STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510135	A. BUILDING: _____ B. WING _____	C 10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD ESTATES OF KNOXVILLE	415 EAST MAIN STREET KNOXVILLE, IL 61448

(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) COMPLETE DATE
A 000	Initial Comment Facility Reported Incident #IL179340	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan d) 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 (see Section 295.2030). (Section 15 of the Act) Type 3 Violation Based on interview and record review, the facility failed to update the service plan with interventions developed to prevent falls for three (R1, R2 and R3) of three residents reviewed for falls in a sample of three. Findings include: 1. R1's medical record documents R1 moved into the facility on 4-22-24. R1's fall documentation shows she had three fall since admission on 8-19-24, 9-30-24 and 10-7-24. All fall Occurrence Reports contained a "plan of correction" to help prevent further falls. R1's service plan dated 4-26-24 documents R1 is at high risk for falls but does not contain any of the interventions developed and listed on R1's fall Occurrence Reports.	A4010		

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A4010	Continued From page 1 2. R1's medical record documents R2 moved into the facility on 2-3-24. R1's fall documentation shows she had one fall in the last six months on 9-22-24. This fall was investigated and contained a "plan of correction" to help prevent further falls. R2's service plan dated 2-9-24 documents R2 is at high risk for falls. This service plan does not contain any interventions that were developed to help prevent further falls. 3. R3's medical record documents R3 moved into the facility on 8-7-24. R1's fall documentation shows she has had three falls since admission on 8-13-24, 9-30-24 and 10-15-24. These falls were recorded on the facility Occurrence Reports and contained a "plan of correction" to help prevent further falls. R3's service plan dated 8-12-24 documents R3 is at high risk for falls. This service plan does not contain the plan of correction interventions developed on the Occurrence Reports to help prevent further falls other than physical therapy. The facility's 6-21-21 Fall Policy documents "Following any falls, the facility staff completes an Occurrence Report. Details of the fall will be recorded, and potential causal factors identified and investigated. Interventions will be implemented and Service Plan Updated.:" On 10-24-25 at 1:45 pm, E2 (Director of Nursing) verified the developed interventions are not included on R1, R2 and R3's service plans.	A4010		