STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHL510032	A. BUILDING: _____ B. WING _____	C 05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN FIELDS OF SAVOY	65 EAST AIRPORT ROAD SAVOY, IL 61874

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A 000	Initial Comment Facility Reported Incident IL192534 295.4010d)e)g)1)A) cited Violation	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) The service plan, which shall be reviewed	A4010		

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A4010	Continued From page 1 annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act) g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.	A4010		

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A4010	Continued From page 2 h) The service plan shall include all support services provided or arranged for by the establishment. i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan. These requirements were not met as evidence by: Based on observation, interview and record review, the facility failed to update a residents service plan after a fall and change in condition for three residents (R1, R2 and R3) reviewed for falls in the sample. Findings Include: The facility's resident orientation documents " C) Service Plan 4. The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident. 5. The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition. 7. Service plans shall address:	A4010		

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A4010	Continued From page 3 a) The level of service the resident is receiving, including: 1. Assistance with activities of daily living; 1. R1's medical record documents R1 had a fall on 1/6/25, 1/28/25, 5/13/25, and two falls on 5/15/25. R1's service plan signed 9/12/24 documents "1/30/25 PT/OT (Physical Therapy/Occupational Therapy) to eval and treat diagnosis: Falls. 5/20/25 PT/OT to eval and treat diagnosis recurrent falls." R1's medical record documents R1 was sent to the local emergency room on 1/6/25 due to a fall. R1 sustained a skin tear to left arm. R1's service plan does not document an intervention for R1's fall on 1/6/25. R1's medical record documents R1 had a fall on 5/13/25 sustaining a laceration to the top of her head and was sent to the local emergency room where she received staples to close the laceration. R1 then had two additional falls on 5/15/25 and was sent to the local hospital and returned to the facility on 5/20/25. R1's service plan did not have fall interventions in place between the 5/13/25 and 5/15/25 falls. On 5/23/25 at 10:50 AM, R1 stated that she just returned from the hospital a few days ago and showed this surveyor staples on the top of her head that she received while in the hospital. R1's husband stated that R1 had a fall (5/13/25), was sent to the ER, got the staples and returned to the facility and then fell again (5/15/25). R1's husband stated back in January (1/28/25) R1 fell and was started on PT/OT, but R1 didn't like it so	A4010		

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A4010	Continued From page 4	A4010		

he had them cancel therapy. R1's Husband stated that was a big mistake as R1 is still having balance issues and falling. R1 and R1's husband both stated for the last couple of weeks, they have been using the service call button to help R1 go to the bathroom and assistance getting down to the dinning room.

R1's service plan documents R1 is independent for all activities of daily living and independent with transfers and mobility/ambulation.

On 5/23/25 at 11:30 AM, E2, Registered Nurse, verified she did not update R1's service plan due to her change in condition. E2 stated she had a conversation with R1 and R1's husband about using the call button to have staff assist R1 to the bathroom and walk with her to the dining room due to her falls. E2 stated R1 has been having balance issues due to dizziness the last couple of months.

2. R2's service plan signed 12/5/24 documents "5/22/25 PT/OT to eval and treat. (Therapy Service) to provide weekly therapy services to improve balance/coordination."

R2's medical record documents R2 had a fall on 5/11/25 sustaining a skin tear to the left hand.

R1's service plan does not show any interventions for the falls between 5/11/25 and 5/22/25.

On 5/23/25 at 1:30 PM, E2 verified R2's service plan was not updated until 5/22/5 for the 5/11/25 fall. E2 stated "We just add the PT/OT when they have a fall. I'm not sure what else we should be doing in the meantime while waiting. I guess I'll have to talk to the owners about getting a

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A4010	Continued From page 5 program or something that helps us with all the updates. We use those paper forms and if we have to update it, then change something, the service plan will be messy and confusing with all the writing on it." 3. R3's medical record documents a fall on 4/28/25 and 5/7/25. R3's service plan documents "4/30/25, PT/OT to eval and treat. (Therapy Service) to provide therapy services to improve balance/strength." The service plan has no additional interventions in place for R3's fall on 5/7/25.	A4010		