		AND HUMAN SERVICES				FORM	10/26/2006 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		146002	B. WIN	G			C 5/2006
NAME OF P	ROVIDER OR SUPPLIER		·		EET ADDRESS, CITY, STATE, ZIP CODE		
DAYSTA	R CARE CENTER				01 CEDAR AIRO, IL 62914		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	FINAL OBSERVAT	IONS	F99	99			
	LICENSURE VIOL						
	300.1210b)6) 300.3240a)						
	Nursing and Person All necessary preca assure that the resi as free of accident nursing personnel s that each resident i and assistance to p 300.3240 Abuse ar An owner, licensee agent of a facility sh resident.	autions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. ad Neglect , administrator, employee or hall not abuse or neglect a					
	facility failed to pro- resident (R-1) with compliant with smo -1 from smoking in supervision resulte	is and record review, the vide adequate supervision to a a known history of being non- king in the facility to prevent R his bedroom. This lack of d in R-1 setting his clothing on d third degree burns being					
	Findings Include:						
	(Licensed Practical help made by E-3 (9:00PM. E-3 had v call light (put on by be on fire. Per inte 3:00PM., the flame	ng notes dated 05-07-06, E-4 Nurse) responded to a call for Certified Nurse Aide/CNA) at vent to the room to answer a R-5) and found R-1's shirt to rview with E-3 on 05-18-06 at on R-1's chest area could be vay as she entered the room.					

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		I AND HUMAN SERVICES				FORM	10/26/2006 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
146002			B. WING			C 05/25/2006	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
DAYSTA	R CARE CENTER				2001 CEDAR CAIRO, IL 62914		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	-IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ge 14	F9	999	9		
	any attempt to put of she tried to smothe first by pressing the when she removed back. E-3 then pout flames and was abl was sent to a local consultation note fro- 10-06 states that R third degree burns of and below his left a R-1 was "very much Per interview with E staff was aware that in his room because in the hallway on m that staff never caus Per E-4, staff did fir floor of R-1's room a the fire had been pu specific plan in place habits.	as lying quitely, not making but the flame. E-3 said that in the flames with a bed pillow e pillow over the flames but the pillow the flames sprang ured a pitcher of water over the le to extinguish them. R-1 hospital and admitted. The om the hospital stay, dated 05 R-1 had suffered second and over the left side of his chest tim. The note also states that h confused and demented." E-4 on 05-23-06 at 2:10PM., at R-1 would smoke cigarettes e they had smelled the smoke pultiple occasions. E-4 said ght R-1 smoking in his room. Ind a burned cigarette on the and a lighter on his bed after ut out. E-4 said there is no be to monitor R-1's smoking					
	on 05-2-06 at 9:15A aware that R-1 smo bathroom. Per E-6 smoke alarms in R- because of this beh installed over a yea evidence of R-1 sm marks on the floor b stepping on a cigare that he had smelled 's room on several of	E-6 (Maintenance supervisor) AM., facility staff were very oked in his room and in his the facility had put extra -1's room and in his bathroom havior. The extra alarms were ar ago. Per E-6, he has found hoking in the bedroom, such as by R-1's bed made by ette to put it out. E-6 stated d smoke in the hallway by R-1 occasions and R-5 (R-1's quently told staff that R-1 was					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/26/2006 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 146002 B. WING C 05/25/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE COMPLETED DAYSTAR CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 2001 CEDAR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREYX PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS- COMPLETION YAG REGULATORY OR LSC IDENTIFYING INFORMATION) PARE TX REFERENCED TO THE APPROPRIATE DEFICIENCY COMPLETING F9999 Continued From page 15 F9999 F99999 F9999 F9999						· · · · · · · · · · · · · · · · · · ·		0000 0001
146002 B. WING 05/25/2006 NAME OF PROVIDER OR SUPPLIER DAYSTAR CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 2001 CEDAR CAIRO, IL 62914 PREVIDER OR SUMMARY STATEMENT OF DEFICIENCIES PREFIX ISUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS- COMPLETION F99999 Continued From page 15 F99999 F99999 Smoking in the room. E-6 said that he told R-1 that smoking was not allowed in the building on several occasions. Per E-6 he has caught R-1 smoking usout a month ago. Per E-6, R-1 kept his own cigarettes but not a lighter or matches. F9999 Per interviews with E-2 (Director of Nursing) on 05-18-06 at 3:20PM., and on 05-22-06 at 8:40AM , , R-1 has smoked since he was admitted to the facility and has always been noncompliant. Staff have frequently smelled cigarette smoke in his room and in the hallway, but have not actually caught R-1 with a lit cigarette or a lighter/matches . Pare F-2 the facility does not have a plan in place for staff to monitor R-1's inappropriate	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE DAYSTAR CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F9999 Continued From page 15 F9999 smoking in the room, E-6 said that he told R-1 that smoking was not allowed in the building on several occasions. Per E-6 he has caught R-1 smoking in the room a couple of times with the last time being about a month ago. Per E-6, R-1 kept his own cigarettes but not a lighter or matches. F9999 Per interviews with E-2 (Director of Nursing) on 05-18-06 at 3:20PM, and on 05-22-06 at 8:40AM ., R-1 has smoked since he was admitted to the facility and has always been noncompliant. Staff have frequently smelled cigarette smoke in his room and in the hallway, but have not actually caught R-1 with a lit cigarette or a lighter/matches . Per E-2 the facility does not have a plan in place for staff to monitor R-1's inappropriate			146002	B. WI	NG _			
DAYSTAR CARE CENTER CARO, IL 62914 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE F99999 Continued From page 15 smoking in the room. E-6 said that he told R-1 that smoking was not allowed in the building on several occasions. Per E-6 he has caught R-1 smoking in the room a couple of times with the last time being about a month ago. Per E-6, R-1 kept his own cigarettes but not a lighter or matches. F9999 Per interviews with E-2 (Director of Nursing) on 05-18-06 at 3:20PM., and on 05-22-06 at 8:40AMM ., R-1 has smoked since he was admitted to the facility and has always been noncompliant. Staff have frequently smelled cigarette smoke in his room and in the hallway, but have not actually caught R-1 with a lit cigarette or a lighter/matches . Per E-2 the facility does not have a plan in place for staff to monitor R-1's inappropriate SARP	NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE F9999 Continued From page 15 F9999 Smoking in the room. E-6 said that he told R-1 that smoking was not allowed in the building on several occasions. Per E-6 he has caught R-1 smoking in the room a couple of times with the last time being about a month ago. Per E-6, R-1 kept his own cigarettes but not a lighter or matches. F9999 Per interviews with E-2 (Director of Nursing) on 05-18-06 at 3:20PM., and on 05-22-06 at 8:40AM ., R-1 has smoked since he was admitted to the facility and has always been noncompliant. Staff have frequently smelled cigarette smoke in his room and in the hallway, but have not actually caught R-1 with a lit cigarette or a lighter/matches . Per E-2 the facility does not have a plan in place for staff to monitor R-1's inappropriate Staff								
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 smoking behaviors. When asked about R-1's cognitive ability, E-2 said that he has suffered a decline in his cognitive abilities in the past 6 months. Per E-2, R-1 is not able to make sound decisions regarding safety issues at this time. Per interview done with E-5 (Social Service) on 05-18-06 at 9:15AM., R-1 keeps his own cigarettes but staff lights them for him when he goes out to smoke. Per E-5, R-1's cognitive ability has declined in the past 6 months. E-5 did not think that R-1 could use good judgement regarding safety issues at this point in time. Per E-5, R-1 is not alert to place or time anymore, and its hard to judge if R-1 is always alert to self because he does not always respond when spoken to. At times he just stares at the speaker without any type of response. Per interview with R-5 on 05-23-06 at 1:30PM., R -5 stated his roommate (R-1) does smoke in 	F9999	smoking in the roor that smoking was n several occasions. smoking in the roor last time being abo kept his own cigare matches. Per interviews with 05-18-06 at 3:20PM ., R-1 has smoked facility and has alw have frequently sm room and in the hal caught R-1 with a lit. Per E-2 the facilit place for staff to mo smoking behaviors cognitive ability, E-2 decline in his cogni months. Per E-2, F decisions regarding Per interview done 05-18-06 at 9:15AM cigarettes but staff goes out to smoke. ability has declined not think that R-1 c regarding safety iss E-5, R-1 is not aleri and its hard to judg because he does n spoken to. At times without any type of	 m. E-6 said that he told R-1 not allowed in the building on Per E-6 he has caught R-1 m a couple of times with the ut a month ago. Per E-6, R-1 not a lighter or E-2 (Director of Nursing) on <i>A</i>., and on 05-22-06 at 8:40AM since he was admitted to the ays been noncompliant. Staff elled cigarette smoke in his llway, but have not actually t cigarette or a lighter/matches y does not have a plan in ponitor R-1's inappropriate. When asked about R-1's 2 said that he has suffered a tive abilities in the past 6 R-1 is not able to make sound g safety issues at this time. with E-5 (Social Service) on <i>A</i>., R-1 keeps his own lights them for him when he Per E-5, R-1's cognitive in the past 6 months. E-5 did ould use good judgement sues at this point in time. Per t to place or time anymore, e if R-1 is always alert to self ot always respond when s he just stares at the speaker response. R-5 on 05-23-06 at 1:30PM., R 	F9	999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
146002	B. WING	C 05/25/2006	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COL	DE	
DAYSTAR CARE CENTER	2001 CEDAR CAIRO, IL 62914		
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESPREFIX(EACH DEFICIENCY MUST BE PRECEEDED BY FULLTAGREGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION SHO TAG REFERENCED TO THE APPROPRIA	ULD BE CROSS- COMPLETION	
F9999 Continued From page 16 their room and in the bathroom. Per R-5, he has informed staff of this many times and they tell R-1 not to do it anymore. Per R-5 the night of the fire, R-1 went to sleep with a lit cigarette in his hand and dropped it on his shirt. After a while his shirt started to flame up. Per R-5, when he saw the flames, he turned on his call light for help. R-5 stated that R-1 would have E-8 (Housekeeper) bring him cigarettes and lighters. R-5 said that E- 8 would go to the store for R-1 and buy the things he wanted. (A)	F9999		

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