	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		14G142	B. WIN	IG _	<del></del>	01/2	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			P	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 448	clients during at leashift.  The evacuation pla	nge 24 Ist one drill each year on each In will be reviewed by the Meeting on a quarterly basis.	W 4	148			
W9999	removed, non-compof the Exit Conferen	diate Jeopardy has been pliance continues at the time nce since the facility has not to evaluate the effectiveness	W99	999			
	350.690c)3) 350.690d) 350.690e) 350.690f) 350.3240	ATION :					
	c) Fire drills shall be each shift of facility other than fire shall each shift of facility under varied condit	saster Preparedness e held at least quarterly for personnel. Disaster drills for be held twice annually for personnel. Drills shall be held ions to: ectiveness of disaster plans					
	evacuation of residence least one drill each e) The facility shall	provide for the evacuation of pped persons, including those					
		-					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G142	B. WI	NG _		01/2	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME		•	F	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	actual evacuation of shall conduct drills successive portions conditions that assist the entire building vavailable, should the Section 350.3240 Ata.) An owner, licens agent of a facility shresident.  These Regulations  1) Based on observative, the facility facility to ensure that alone on the midning individuals with phy facility by themselve when the individual individual (R4) in the individual (R5, R9, the sample who have videnced by:  * The facility increase additional staff on conthe midnight shift who is scheduled to the sample who have videnced to the individuals on the midnight shift who is scheduled to the sample who have videnced by:	ne residents precludes an f an entire building, the facility involving the evacuation of s of the building under ure the capability of evacuating with the personnel usually e need arise.	W9!	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	P) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETED			
		14G142	B. WII	NG _		01/2	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			F	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W9999	ENVIRONMENT" for and Evacuation Drishall be held month varied conditions to shifts are trained to tasks, that all person fighting equipment, with alarm and life sto evaluate the effer plans No less that shall order an evacordered designees of drill so that staff drill has been scheen During the evening 01/03/12 at 5:00 P. ambulating with the recreation area of the R9 and R10 were of dining room table was required stands ambulating. R12 was dining room table was sistance. R5 ambulating. R12 was dining room table was sistance. R5 ambulating. R12 was dining room table was sistance. R5 ambulating. R12 was dining room table was sistance. R5 ambulating. R12 was dining room table was sistance. R5 ambulating. R12 was dining room table was sistance. R5 ambulating. R12 was dining room table was sistance. R5 ambulating room table was sistance.	ded) policy entitled "PHYSICAL or Evacuation of Residents als states, "Evacuation drills ally (quarterly per shift) under assure that personnel from all perform assigned related annel are familiar with fire that all personnel are familiar safety sensory equipment, and ctiveness of emergency an quarterly the administrator unation drill for each shift. The hall alert the staff at the time have no forewarning that the duled"  meal at the facility on M., R1 and R4 were observed a use of a walker to the he facility to eat their meal. It is a walker to the with the use of their walkers. On assistance while she was as observed ambulating to the with staff and gaitbelt oulated to the dining room	W9	999			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SLIPPI IER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
		14G142	B. WIN	NG _		01/24	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			ı	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	stated, "You better I the floor because s the floor."	nt in the living room and nope she doesn't sit down on he very difficult to get up off of	W99	999			
	01/04/12 at 7:55 A.I work midnights, five have worked at the years" When E4 individuals of the fa during an evacuation	Staff) was interviewed on M. and stated, "I generally e days a week by myself. I facility for about seven was asked which of the cility require staff assistance on drill on third shift, she , R10, R12 and R13 require late the building"					
	for 01/01/12 - 01/14 staff is scheduled fr Sundays thru Thurs	t employee staffing schedule c/12 identifies that only one om 12:15 A.M. to 8:15 A.M. days and that only one staff is 00 A.M 8:00 A.M. on Fridays					
	were reviewed from drills were noted wir as occurring on thin These reports confi scheduled to work a never evacuated the without the assistant within this one year	revention Activities Reports 12/10/11 to 12/10/10 and five thin this one year time frame d shift (12 A.M 8:00 A.M.). rm that the staff person alone on the midnight shift has e individuals from the facility ace of another staff member time frame. Further review of fies the following information:					
	(E5, E6 and E1) Ev Residents present f	(3rd Shift) 3 staff on duty acuation Time 3 minutes or drill R1, R2, R3, R4, R5, 11, R12, R13, R14 and R15;					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
ANDILANC	OFFICE	IDENTIFICATION NOMBER.	A. BUII	DING	G	OOWII LL	ILD
		14G142	B. WIN	IG		01/24	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			P	EET ADDRESS, CITY, STATE, ZIP CODE O BOX 176 AIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	(E7, E8 and E1) EResidents present in R6, R7, R8, R9, R1 and R16;  06/11/11 12:00 A.M E10, E7 and E1) Event in Event in R6, R7, R8, R9, R1 and R16;  03/12/11 3:45 A.M. and E1) Event in Event in R6, R7, R8, R9, R1 and R16;  03/12/11 3:45 A.M. and E1) Event in R6, R7, R8, R9, R1 and R16; and  12/10/10 6:00 A.M. E4, E11, E12 and Eminutes Residents R4, R5, R6, R7, R8 R14, R15 and R16.  E1 (QMRP) was int P.M. and stated, "V scheduled on third A.M." At this time, third shift Monthly FReports dated 12/10 03/12/11 and 12/10 show the surveyor staff completing an while working third one (staff) is scheduled one (staff) is scheduled in third shift Monthly FReports dated 12/10 show the surveyor staff completing an while working third one (staff) is scheduled in third shift Monthly FReports dated 12/10 show the surveyor staff completing an while working third one (staff) is scheduled in third shift Monthly FReports dated 12/10 show the surveyor staff completing an while working third one (staff) is scheduled in third shift Monthly FReports dated 12/10 show the surveyor staff completing an while working third one (staff) is scheduled in third shift Monthly FREPORTS and EARL STATE ARCH STATE ARC	(3rd Shift) 3 staff on duty Evacuation Time 3 minutes for drill R1, R2, R3, R4, R5, 0, R11, R12, R13, R14, R15  (3rd shift) 4 staff on duty (E9, vacuation Time 2 minutes and for drill R1, R2, R3, R4, R5, 0, R11, R12, R13, R14, R15  (3rd Shift) 2 staff on duty (E7 in Time 3 minutes for drill R1, R2, R3, R4, R5, 0, R11, R12, R13, R14, R15  (3rd Shift) 5 staff on duty (E2, E13) Evacuation Time 3 present for drill R1, R2, R3, R4, R5, R9, R10, R11, R12, R13, R14, R15	W99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		14G142	B. WI	IG		01/24	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			Р	REET ADDRESS, CITY, STATE, ZIP CODE O BOX 176 AIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	When E1 was aske in mobility had individual the facility, she state evacuation proceduit will need to be up. The facility's evacual located on the bullethe facility states, "needing assistance wheelchair or who a "Buddy System" is out of the building, of evacuation based. The second page of Buddy system will be stated) R10 & (and R3, R12 & R9, R5 & R1 will go out alone no further information for evacuation is for newly hired staff.  In reviewing the fact regarding evacuation procedures identify of evacuation proceduidentify specifics on needs to be provided limitations in mobility information is contained by the staff.	dif individuals with limitations ridualized plans for evacuating ed, "We have the facility's ares on the bulletin board, but dated to be more specific."  ation procedures report etin board in the dining area ofNext go to the individuals transferring to their are hard of hearing. The used to help assist each other Follow the established order d upon individual needs"  If this procedures states, "The be (initials of the individuals of R2, R16 (former resident) & R7, R4 & R13, R6 & R15. In and so will R11" There is non within these evacuation ing what the established order the staff on duty and/or for the staff on duty and/or for individuals with the level of assistance that ed to evacuate individuals with the policy and no how one third shift staff evacuate R4, R5, R9, R10, the building during the night ey is only staff person on duty.	W99	9999			
		w with E4 (Midnight Shift Staff) A.M. and she stated, "R4, R5,					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  IG	(X3) DATE SU COMPLE	
		14G142	B. WIN	NG _		01/24	1/2012
	ROVIDER OR SUPPLIER			F	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	R9, R10, R12 and staff assistance to when E4 was asked drill by herself without when working the mot until this mornin (QMRP) assist me on and/or holding outside." When E4 evacuation drill had and she stated, "It the drill at 5:00 A.M up at about 4:45 A. When E4 was asked drill by herself during the individuals are as we had one (an evacuation and the individuals are as we had one (an evacuation and it wouldn't be people up for toiletin drill at about 1:30 Approbably be in troub morning, then I can take me to evacuation by myself if I had to out of bed at 2:00 Approved the sample (R4) an sample (R5, R9, R1 limitations in mobility outside the sample monitored by staff of the sample mon	ge 30 R13 when she's home require evacuate from the facility." d if she had ever completed a but the assist of another staff hidnight shift, she stated, "No, ig (01/04/12). Usually E1 by putting the client's jackets the door while they are going was asked how long the taken this morning (01/04/12) ook seven minutes. We ran. I usually start waking them M. so they were waking up." d if she had ever completed a g the night time hours when asleep, she stated, "No, but if acuation drill) at about 12:00 too bad because I usually get ing at that time. If we had a A.M. or 2:00 A.M., I would ble. It took seven minutes this 't imagine how long it would be everyone (R1-R7, R9-R14) wake them up and get them a.M. when they are asleep."  The station, interview and record Safety Committee has failed them with the evacuation drills are there is only one staff ring the night time hours when ep affecting 1 of 1 individual in d 5 individuals outside the 10, R12 and R13) with the sy and for 2 of 2 individuals (R14 and R15) who are to be due to their behaviors during when they failed to:	W99	999			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUI	LDIN	G		
		14G142	B. WI	NG		01/24	4/2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			Р	EET ADDRESS, CITY, STATE, ZIP CODE O BOX 176 AIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	drills when there is and that this one stand that this one stand that this one stand that the solution in the earth provide necess safety for two individuates to be monitored by during an evacuation drills an specific plans for that assistance to evacuate level of assistance individuals (R4, R5, mobility limitations and R15) who are their behaviors during an evacuation on the analysis (R1) living in the facing individuals during einvestigate if:  a) The facility has safe are and still evacuate safe ar	acility conducts evacuation only one staff member on duty aff person can safely evacuate R5, R9, R10, R12 and R13) ons out of the facility by vent of an actually emergency ary monitoring to ensure duals (R14 and R15) who are staff due to their behaviors on drill;  acility's policy regarding d procedures identifies ose individuals requiring uate from the facility and/or the needed to safely evacuate six R9, R10, R12 and R13) with and for those individuals (R14 to be monitored by staff due to ng an evacuation drill; and lity's practice of staff ssistance of one individual cility to assist staff and monitor vacuation drills and failed to ufficient staff on third shift to uals (R14 and R15) at the ea as per the facility's policy ix individuals (R4, R5, R9, the mobility limitations who unce to evacuate the facility in	W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	IULTIPI ILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	
	14G142	B. WI	NG		01/2	4/2012
NAME OF PROVIDER OR SUPPLIE  DYBALL SUNSHINE HOME		•	PO	EET ADDRESS, CITY, STATE, ZIP CODE D BOX 176 NIRFIELD, IL 62837		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
which are general evacuation drill.  On 01/04/2012 thave been conducted (12/10/10, 03/12, 12/10/11) were reindicate that the alone on the midithe individuals from assistance of an one year time from the midnight shift individuals (R4, Form th	in the facility to complete duties ally assigned to staff during an the five evacuation drills that acted by the facility on third shift (11, 06/11/11, 09/10/11 and eviewed. These drill reports staff person scheduled to work night shift has never evacuated on the facility without the other staff member within this me. The facility's Safety to does not identify that this evestigated this practice to staff member working alone on a can safely evacuate six (85, R9, R10, R12 and R13) with as out of the facility in the event regency. On 01/04/12 at 7:55 iff Direct Care staff) stated that evacuating individuals from the presponsible to monitor R14 and behaviors when she is ther individuals outside of the nistory of elopement and an arruns in front of the facility. as to how he (R15) is to be pement behaviors during	W9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( )	IULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G142	B. WII	NG		01/2	4/2012
	PROVIDER OR SUPPLIER SUNSHINE HOME		•	P	EET ADDRESS, CITY, STATE, ZIP CODE O BOX 176 AIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	generally assigned drill during the night affects 1 of 1 individindividuals (R5, R9, the sample having of 2 individuals outs R15) who are to be behaviors during ar actual emergency.  The Quarterly Safe from 01/11/11, 04/1 identifies that this c safety reports, incluaccidents, behavior incidents, medicatic issues. No docume of these four report committee has revifacility's present evaluation of the event of an auxiliary and the event of an auxiliary and R13) themselves in the emergency.  E4 (Midnight Shift Sol/04/12 at 7:55 A. had ever completed assist of another start and the start and the event of an auxiliary and R13) themselves in the emergency.	to staff during an evacuation at time hours. This failure dual in the sample (R4) and 5 and R10, R12 and R13) outside limitations in mobility and for 2 side the sample (R14 and monitored by staff due to their an evacuation in the event of an evacuation in the event of an evacuation in the event of an evacuation in the facility's assive of incidents and all incidents, unusual on errors and environmental entation is contained within any is identifying that this ewed the effectiveness of the acuation procedures to ensure over can safely evacuate all of the facility out of the facility ctual emergency.  It to conduct evacuation drills one staff member on duty to ff person can safely evacuate tations in mobility (R4, R5, R9, out of the facility by	W9	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( )	IULTIP	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G142	B. WII	NG	<del></del>	01/24	4/2012
	ROVIDER OR SUPPLIER		•	PC	EET ADDRESS, CITY, STATE, ZIP CODE D BOX 176 AIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	(01/04/12). Usually putting the client's j. door while they are how long the evacumorning (01/04/12) minutes. We ran the start waking them to were waking up." Wever completed a dime hours when the stated, "No, but if wat about 12:00 A.M because I usually githat time. If we had 2:00 A.M., I would provide the work of t	ge 34 r E1 (QMRP) assist me by ackets on and/or holding the going outside." E4 was asked ation drill had taken during the she stated, "It took seven he drill at 5:00 A.M. I usually up at about 4:45 A.M. so they When E4 was asked if she had rill by herself during the night e individuals are asleep, she had one (an evacuation drill). It wouldn't be too bad et people up for toileting at a drill at about 1:30 A.M. or probably be in trouble. It took morning, then I can't imagine aske me to evacuate everyone by myself if I had to wake them at of bed at 2:00 A.M. when cy regarding evacuation drills es not identify specific plans aring staff assistance to racility and/or the level of ervision needed due to buring an evacuation drill.  If with E1 (QMRP) on 01/03/12 ated, "We have the facility's ares on the bulletin board but it ated to be more specific," and if individuals with mobility assistance during evacuation ized plans for evacuating the atted) evacuation procedures	W9	9999			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION  NG	(X3) DATE SU COMPLE	
		14G142	B. WIN	۱G _		01/24	<del>1</del> /2012
	ROVIDER OR SUPPLIER SUNSHINE HOME			F	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	which are located of dining area of the faindividuals needing their wheelchair or will be stated) System" is out of the building. of evacuation based. The second page of Buddy system will be stated) R10 & (and) R3, R12 & R9, R5 & Further review of the does not identify spindividuals (R4, R5, mobility limitations we evacuate from the finot identify the level evacuate these indiced level of supervision and R15 who are to their behaviors.  During the interview on 01/04/12 at 7:55 evacuate to the gare evacuates the individuality midnight shift. E4 will R10, R12 and R13 assistance to evacuals on need monitoring R15 has history of experiority of the control of the	n the bulletin board in the acility states, "Next go to the assistance transferring to who are hard of hearing. The used to help assist each other Follow the established order dupon individual needs" If this procedures states, "The be (initials of the individuals R2, R16 (former resident) & R7, R4 & R13, R6 & R15" It ese evacuation procedures ecific plans for any of the six R9, R10, R12 and R13) with who require assistance to acility. These procedures do I of staff assistance needed to viduals, nor does it identify the needed for monitoring R14 be monitored by staff due to with E4 (Midnight Shift Staff) A.M. she stated, "Yes, we age," when asked if she iduals out of the facility on the vent on to say," "R4, R5, R9, when she's home, require use the building. R14 and R15 and during the evacuation drills. In ing due to her behaviors and	W98	999			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14G142	B. WIN	1G _		01/24	4/2012
NAME OF PROVIDER OR SUPPLIER  DYBALL SUNSHINE HOME				F	REET ADDRESS, CITY, STATE, ZIP CODE PO BOX 176 FAIRFIELD, IL 62837		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		W99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
	14G142			NG		01/24/2012	
NAME OF PROVIDER OR SUPPLIER  DYBALL SUNSHINE HOME				P	EEET ADDRESS, CITY, STATE, ZIP CODE O BOX 176 AIRFIELD, IL 62837		
(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 CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	IVE ACTION SHOULD BE ED TO THE APPROPRIATE	
W9999	and investigate pro evacuation drills on only one staff mem time hours when in- failure has the pote (R4, R5, R9, R10, I in mobility and two are to be monitored	blems with the facility's the third shift when there is ber on duty during the night dividuals are asleep. This ntial to affect six individuals R12 and R13) with limitations individuals (R14 and R15) who by staff at the safe area due uring an evacuation.  A	W9	999			