview and record review, the facility	A4050		

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A4050	Continued From page 2 failed to conduct an annual Tuberculosis screening for four of five residents (R2 - R5) reviewed for Tuberculosis screening in the sample of five. Findings include: 1. R2's current medical record was reviewed and did not include documentation that an annual TB (Tuberculosis) screening was completed. On 08/07/25 at 01:30 PM, E2 (Health Services Director) stated she could not provide any documentation than an annual Tuberculosis screening was completed on R2. 2. R3's current medical record was reviewed and did not include documentation that an annual TB screening was completed. On 08/07/25 at 01:32 PM, E2 (Health Services Director) stated she could not provide any documentation that an annual Tuberculosis screening was completed on R3. 3. R4's current medical record was reviewed and did not include documentation that an annual TB screening was completed. On 08/07/25 at 01:34 PM, E2 (Health Services Director) provided a copy of R4's most current TB (Tuberculosis) Screening Form, which was completed on 11/09/23. E2 stated R4's TB Screening was, "out of date," and his annual TB screening, "must have been missed back in November (of 2024)." 4. R5's current medical record was reviewed and did not include documentation that an annual TB screening was completed. On 08/07/25 at 01:38 PM, E2 (Health Services Director) stated she could not provide any	A4050		

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A4050	Continued From page 3 documentation that an annual Tuberculosis screening was completed on R5.	A4050		