Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С IL6015879 B. WING 07/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST MANOR COURT OF CLINTON CLINTON, IL 61727 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation: 2264976/IL148373 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 d)2)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be Attachment A made by nursing staff and recorded in the Statement of Licensure Violations resident's medical record.

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

TITLE

(X6) DATE

Illinois	Department of Public	Health	5 s. sr.		Series and the series	FORM	APPROVED
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G:			E SURVEY IPLETED
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S9999	999 Continued From page 1		S9999				
8,50	This REQUIREMENT is not met as evidenced by:		Š			Ÿ	-
	Based on interview and record review the facility failed to treat a urinary tract infection for five days				305		
5	emergency room to also failed follow a discontinue the add	R2 being transferred to the seek treatment. The facility physician's order by failing to ministration of intramuscular resulting in two additional					
	injections given to I R1 and R2 experie	R1. These failures resulted in nicing unnecessary avoidable urinary tract infections in a		-		20	
	Findings include:			ii ii			
	1.) The facility Infe revised 12/17/19 do include dysuria and	ction Control Policy date ocuments signs of infection bacteriuria.			200	, 2007 14	÷
e ³ 0	R2's minimum data R2 as cognitively in	set dated 4/22/22 documents tact.		, x 0			1 **
=	R2's undated face s urinary tract infectio	heet documents a history of ns.					
** 'n	R2's admission order Cranberry Tablets 4 be administered dai	ers dated 4/15/22 documents 50 milligrams, two tablets to ly.				response	*
	complaining of dysu urination). R2's urin with leukocytes (indi physician was notifie	dated 5/16/22 document R2 ria (discomfort or burning with e was dipped and resulted cator of infection). R2's ed and a request to run a e and sensitivity was made by			20 A*		

R2's electronic medical record does not

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6015879 07/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST

MANOR COURT OF CLINTON 1 PARK LANE WEST CLINTON, IL 61727								
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les	document communication between the facility and R2's physician on 5/17/22 or 5/18/22.							
	On 7/5/22 at 1:30PM, V5 (Licensed Practical Nurse/LPN) stated, "the delay in hearing from V10 (Medical Doctor) isn't surprising."	10						
ec (On 7/6/22 at 10:55, V9 (Registered Nurse) stated, "I would say that it is normal for there to be a delay with (V10) getting back to us. (R2) should have had a urinalysis and culture for the urinary tract infection sooner."			94				
	R2's progress notes dated 5/19/22 at 4:47AM document, "Resident continues to (complain of)pain upon urination and lower backpain. MD notified via (text) of resident condition and waiting for order for (urinalysis) and culture."	3	ા ≘કેંસ ક	744 				
2 18	R2's urinalysis dated 5/19/22 documents positive for leukocytes with urine culture pending.		= **	-				
	R2's progress note dated 5/21/22 at 5:00PM documents, "Resident complaining of severe back pain and not feeling well. Resident states she can't wait. Sending resident to (Emergency Room) for treatment."			ان في النوس				
	R2's emergency room discharge orders dated 5/21/22 document: Levaquin (antibiotic) 500 milligrams by mouth daily for four additional doses, encourage/push water and fluids, recheck urinalysis in six days and see a physician to reassess in one week.		n iii See Yi ee e e e	8				
	On 7/6/22 at 10:25AM R2 stated, "When I had my urinary tract infection, I told them I was hurting, and they did nothing for days. I always take Norco (pain medication) but that isn't the same kind of pain as a urinary tract infection. I had a lot ment of Public Health	12		Constitution (

Illinois Department of Public Health

PRINTED: 07/27/2022 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: C IL6015879 B. WING 07/06/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST MANOR COURT OF CLINTON CLINTON, IL 61727 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) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 of pain and finally, I couldn't take it anymore and made them send me to the hospital. That isn't right." On 7/6/22 at 11:20AM, V5 (LPN) stated, "V10 (MD) should have answered sooner so that we could get a urine analysis and culture sooner. It is true that once (R2) was started on Levaguin. her pain decreased." 2.) R1's minimum data set dated 4/25/22 documents R1 as severely cognitively impaired. R1's undated face sheet documents V6 (Family Member) as R1's Emergency Contact, Legal Guardian, and Responsible for Power of Attorney of Financial and Health Care. R1's physician order dated 6/16/22 documents. "Rocephin 1 gram to be reconstituted with 2.1 milliliters of Lidocaine intramuscularly every 24 hours starting on 6/16/22 and ending on 6/22/22." R1's progress notes dated 6/16/22 at 11:20AM document Rocephin 1 gram intramuscularly administered in left hip. R1's progress notes dated 6/17/22 document V6 (Family Member/Power of Attorney) expressing concern about intramuscular injections traumatizing R1 (being painful for R1) as soon as

Illinois Department of Public Health

infection."

18, 19, 20, 21 and 22,

V6 was notified of the addition of the medication.

R1's June 2022 medication administration record documents Rocephin 1 gram given on June 17,

R1's progress notes dated 6/23/22 document. "(R2) continues on antibiotics for urinary tract

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