STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510248	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR VILLAGE, INC	1160 NORTH MULFORD ROAD ROCKFORD, IL 61107

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A 000	Initial Comment Investigation IL00200266 & IL00200268. Violations IL00200266: 295.2050a)b)c) 295.4010b)c)d)e)g)1)A)C)2)5)h) IL00200268: No Violations Cited	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 2 Violation Repeat Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident.	A2050		

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A2050	Continued From page 1 c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to report to the Department incidents that caused physical injury to a resident. This failure involves 1 of 3 residents reviewed for this requirement (R1). This failure creates a substantial probability of harm to the resident. Findings include: On 2/17/2026 the Illinois Department of Public Health (IDPH) received notification of an incident involving R1. The incident report stated that on 2/16/2026 R1 had a fall with injury resulting in emergency medical services administering CPR and transporting R1 to the hospital. R1 was diagnosed with a subdural hematoma and brain shift of 18mm. During record review on 3/19/2026 at 11:30 AM it was found that R1's progress notes corroborated the 2/17/2026 report that was sent to IDPH. These progress notes also state that R1 sustained a skin tear on 1/7/2026. R1 had a fall with a head injury and ER admission on 1/23/2026. On 1/29/2026 R1 was noted to have a bruised left eye and R1's POA notified the establishment that R1 had fallen. R1 was discharged by the hospital to home with family and hospice services on 2/20/2026. During record review on 3/19/2026 at 1:20 PM it was found that the IDPH reporting system did not	A2050		

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A2050	Continued From page 2 show any reports from the establishment about R1's three January 2026 injuries. During record review on 3/19/2026 at 3:30 PM an establishment incident report was found to have documented R1's 1/23/2026 fall with injury and hospital transport. This report did not document any notification of IDPH of the incident. During an interview with E2 on 3/19/2026 at 1:25 PM they stated, "I don't have any reportables for January. Do I need to report every time there's a fall? For instance, [R1] had a fall in January where she had a little bump on her head so we sent her out to the hospital. She came back with no new orders. Should that have been reported?"	A2050		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication	A4010		

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A4010	Continued From page 3 administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. 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) 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 (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the	A4010		

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A4010	Continued From page 4 establishment. Theses requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to (1) update service plans as resident service needs change (2) update service plans as resident conditions change (3) ensure service plans address activities of daily living (4) ensure service plans address health-related services needed by the resident (5) ensure service plans address medication administration (6) ensure service plans are signed by all involved in its development. These failures involve 2 of 3 residents reviewed for these requirements (R1 & R2). These failures create a substantial probability of harm to residents. Findings include: (R1) On 2/17/2026 the Illinois Department of Public Health (IDPH) received notification of an incident involving R1. The incident report stated that on 2/16/2026 R1, a resident of the establishment, had a fall with injury resulting in emergency medical services administering CPR and transporting R1 to the hospital. R1 was diagnosed with a subdural hematoma and brain shift of 18mm. During record review on 3/19/2026 at 11:20 AM R1's service plan, dated 8/30/2025, was reviewed. The service plan did not address falls, toileting, transferring, oral hygiene, dressing, mobility, or medication administration.	A4010		

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A4010	Continued From page 5 During record review on 3/19/2026 at 11:30 AM it was found that R1's progress notes corroborated the report that was sent to IDPH on 2/17/2026. These progress notes state R1 sustained a skin tear on 1/7/2026. R1 had a fall with a head injury and ER admission on 1/23/2026. On 1/29/2026 R1 was noted to have a bruised left eye and R1's POA notified the establishment that R1 had fallen. On 3/19/2026 at 1:00 PM the surveyor was given a service plan for R1 that was dated 3/19/2026. This service plan did not address falls. This service plan did address toileting, transferring, oral hygiene, dressing, mobility, and medication administration but was dated after R1 had been discharged from the establishment's care and did not include any signatures. An interview with E2 (Executive Director) on 3/19/2026 at 12:40 PM went as follows; Surveyor: "I couldn't locate toileting, transferring, oral hygiene, dressing, mobility or medication administration in [R1]'s service plan." E2: "Let me look and see if there's a linear care plan that has those items. Sometimes it doesn't show up on the printed one. [R1] was independent for everything except she was a stand by for bathing." (R2) R2 was a resident of the establishment from 3/26/2024 until their death on 2/13/2026. During record review on 3/19/2026 at 10:56 AM R2's service plan, dated 10/23/2025, was found to not address hospice services. During record review on 3/19/2026 at 11:05 AM it was found that R2's progress notes show that R2	A4010		

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A4010	Continued From page 6 was receiving hospice services up until their death on 2/13/2026. During record review on 3/19/2026 at 1:14 PM R2's Notice of Hospice Admission form stated that R2 started hospice services on 11/6/2025. During record review on 3/19/2026 at 4:26 PM the surveyor was presented with a service plan for R2 that addressed hospice services. This service plan had a date of 3/19/2026, which is after R2's death. This service plan was 7 pages with the 7th page being the signature page. The signature page was blank. During record review on 3/19/2026 at 4:35 the surveyor was presented with a signature page that was alleged to be part of the service plan that addressed hospice services. This signature page was listed as page 6. Therefore, it could not have been a part of the 7 page service plan that was presented earlier. This signature page 6 was not signed by a registered nurse. During an interview with E2 (Executive Director) on 3/19/2026 at 1:11 PM they stated, "[R2] started hospice on 11/6/2025."	A4010		