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 10/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY PARKWAY MANOR **MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint 1755888/IL97244 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.3240a) 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 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. Restorative measures shall include, at a minimum, the following procedures: Attachment A Pursuant to subsection (a), general Statement of Licensura emplations nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. wilt of Licerseven-day-a-week basis:

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

All necessary precautions shall be taken to assure that the residents' environment remains

TITLE

(X6) DATE

10/26/17

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6014385 10/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY **PARKWAY MANOR MARION, IL. 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interview and record review the facility failed to provide supervision during toileting for 1 of 4 residents (R3) reviewed for falls in the sample of 5. This failure resulted in R3 sustaining multiple skin tears to the right forearm and thigh, a laceration to the left side of the head and a Periprosthetic Fracture of the right femur that required surgical repair (Opertive Report, History and Physical and/or Emergency Room Physician Documentation all dated 9-22-17.) Findings include: R3's Physician Order Sheet notes R3 was admitted to the facility on 09/21/17 with a diagnosis in part of Dementia and orthopedic after care from a fractured femur. R3's Admission History and Physical from the local hospital dated 9-16-17, prior to admission to this facility, lists diagnoses in part of Advanced Dementia and right hip fracture after a mechanical fall at home.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	R3's 5 day Minimum Data Set Assessment with an entry date of 9-21-17 lists the following information: In part, under section I 18000 additional active diagnoses fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture. Birthdate of 3-29-32 (85 years old) Section GO300 D is coded a (2) for moving on and off the toilet, meaning not steady, only able to stabalize with staff assistance. Section GG130 C Toileting Hygiene for admission performance is coded a (1) meaning Dependent-Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. Section GG0170 under admission performance for toilet transfer: The ability to safely get on and off a toilet or commode is coded a (1) meaning Dependent-Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.					
		s order dated 09/21/17 that r partial weight on her right				
	Aide/ CNA) said, ea 09/22/17 she and E bed into a wheel chi the bathroom that is helped R3 out of the toilet. E3 said E6 v and began removing E3 said she stepped E6 she was going to	PM, E3 (Certified Nurse rly in the morning on 6 (CNA) assisted R3 from her air. E3 said they took R3 to be located in R3's room and e wheelchair and onto the valked out of the bathroom g the sheets from R3's bed. If you of the bathroom and told o get a trash bag. E3 said she kimately 45 seconds and				

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bathroom and was removing linens from R3's

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	bed. R5 said she heard E3 say sit here and I will be right back, I knew that wasn't good. R5 said E3 walked out of the bathroom. R5 said R3 fell just moments after R3 walked out of the bathroom. R5 said E3 called the nurse. R5 said E5 stayed with R3 until the ambulance arrived. R5 said she did not hear R3 cry or complain of pain. R5 said she could not see the guys from the ambulance move R3 but they did put R3 on a cart and take her away. On 10/03/17 at 8:44 AM, Z2 (Technician/ Ambulance), said on 09/22/17 they responded to a call regarding a fall involving R3. Z2 said when they arrived R3 was sitting on the floor in the bathroom. Z2 said he and his partner got beside R3, and took hold of her arms. Z2 said they helped R3 to stand. Z2 said R3 took a couple of steps to the cot and they laid her down. Z2 said R3 said I am fine, I am fine. Z2 said R3 did not cry in pain and her vital signs were good.							
	hospital dated 09/22 Complaint is a Post 09/22/17 at 8:15 AN	ry and Physical note from the 2/17 states that R3 's Chief Fall Injury. An X-Ray dated I, indicates R3 sustained a re of the right distal femur.						
		AM, Z1 (Surgeon) said R3's a new injury, caused from						
	09/22/17, dictated be the hospital a week fracture of the right home. This same H was discharged from rehab facility. The H	lysical (H&P) note dated by Z1, notes R3 had been in ago 09/16/17 to repair a distal femur, that occurred at &P notes that on 09/21/17 R3 in the hospital and sent to a distory and Physical dated						

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C IL6014385 B. WING 10/03/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY **PARKWAY MANOR MARION, IL 62959** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 through the emergency room on 09/22/17 following a ground level fall at a rehab center. Z1 notes R3 sustained a new fracture of the right distal femur, starting above the interlocking screw distally and extends down distally below it. A History and Physical note dated 09/23/17 notes R3 had a surgical procedure using a plate and wires to repair the fracture of her distal femur. The 09/22/17 Emergency Room Record also noted R3 was treated for skin tears on her forearm and laceration to her forehead. (A)

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