PRINTED: 10/13/2017 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6014385 08/17/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY **PARKWAY MANOR MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 1754684 / IL95917 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210c) 300.1210d)3) 300.3240a) Section 300,1010 Medical Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

TITLE

Statement of Licensure Violations

(X6) DATE

09/05/17

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reviewed for injury and quality of care. This failure resulted in a 7 day delay in medical / surgical intervention, as well as documented increased pain and lessened cognition during this

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remain swollen as well.

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states resident continues to yell when lower

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R2's progress note dated 6/14/17 at 12:18am states bruising remains at top left knee and posterior right knee, area remains swollen, areas

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obligated to report the X-ray findings to Z1. E4

Mediprocity system (secure data transfer) and Z1

stated that she notified Z1 through the

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