

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015879	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1210d)6) 300.3240a</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These Requirements are not met as evidenced</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/25/15

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>by:</p> <p>Based on record review and interview the facility failed to reassess and implement new safety interventions for wheelchair transporting of R15. This failure resulted in R15 falling out of the wheelchair and sustaining a spinal fracture. R15 is one of twelve residents reviewed for falls in a sample of 24.</p> <p>Findings include:</p> <p>The Physician's Order Sheet (POS) for February 2015 lists the following diagnoses for R15: Spinal Cord Compression related to fall, Cerebrovascular Accident (CVA) Right side affected and Post traumatic seizures - secondary to CVA. The Minimum Data Set dated 7/22/14 documents R15 requires extensive assistance with two person physical assist for transfers and toilet use. R15's Fall Risk Assessments dated 4/18/14 and 7/22/14 was scored as High Risk for falls.</p> <p>The Physician's Progress Notes titled "Clinic note- Nursing Home" R15's primary physician Z1 documents nursing home visits. On 8/12/14 Z1 documents in the progress note: "I have learned that over the past 3 days the staff has had to feed (R15), that (R15) could not feed self. ...complaining of being very tired and lethargic...I just feel that (R15) is giving up..." Progress note dated 9/2/14 states "(R15) was seen today, due to multiple symptoms. (R15) has been having a lot of weakness. Very tired, lethargic. Does not have much energy at all..." Progress note dated 9/23/14 reads " I was called by the nurse to come see (R15). (R15) obviously was having an absence seizure. (R15) was staring into space</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>and basically not moving...."</p> <p>The facility's report titled "Event Report" dated 9/24/14 at 11:54 AM documents that "(R15) was in the wheelchair being propelled by E24, Certified Nursing Assistant (CNA). E24 states (R15) fell out of the wheelchair while E24 was taking R15 to the bathroom." The report continues to state, "(R15) was observed laying in the bathroom on (R15's) right side with right arm underneath of self. (R15's) head was laying in the corner between wall and floor in front of toilet. E24 states that (R15) fell out wheelchair head first....When (R15) was turned over it was noted that (R15) had about 2-3 tablespoons full amount of blood on the floor, and (R15's) hair was semi covered in blood on right side and back. (R15) had a small softball sized raised "goose egg" to right forehead with small abraded area, and then when blood was wiped away from back of head, it appeared that there was a 2 cm (centimeter) laceration to left upper occipital region of head.... (R15) complained of numbness and tingling to bilateral hands(R15) was sent to emergency room for evaluation."</p> <p>R15's hospital records titled "Discharge Summary" dated 9/30/14 documents the following :</p> <p>"Discharge Diagnosis - Cervical cord compression with bilateral Hand Paresthesia related to fall from wheelchair."</p> <p>R15's careplan dated 7/14/14 states "Discontinue Transfer program: Using stand aide, gait belt and two assist for transfers ..."</p> <p>E3, Director of Nurses (DON) confirmed in interview on 2/6/15 at 10:30 AM R15's condition was declining and becoming weaker. E3 also</p>	S9999		
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S9999	Continued From page 3 stated that R15 required the assistance of two staff for transfers and toileting and there was only one staff member assisting R15 when R15 fell on 9/24/14. E3 DON stated on 2/6/15 at 4PM "The facility did not have a fall policy." B	S9999		
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