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 01/23/2025

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 Original investigation of FRI IL 184301. 295.4010 e) cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition. VIOLATION Based on record review and interviews, the establishment failed to review and revise the service plan after multiple falls for one of three sampled residents. (R1) Findings include: R1's Service Plan notes that R1 was admitted to the Memory Care Unit on 12/2/24. Fall Risk Assessment dated 12/2/24, notes R1 to be a "High Risk" for potential falls. R1's progress notes, note that R1 had five falls since admission on 12/2/24. (12/3/24, 12/19/24, 12/20/24, 12/21/24, and 1/12/25) R1's Service Plan initially noted that R1 is at a high risk for falls but does not list interventions in order to help reduce the risk. There were no revisions made to the service plans after any of the falls other than noting that the falls occurred.	A4010		

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A4010	Continued From page 1 Facility "Fall Policy" reads, "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 1/23/25 at 10:55 A.M., E1 (Acting Executive Director) confirmed that R1's Service Plan did not address falls with interventions to help reduce risk nor were there revisions made after the falls that occurred. R1' Incident Report from the last fall on 1/12/25 notes that staff heard a "Walker hit floor" then staff found R1 laying face down and was not verbally responsive. R1 was sent to the hospital where she was treated for "Intracranial Hemorrhage". On 1/23/25 at 10:05 A.M., E2 (Director of Nursing) stated that R1 remains in the hospital due to her injuries suffered from the fall on 1/12/25.	A4010		