

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001887	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/11/2023
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NAME OF PROVIDER OR SUPPLIER  CLINTON MANOR LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET NEW BADEN, IL 62265
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S 000	Initial Comments  Annual Licensure Certification	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1220b)3)  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.  Section 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>CLINTON MANOR LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST ILLINOIS STREET NEW BADEN, IL 62285</b>
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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to assess and treat 1 of 4 residents (R22) in the sample of 23. This failure resulted in the resident sustaining a significant</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>weight loss of over 24 lbs. (approx. 15%) in 2 months.</p> <p>Findings include:</p> <p>R22's Face sheet documents, an admission date of 6/2/2023. Diagnosis includes: Fracture of Unspecified Part of Neck of Left Femur, Displaced Oblique Fracture of Shaft of Humorous Right Arm, Atherosclerotic Heart Disease, Chronic Kidney Disease.</p> <p>R22's Minimum Data Set, MDS, dated 6/8/2023 documents, R22 has no cognitive imparlments. MDS dated 6/8/2023 documents, R22 had no issues with eating, drinking, or choking. No recent weight loss and no special diet order documented.</p> <p>R22's Care Plan dated 6/8/2023 documents, Nutrition, Interventions include: Registered Dietician to monitor per protocol. R22 chooses to wear clothing protector. Monitor per protocol. High calorie supplement twice daily and health shakes three times daily.</p> <p>R22's admission weight dated 6/2/2023 documents 161#, (pounds). R22's weight dated 6/4/2023 documents 162.8#. R22's weight dated 6/23/2023 documents 152.6#. A steady decline in R22's weight is documented throughout. R22's 8/4/2023 weight 142.2#. R22's weight on 8/10/2023 138.2#.</p> <p>R22's order sheets dated 8/8/2023 documents, health shakes three times daily.</p> <p>R22's order sheets dated 8/8/2023 documents, Magic cup bid, (twice daily), ordered.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R22's order sheets dated 8/9/2023 document, Remeron Oral Tablet 15 MG (Mirtazapine) give 0.5 tablet by mouth at bedtime.</p> <p>R22's Progress Notes dated 7/23/2023 at 1:44AM documents, local hospital called for an update and per staff nurse, (R22) has mild malnutrition and has nasogastric, (NG), tube providing feedings at this time until (R22) can reach 50% meal consumption.</p> <p>On 8/9/2023 at 2:00PM V2, Director of Nursing, DON, stated, "We just had a care plan meeting for R22 and just started high calorie drinks and Remeron to stimulate her appetite. R22 has been in and out of the hospital and had pancreatitis and gall stones. She just hasn't had an appetite."</p> <p>On 8/10/2023 at 10:15AM V6, Minimum Data Set Coordinator, stated, "(R22) gets full fast and will complain of nausea. She needs a lot of encouragement."</p> <p>On 8/10/2023 at 10:20AM V14, Resident Assistant, stated, "(R22) needs a lot of encouragement when eating, to keep eating. She does not usually eat well."</p> <p>On 8/10/2023 at 10:40AM, V15, Registered Dietician, stated, "I just reviewed (R22)'s case yesterday. We started the high calorie supplements three times daily, and the facility was going to start Remeron. (R22) had been in and out of the hospital with pancreatitis."</p> <p>Facility Nutrition Assessment policy dated 10/2017 states, "As part of the comprehensive assessment, a Nutritional Assessment, including current nutritional status and risk factors for impaired nutrition shall be conducted for each</p>	S9999		
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S9999	Continued From page 4  resident. The Dietician, in conjunction with the Nursing staff and Healthcare Practitioners, will conduct a nutritional assessment for each resident upon admission with current baseline assessment time frames and as indicated by a change in condition that places the resident at risk for impaired nutritional. As part of the comprehensive assessment, the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for or with impaired nutrition." (B)	S9999		