	Illinois D	Department of Public	Health	V	44.1 (4.4) (4.4)	FORM APPROVE	.D
		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
			IL6016133	B. WING_		C 07/20/2022	
	NAME OF	PROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY	, STATE, ZIP CODE	0772072022	_
	MANOR	COURT OF FREEPOI	2170 WE	ST NAVAJO	DRIVE		
_			FREEPO	RT, IL 6103			
	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RF COMPLETE	
	S 000	Initial Comments		S 000			
		Complaint Investiga	ation 221559/IL149069				
	S9999	Final Observations		S9999			
		Statement of Licens	sure Violations				
		300.610a)					
	300.1210b) 300.1210d)6)						
		Section 300.610 Re	sident Care Policies	ļ.			
		procedures governir facility. The written p be formulated by a F Committee consisting administrator, the ac	nave written policies and all services provided by the policies and procedures shall Resident Care Policy ag of at least the divisory physician or the mmittee, and representatives				
		of nursing and other policies shall comply The written policies a the facility and shall	services in the facility. The with the Act and this Part. shall be followed in operating be reviewed at least annually ocumented by written, signed				
		Section 300.1210 Ge Nursing and Persona	eneral Requirements for al Care				
		and services to attair practicable physical, well-being of the resi	rovide the necessary care n or maintain the highest mental, and psychological dent, in accordance with prehensive resident care		Attachment A Statement of Licensure Violations		

inols Department of Public Health
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

SAND PLAN OF CORRECTION    DETERMINENT OF DEPICIOENCIES   DELINEY COMPLETED	Illinois [	Department of Public	Health		3 37 32	FOR	M APPROVED
IL6016133  BUILDING: COMPLETED  COMPLETED  COMPLETED  COMPLETED  STREET ADDRESS, CITY, STATE, ZIP CODE  2170 WEST NAVAJO DRIVE  FREEPORT, IL 61032  FREEPORT, IL 61032  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENTY MUST BE PRECEDED BY FILL TAGE  TAG  COntinued From page 1  plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care shall be provided to each resident to meet the total nursing 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 hezards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  These requirements were not met as evidenced by:  Based on observation, interview, and record review the facility failed to ensure the safety of a resident during a shower for 1 of 3 residents (R1) reviewed for falls in the sample of 8.  This falture resulted in R1 failing and sustaining a left fermur fracture requiring surgical repair.  The findings include:  R1's Physician Order Report dated 7/15/22-7/18/22 shows diagnoses to include fracture of the shaft of left femur, urinary tract infection, weakness, fibromysigla, residess legs syndrome, unilateral primary osteoarthritis of left hop, difficulty walking, and morbid obesity.	STATEME AND PLAT	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DA	TE SURVEY
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	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6016133	B. WING_		1.	C	
NAME	F PROVIDER OR SUPPLIER	STREET AL	DDRESS, CIT	Y, STATE, ZIP CODE		7/20/2022	
MANO	R COURT OF FREEPO	RT 2170 WE	ST NAVAJO RT, IL 610	O DRIVE	-		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		RE CONTRIBE	
S999	Continued From pa	ge 2	S9999			<del></del>	
	one staff with transi personal hygiene. requires extensive a dressing and help fi	and requires supervision of fers, ambulation, toileting, and This assessment shows R1 assistance from 1 staff with rom staff with bathing. The R1 has had no falls since					
	5/2/21 shows Bathir   Days: Monday and 1	ident Care Information" dated ig Type: PM Shower, Bath Thursday with an approach is care plan does not identify ed for showering.					
	shows "resident was Resident stated she showering when her went down to the flo resident stated she of	dated 7/11/22 at 9:30PM as showering with staff assist. was attempting to finish feet spread apart and she for. Staff notified this nurse, could not move. 911 called got her onto the stretcher, in al]"					
	resident was "showe "resident states she s	dated 7/11/22 shows the ring" prior to the fall and slipped and went down" and pain- horrible intense" to the					
	statement dated 7/11 R1 in the shower and down to help prevent and she grabbed both out and she landed rig	g Assistant/CNA) incident /22 shows she was helping had all the proper towels falls. R1 went to stand up hars and her left leg gave ght on top of her left leg					
	R1's Orthopedic Cons shows "a left femur po level of the distal tip o	sultation dated 7/12/22 eriprosthetic fracture at the f the prosthesis".					

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 C IL6016133 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2170 WEST NAVAJO DRIVE MANOR COURT OF FREEPORT FREEPORT, IL 61032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 R1's progress note dated 7/12/22 shows she was admitted to the hospital with diagnosis of Left Femur Fracture. R1's 7/15/22 progress shows resident returned by ambulance, "gauze dressing in place to outer aspect from hip to knee covering surgical incision." On 7/19/22 at 9:45AM, R1 was in bed on her back with the head of her bed slightly elevated. R1 said she was having a lot of pain. The pain is better if they leave me alone. R1 said she was taken into her shower and sat on the thing [shower seat/bench]. R1 said the girl asked me to stand up so she could wash my back and I grabbed the bar. There is nothing to catch you on the bar and my hands slid on the bar and my right foot went out like I was doing the splits. My left foot turned in. They usually have towels on the floor and tell me to wait until they get wet and I then I stand on them. The girl was standing by the sink when I stood up, there is no way she could have got to me in time. My left leg was under me and the girl brought it out after I fell. It was slippery inside the shower. There was nothing down to keep my footing. They should make the floor gritty and the bar so it's not slick. I had both hands on the bar and one leg went under and the other out in front. R1 had a bathroom in her room that had a shower located in the corner. The shower had a bench seat in the back that could be folded up. The shower seat was open and was at the height of a standard chair. R1 had towels on the seat. The shower floor had a slightly ridged texture. On 7/18/22 at 1:54PM, V3 (Certified Nurse Aide/CNA) said she was the CNA coordinator the night R1 fell. V3 said V4 (R1's CNA) came to get her to help after R1 fell. V3 said R1 was screaming and she grabbed a pillow to put behind

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: A. BUILDING: \_ COMPLETED IL6016133 B. WING 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2170 WEST NAVAJO DRIVE MANOR COURT OF FREEPORT FREEPORT, IL 61032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 her. V3 said R1 was on the floor of the shower with her back against the seat and both legs out in front of her. She said there were two towels right there where she was sitting, rolled up by her hand. The towels were wet, and we use them so water doesn't go out. V3 said R1 is independent but they stay with her when she showers. V3 said she lays towels down or a bath blanket on the shower floor for the resident to stand on when she helps a resident with a shower. On 7/18/22 at 2:19PM, V4 (CNA) said she was helping R1 take a shower the night she fell. V4 said she had never helped R1 shower before. She put "green pads, towels, and a bath blanket long ways to catch water in the shower". She said she used 3 green pads, and 2 regular towels under the green pad on the floor and 3 towels to cover the seat. She placed the pads and 2 towels "right where the seat is under her feet". V4 said she does this with every shower she gives so it's not slippery when the resident stands. V4 said after she washed and rinsed R1's back she washed her legs and feet. V4 said R1 wanted to stand to get her hair washed. R1 grabbed the bars and stood and her left leg "gave out" and she did the splits. V4 said she tried to catch her and couldn't and R1 landed on her left leg. "I tried to lower her to the floor but I couldn't ". V4 said she moved R1's leg from under her to relieve pressure and went to get help. At 2:46PM. V4 went to the linen closet and grabbed 3 large green cloth incontinence pads. V4 placed two towels on the floor and then placed 3 cloth incontinence pads over the towels and said she already had the linen placed on the floor of the shower before R1 went in so it's not slippery. The incontinence pads were cloth, approximately twice the width of the towel.

PRINTED: 08/17/2022 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: \_ С B. WING IL6016133 07/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2170 WEST NAVAJO DRIVE MANOR COURT OF FREEPORT FREEPORT, IL 61032 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 5 S9999 On 7/19/22 at 10:45AM, V5 (Licensed Practical Nurse/LPN) said she was in the hall when R1 fell. V5 said R1 was holding her hip saying "oh my god it hurts". R1 said "when I fell I heard something snap". V5 said she told R1 they needed to call for the paramedics to get her up and she stayed with R1. V5 said R1 said her legs split apart, they spread apart and she lost her balance and feli. V5 (LPN) said because they know R1's knees and hips are bad they put towels down on the shower floor as a preventative measure because it gets slippery so they don't fall. V5 said there were towels down on R1's shower floor and on the bathroom floor. Sometimes the floor gets soapy and this helps with the slippery floor. V5 said R1 told her she was standing up to rinse the soap off. R1 has her own way of doing things. V5 said R1 does get up on her own but does require some assistance because her knees and hips are bad. She tells the staff what she wants and how she wants it. On 7/18/22 at 10:00AM, V2 (Assistant Director of Nursing/ADON) said residents should not stand or transfer where water is on the floor. They do not have them stand on top of linen during the shower. On 7/19/22 at 10:17 AM, V2 said the CNA's can put towels done outside the shower in case the water leaks out but it is not for the resident to stand on. They do not recommend putting towels down for the residents to stand on. (A)