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 04/29/2026

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 of incident IL00201435 Violation: 295.4010a)b)1)2)3)c)d)e)g)1)A)B)C)2)3)	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: REPEAT Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the 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 administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development.	A4010		

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A4010	Continued From page 1 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; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; These requirements were not met, as evidenced by: Based on interview and record review, the establishment (1) failed to ensure service plans were signed (2) failed to ensure service plans were revised immediately after a significant change in the resident's physical and functional condition (3) failed to ensure service plans	A4010		

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A4010	Continued From page 2	A4010		

addressed activities of daily living. These failures involve 3 of 3 residents reviewed for these requirements (R1, R2, & R3). These failures create a substantial probability of harm to residents.

Findings include:

During the month of April in 2026 the Illinois Department of Public Health (IDPH) received a report that stated that R1, a resident at the establishment, had three falls within 16 hours on 4/15/2026. R1 was sent to the ER and diagnosed with a dislocated right clavicle. R1 returned with orders to use wheelchair only, must have 1 person assistance with all ADLs, transfers, and showering. R1 previously had a fall on 4/1/2026 resulting in a right hand/wrist fracture. Orders after that fall included use of wheelchair due to non-weight bearing status of hand. R1 is unable to use a walker at this time.

R2 and R3 were chosen for the resident sample due to similarities with R1 including falls with injuries in April of 2026.

An interview with E3 (LPN) on 4/28/2026 at 4:45 PM went as follows:
Surveyor: "How does [R1] transfer?"
E3: "I think she transfers herself. I would have to ask the nurses aides. They are probably helping her transfer."
Surveyor: "What kind of diet does [R1] have?"
E3: "Regular"

During joint record review and interview on 4/29/2026 at 10:51 AM, E1 (Director of Nursing) and E2 (Executive Director) acknowledged the issues with R1, R2, and R3's service plans. During this joint record review and interview E1

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A4010	Continued From page 3	A4010		

also stated, "[R3] is a Hoyer (mechanical lift that requires 2 caregivers) lift. She does not ambulate. She is independent with eating."

An interview with E4 (Resident Assistant) on 4/29/2026 at 11:29 AM went as follows:
Surveyor: "Are you familiar with [R1]?"
E4: "Yes. She is my resident today."
Surveyor: "How much assistance does [R1] need for bathing?"
E4: "Up until when she fell, she was a stand by assist. Well now I give her a full shower. A 1 assist. Lately she has been trying to get herself dressed. This morning she was half dressed. I keep reminding her to call for me. She likes being independent."
Surveyor: "How does she get around the building?"
E4: "She needs to let us know. She will call for us. She's in a wheelchair."
Surveyor: "How does she transfer out of the chair?"
E4: "She's independent. Sometimes we have to give her a hand but mostly she does it on her own. I always try to help her anyway."
Surveyor: "How does she brush her teeth?"
E4: "On her own. She's independent for that."
Surveyor: "How does she eat? Any special diet?"
E4: "She eats on her own, other than us taking her down there and bringing her back up. She doesn't eat pork."

During an interview with E1 on 4/29/2026 at 11:50 AM they stated, "Technically the regs don't say that updated service plans need to be signed. Obviously the original does but it doesn't say the updates need to be. I do not have signatures for [R2]'s service plan. That is my fault. I did not have his daughter's email address. I still don't have her email address. That is my fault."

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A4010	Continued From page 4 During record review on 4/28/2026 at 2:00 PM it was found that the establishment's last survey was conducted on 3/19/2026. During this 3/19/2026 survey, the establishment was cited for violation of 295.4010- Service Plan. During record review on 4/28/2026 at 2:43 PM the establishment's fall policy was reviewed and found to not address any change to resident service plans. During record review on 4/28/2026 at 2:50 PM R2 and R3 were chosen for the resident sample due to similarities with R1 including falls with injuries in April of 2026. During record review on 4/28/2026 at 4:40 PM it was found that R2's 4/28/2026 service plan did not include any signatures. During record review on 4/29/2026 at 10:26 AM it was found that R3's 4/28/2026 service plan did not include any signatures and did not address oral hygiene or eating. During record review on 4/29/2026 at 10:30 AM R1's 7/2/2025 service plan was reviewed. This service plan states R1 needs a stand by assist/monitor & cue for ADLs. This service plan did not address R1's falls, broken hand (4/1/2026), or broken clavicle (4/15/2026). This service plan did not address the changes in R1's service needs due to the falls and injuries. This service plan was signed by all required individuals. During record review on 4/29/2026 at 11:56 AM R1's 4/29/2026 service plan was reviewed. This service plan states R1 needs stand by	A4010		

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A4010	Continued From page 5 assistance/monitor & cue for ADL's. This service plan states R1 has a "prompt evacuation capability." This service plan does not address how R1 eats. This service plan has no signatures. During record review on 4/29/2026 at 12:10 PM R3's 11/04/2025 service plan was found to be missing a registered nurse signature. This service plan states R3 needs monitoring and cueing for bathing, dressing, and toileting. This service plan states R3 is independent for eating, oral hygiene, mobility, and transferring. During record review on 4/29/2026 at 12:20 PM R3's 4/29/2026 service plan was reviewed. This service plan states that R3 is a monitor and cue need for oral hygiene, set-up need for eating, and a total assist for all other ADLs. There are no signatures on this service plan. During record review on 4/29/2026 at 12:53 PM the establishment provided limited hospital records for R1's 4/15/2026 emergency room visit. The records listed R1's diagnosis as a closed anterior displaced fracture of sternal end of right clavicle. The establishment provided documentation from R1's 4/6/2026 doctor visit. The doctor visit's diagnosis was closed nondisplaced fracture of fifth metacarpal bone. During record review on 4/30/2026 at 1:35 PM R1's medical records from the hospital, corroborated the information found in the incident report.	A4010		