STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146002	A. BUILDING _____ B. WING _____	C 06/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSTAR CARE CENTER	**2001 CEDAR CAIRO, IL 62914**

(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) COMPLETION DATE
F 323	Continued From page 1 implemented or were ineffective as R4 continued to fall. No alternative interventions were documented on this form. R4's care plan dated 6/6/12 indicates a fall intervention of visual checks every 30 minutes. At 1:11P.M. on 6/20/11, E2 confirmed there was no documentation available of these visual checks being done .	F 323		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1210a) 300.1210d)6) 300.1220b)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. Restorative measures shall include, at a minimum, the following procedures: d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	F9999		

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F9999	Continued From page 2 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F9999	Continued From page 3	F9999		

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on record review and interview the facility failed to implement effective interventions and care plan approaches to prevent numerous falls for one (R4) resident reviewed for falls. These failures resulted in R4 being hospitalized for a fractured left hip.

Findings include:

R4 was admitted to the facility on 9/20/11. A review of the Accident and Incident logs has indicated that she has fallen 6 times in 2012: 1/9/12, 1/14/12, 2/21/12, 4/9/12, 4/21/12, 6/3/12. None of these falls resulted in an injury except for the 6/3/12, fall in which R4 fractured her left hip. The fall reports form with dates from 1/9/12 to 6/3/12, provided by E2 (Director of Nurses), indicated interventions of: More assistance for R4 while ambulating , Use 2 staff to walk resident , Make sure staff are present at all times in the Garden , Make sure staff is present at all times in the unit. These interventions were either not implemented or were ineffective as R4 continued to fall. No alternative interventions were documented on this form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F9999	Continued From page 4 R4's care plan dated 6/6/12 indicates a fall intervention of visual checks every 30 minutes. At 1:11P.M. on 6/20/11, E2 confirmed there was no documentation available of these visual checks being done . (B)	F9999		