

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 C 04/19/2023
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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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(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
S 000	Initial Comments Investigation of Facility Reported Incident of April 5, 2023/IL158587	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b)5) 300.1210c) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care 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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to supervise and provide assistance to a resident (R1) with a known history of falls. This failure resulted in R1 sustaining a facial laceration, dental, and nasal bone fractures. R1 is one of three residents reviewed for falls in the sample of three.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet (POS) dated April 2023 include the following diagnoses: Dementia, Fall, Laceration, Difficulty in Walking and Long-Term Use of Anticoagulants.</p> <p>R1's Minimum Data Set (MDS) dated 3/8/23 documents R1 as being moderately cognitively impaired, needing supervision when walking with the use of a walker.</p> <p>R1's Care Plan (current) documents a problem area of Fall Risk and includes the following interventions: Fall on 2/21/23 and 4/5/23. Interventions on this same Plan of Care document that staff are to give verbal reminders to R1 not ambulate without R1's walker and to cue and encourage R1.</p> <p>On 4/19/23 at 9:35 am, V4 (MDS/Care Plan Coordinator) confirmed that R1's coding assessment on R1's MDS dated 3/8/23 indicates that R1 needs direct supervision from staff; "That</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>means staff should have their eyes on (R1) when (R1) is up in common areas. (R1) needs to be reminded to use (R1's) walker when ambulating."</p> <p>A facility report dated 4/5/23 documents that R1 was unsupervised by facility staff in the dining room and was found face down on the floor. R1 was transferred to the local Emergency Room on this same date for injuries to R1's face.</p> <p>The Emergency Room Notes dated 4/5/23 document the following: Post- Fall - Head Trauma, Right Knee Injury, Nasal Bone Fracture, Dental Injury, Right Hip Pain, Left Shoulder Pain, Facial Contusion and Facial Trauma (lip laceration).</p> <p>A 4/5/23 Computed Tomography (CT) Scan is referenced in the above Emergency Room documents R1 has Nasal Bone Fracture and Teeth Fractures.</p> <p>The actual Hospital CT scan of Head without Contrast dated 4/5/23 documents: "Reason for Study: Ground Level Fall, landing face first, no loc (loss of consciousness), pain left orbit, left cheek, bridge of nose, and mouth."</p> <p>Findings: "There appears to be a minimally displaced left nasal bone fracture and Left Orbital swelling."</p> <p>On 4/18/23 at 2:00 pm R1 was sitting in the common area. R1's front teeth are broken approximately three quarters off. R1's nose is slightly swollen, healing right lip laceration and left facial area is greenish yellow in color. R1 stated "Oh, I fell about 5 months ago and I am just beat up."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 4/19/23 at 1:08 pm V3, Regional Consultant, confirmed that R1 was unsupervised by staff in the common area on 4/5/23 and stated that staff should have been there to remind R1 to use R1's walker. V3 also confirmed there are 18 residents on R1's unit and there were three Certified Nursing Assistants working on 4/5/23 and reiterated again there should have been staff in the common area with their eyes on R1.</p> <p>"B"</p>	S9999		
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