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 02/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYSTAR NURSING & REHAB CENTER	**2001 CEDAR STREET 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 000	INITIAL COMMENTS Complaint Investigation 1650795/IL83349	F 000		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified	F 225		

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

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F 225	Continued From page 1 appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Surveyor: Foster, Robin Based on observation, record review, and interview the facility failed to report an injury of unknown origin to the state agency as required for 1 of 4 residents (R2) reviewed for injuries of unknown origin in the sample of 4. The findings include: 1. R2 is a 67 year old resident admitted to this facility on 7/01/2015, as noted on the Admission Form. R2 is identified as a smoker as stated by E1- Administrator on 2/16/2016 at 10:30 am and as noted on a list, provided on 2/16/2016 by E10-Minimum Data Set (MDS) coordinator, of residents in the facility who smoke. The facility Incident Log was reviewed for November 1, 2015 thru February 16, 2016. The date of January 18, 2016 notes R2 with an injury of unknown origin, with location noted as "hall". An Injury of Unknown Origin Investigation Report is dated 1/21/2016 and indicates that a 6 centimeter (cm) by 3 cm wound was noted to the right medial lower thigh with wound edges red and brown slough in the middle of the wound. The report indicates that an appointment was made with Z1-Medical Doctor for that same day. The preliminary Investigation section states " wheelchair assessed for areas that could cause injury and R2 and staff continue to be unsure how area of redness occurred. The report indicates a	F 225		

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F 225	Continued From page 2 treatment was ordered of Silvadene 1% topical cream to be applied twice daily to the thigh wound. The report also notes "Educate R2 on safety awareness. This report is signed by E1. E1 verified on 2/16/2016 at 3:15 pm that a report was not made to the state agency in regards to information noted on a facility form titled "Injury of Unknown Origin Investigation" dated 1/21/2016 involving R2. E2 stated that she was aware of an incident of 1/18/2016 where staff had noted that R2 had dropped ashes on himself while smoking and stated that she was told there was no injury found when the nurses examined R2 that day. E1 stated that Z1 had seen R2 on 1/21/2016 after a wound was found on R2's leg and Z1 had indicated he thought the area was a boil. E1 stated the form "Injury of Unknown Origin Investigation" was started prior to R2 going to the Doctor on 1/21/2016. E1 stated that she didn't think it was a reportable because it didn't require medical treatment like "stitches or whatever" at an emergency room. E1 further stated that if she had thought the area was caused by a burn, she would have reported it to the state agency. An observation of R2's right lower inner thigh area was made on 2/16/2016 at 12:15 pm and a reddened open area with some scabbing around the edges was noted.	F 225		
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.	F 226		

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F 226	Continued From page 3	F 226		

This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview the facility failed to follow their policy for reporting of an injury of unknown origin to the state agency for 1 of 4 residents (R2) reviewed for injuries of unknown origin in the sample of 4.

The findings are:

1. R2 is a 67 year old resident admitted to this facility on 7/01/2015 as noted on the Admission Form. R2 is identified as a smoker as stated by E1- Administrator on 2/16/2016 at 10:30 am and as noted on a list, provided on 2/16/2016 by E10-Minimum Data Set (MDS) coordinator, of residents in the facility who smoke.

The facility Incident Log was reviewed for November 1, 2015 thru February 16, 2016. The date of January 18, 2016 notes R2 with an injury of unknown origin, with location noted as "hall". An Injury of Unknown Origin Investigation Report is dated 1/21/2016 and indicates that a 6 centimeter (cm) by 3 cm wound was noted to the right medial lower thigh with wound edges red and brown slough in the middle of the wound. The report indicates that an appointment was made with Z1-Medical Doctor for that same day. The preliminary Investigation section states " wheelchair assessed for areas that could cause injury and R2 and staff continue to be unsure how area of redness occurred. The report indicates a treatment was ordered of Silvadene 1% topical cream to be applied twice daily to the thigh wound. The report also notes "Educate R2 on safety awareness. This report is signed by E1.

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F 226	Continued From page 4	F 226		

The facility policy titled Abuse and Neglect Prevention with an Issue Date of 7/28/15 states "it is the responsibility of every employee of this facility to report the following types of alleged violations and includes "an injury of unknown origin". The policy further states that once the administration become aware of "any of these alleged violations" the facility must report immediately to the designated state agency and "it is irrelevant whether the facility investigated and determined the allegations were unfounded; all alleged violations must be reported immediately." It further states that the results of the investigation are to be reported to the state agency within 5 working days or as designated by law.

E1 verified on 2/16/2016 at 3:15 pm that a report was not made to the state agency in regards to information noted on a facility form titled "Injury of Unknown Origin Investigation" dated 1/21/2016 involving R2. E2 stated that she was aware of an incident of 1/18/2016 where staff had noted that R2 had dropped ashes on himself while smoking and stated that she was told there was no injury found when the nurses examined R2 that day. E1 stated that Z1 had seen R2 on 1/21/2016 after a wound was found on R2's leg and Z1 had indicated he thought the area was a boil. E1 stated the form "Injury of Unknown Origin Investigation" was started prior to R2 going to the Doctor on 1/21/2016. E1 stated that she didn't think it was a reportable because it didn't require medical treatment like "stitches or whatever" at an emergency room. E1 further stated that if she had thought the area was caused by a burn, she would have reported it to the state agency.

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F 226	Continued From page 5 An observation of R2's right lower inner thigh area was made on 2/16/2016 at 12:15 pm and a reddened open area with some scabbing around the edges was noted. The facility policy titled Abuse and Neglect Prevention with an Issue Date of 7/28/15 states "it is the responsibility of every employee of this facility to report the following types of alleged violations and includes "an injury of unknown origin". The policy further states that once the administration becomes aware of "any of these alleged violations" the facility must report immediately to the designated state agency and "it is irrelevant whether the facility investigated and determined the allegations were unfounded; all alleged violations must be reported immediately." It further states that "the results of the investigation are to be reported to the state agency within 5 working days or as designated by law."	F 226		