STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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 Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations (Findings 1 of 3) 300.1210b) 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. 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 nursing personnel shall evaluate residents to see	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 1 that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure effective interventions were implemented to prevent falls for residents with dementia were implemented for 4 of 7 (R9, R10, R69, R74) residents reviewed for falls in the sample of 47. This failure resulted in 1. R74 having a fall in the shower that resulted in a fracture of R74's tibia/fibula that required surgical repair. 2. R10 having a fall that resulted in a fractured clavicle and a right femoral neck fracture that required surgical repair, and 3. R69 having a fall that resulted in a fractured pubic ramus and a fractured humerus. Findings Include: 1. R74's Resident Face Sheet dated 4/29/22 documents R74 was admitted to the facility on 2/28/21 with diagnoses to include pyogenic arthritis, weakness, nondisplaced oblique fracture of shaft of left fibula, restlessness and agitation, insomnia, depressive episodes, and cognitive communication deficit and spinal stenosis. R74's MDS (Minimum Data Set) dated 3/14/22 documents R74 has a BIMS (Brief Interview for Mental Status) score of 02, which indicates R74 has severe cognitive impairment. The same MDS documents in Section G, R74 requires assist of one person for bed mobility, transfer, walking, dressing, toilet use, and personal hygeine and documents under Section J R74 has a history of falls.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 2 R74's Johns Hopkins Fall Risk Assessment Tool dated 1/17/2022 documents a score of 28 which indicates R74 is at high risk for falls. R74's Care plan dated 3/10/22 documents a problem area of "R74 is at risk for falling R/T (related to) recent illness/hospitalization and new environment, HTN, (hypertension), cerebral infarction, AFIB, (Atrial Fibrillation), and incontinence. She has a low BIMS Score, sometimes a difficult time understanding/making others understand her. She has a history of crawling onto the floor at times. She does not comply with weight bearing recommendations d/t (due to) poor safety awareness and cognitive deficits. She (R74) is impulsive." The interventions for R74's fall problem area documented on 3/1/22 are as follows; redirect resident when observed in other resident room as tolerated, assist resident with activities of interest, encourage resident to use side rails/enablers as needed, instruct resident to call for assist before getting out of bed or transferring, encourage resident to stand slowly, orientate resident to room, surrounding areas, use of call light system, provide resident with specialized equipment: walker/wheelchair and therapy to evaluate and treat as ordered. Other interventions documented on R74's fall care plan are; 4/5/22-dump wheelchair, 3/21/22-encourage resident to sleep in her bed as tolerated, 3/14/22-assess footwear, 3/11/22-encourage resident to ask for assistance when carrying beverage as tolerated, 3/7/22-R74 loves pretty things. Offer pretty, sparkly bright, items throughout the day to sort through, and 3/7/22-encourage resident to lead order of tasks in shower as tolerated. On 4/26/22 at 10:44 AM, R74 was observed self-propelling wheelchair about the facility with	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 3 an orthopedic type boot on her left foot/leg. R74's facility Event Report dated 3/2/22 documents under progress notes, "3/2/22 5:47 PM staff was attempting to assist resident with a shower resident became agitated and attempted to hit staff causing resident to fall to the floor resident did not hit her head. Resident complains of left ankle and left leg pain, bruising and swelling noted to areas, no other injuries noted. Resident refused pain med at this time, no other complaints of pain. V33 (Physician) informed, awaiting further orders...3/2/22 6:49 PM MD (physician) order xray of L (left) leg: (name of radiology company) contacted and will be out tonight. 3/2/22 8:02 PM ...completed xray at this time. 3/2/22 9:46 PM Requested PRN (as needed) analgesic (pain medication) for c/o (complaints of) left ankle pain; only has routine Tylenol 650 mg TID (three times daily) and not due again until morning. V33 orders ibuprofen 400 mg TID PRN (as needed) x (times) 48 hours; notified of safety alerts. 3/2/22 10:16 PM Called to check on x-ray results... 3/2/22 10:52 PM Xray results received; Comminuted spiral fracture is seen of the distal tibia. Oblique nondisplaced proximal fibular fracture is seen. There does (sic) appear to be a subacute chronic transcervical right femoral neck fracture with a 8 mm (millimeter) displacement. V33 notified and orders to send to hospital.... 3/7/22 9:51 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/02. Intervention of encourage resident to lead order of tasks in shower as tolerated in place to prevent future occurrences." R74's local hospital report with a service date of 3/8/22 documents "...patient (R74) w/hx (with history) of dementia, from local nursing home, s/p	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 4 GLF (status post ground level fall). Staff reported patient slipped and fell in the shower, injuring her left lower leg. Xrays were done at the nursing facility, showing left tib/fib (tibia/fibula) fracture. She was admitted for her injuries and evaluated by ortho (orthopedics) who took patient to OR (operating room) for fix on 3/5/22. She did not have any operative complications. She has worked with therapy and achieved pain control. She is tolerating her diet and voiding independently. She is stable for d/c (discharge) to facility..." Under Operative Procedures Performed R74's hospital record documents an Open Reduction Internal Fixation of fracture of tibia and fibula. On 05/03/22 at 3:18 PM, V32 (Certified Nursing Assistant/CNA) stated she was working the night R74 fell in the shower and fractured her leg. V32 stated R74 had an episode of incontinence so they were giving R74 a shower. V32 stated R74 had a behavior and swung out a bit and ended up falling. V32 stated they got the nurse, got R74 dressed and into bed, and she believes they either got x-rays at the facility or sent her out to the hospital. When asked about fall interventions for R74, V32 stated they have fun bags to keep her distracted. V32 stated distraction is key for R74. On 5/3/2022 at 2:16 PM, V3 (Unit Coordinator) stated they were having a hard time getting R74 to a therapeutic dose of psychiatric medication. V3 stated R74 is very impulsive and independent. V3 stated R74 swung her body with her feet planted on the ground which resulted in the fracture of her leg and the fall to the ground. R74's facility Event Reports documents the following falls;	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 5 "2/28/22 5:58 PM, (R74) found in someone else's room at this time. No witnesses to fall. (R74) is free from skin abnormalities/redness at this time. (R74) does not complain of pain...Neurochecks q (every) 4 h (hours) for 24 h initiated. 3/1/22 8:50 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/28. Intervention of redirect (R74) when observed in other residents room as tolerated in place to prevent future occurrences." "3/9/22 4:20 PM (R74) was observed sitting on her bedroom floor (R74) was asked if she fell and (R74) stated 'I don't know what happened appeared that (R74) was attempting to put her glass of water on dresser and slid from chair, cup and water were on the floor resident was carrying cup of water previously no new injuries noted resident denies pain to any area neuro checks WNL (within normal limits)... 3/11/22 9:08 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 3/09. Intervention of encourage (R74) to ask for assistance when carrying beverage as tolerated in place to prevent future occurrences." "3/11/22 2:31 PM (R74) had unwitnessed fall in room at this time. (R74) was trying to transfer herself from wheelchair to her bed. (R74) slid onto floor and cannot stand. No rotation or shortening noted and (R74) does not complain of any new pain, just requesting to be picked up off the floor... 3/14/22 8:53 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/11. Intervention of assess footwear in place to prevent future occurrences." "3/20/22 3:52 PM (R74) was observed lying on her bedroom floor (R74) was curled up lying with hands under her head as if sleeping area clean	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 6 dry free of clutter resident stated 'I was trying to sleep' no new injury noted no deformity rotation or shortening of extremities noted.... 3/21/22 09:08 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/20. Intervention of encourage (R74) to sleep in bed as tolerated in place to prevent future occurrences." "4/1/22 4:36 PM (R74) found on floor of room at this time. Resident screaming out for 'George.' (R74) on knees at this time and states that she fell. (R74) cannot articulate how or why she fell. (R74's) L (left) lower leg red and warm to touch. (R74) complains of moderate pain to L lower leg. Lower left leg external rotation could be due to boot.... 4/5/22 X-ray to check status of surgical site. Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 04/01. Intervention in place to dump wheelchair seat." On 05/03/22 at 11:07 AM V16 (LPN/Licensed Practical Nurse) stated she wasn't sure what R74's fall interventions were off the top of her head. V16 stated she was sure it was increased toileting. 2. R10's Resident Face Sheet dated 4/29/22 documents R10 was admitted to the facility on 1/29/2015 with diagnoses that include Alzheimer's disease, unsteadiness on feet, weakness, age-related osteoporosis, vitamin deficiency, cognitive communication deficit, and unspecified psychosis. R10's MDS (Minimum Data Set) dated 4/7/22 documents R10 has a moderate cognitive impairment and requires extensive assistance with bed mobility, transfers, toilet use, and personal hygeine.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 7 R10's Care Plan focus documents a problem area for falls with a start date of 04/10/19 as follows - R10 is at risk for falling r/t (related to): Alzheimer's disease, unspecified dementia, unsteadiness on feet, weakness, thyrotoxicosis, cognitive communication deficit, dizziness and giddiness, unspecified psychosis, emphysema. Psychotropic and narcotic medication use. Oxygen use prn. She has history of crawling out bed or wheelchair and sitting on the floor. Goal - Short-term goal target date: 10/08/21 - R10 will have minimal risk for injury related falls. Approach with start dates to include: 04/27/22 - Encourage resident to ask staff for assistance as tolerated; 04/22/22 - assess footwear; 04/08/22 - PT (physical therapy) eval and treat; 04/05/22 - evaluate resident for walking program; 03/30/22 - NP (Nurse Practitioner) to assess; 03/14/22 - anti-roll backs; 03/11/22 - encourage resident to sit on perimeter of dining area during mealtimes as tolerated; 03/07/22 - redirect to quiet area if overstimulated as tolerated; 02/09/22 - encourage R10 to ask for assistance when moving furniture as tolerated; 02/07/22 - offer chore activity near evening meal as tolerated; 01/27/22 - encourage resident to sleep in bed as tolerated; 01/03/22 - encourage resident to ask for assistance when looking for car keys; 12/20/21 - offer sensory activity as tolerated; 11/22/21 - non-slip surface to wheelchair; 11/16/21 - assess wheelchair; 11/10/21 - assess footwear; 11/04/21 - encourage resident to increase foot clearance as tolerated; 10/18/21 - sensory machine at bedtime; 10/12/21 - encourage frequent rest periods as tolerated; 10/05/21 - encourage resident to walk with staff assistance as tolerated; 09/29/21 - scoop mattress; 09/28/21 - non-skid socks; 02/28/21 - visual cues; 09/13/21 - encourage resident to change positions slowly as tolerated; 09/08/21 -	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 8 reorient to new environment as tolerated; 06/15/20 - redirect if observed going into peers room; 04/10/19 - alternate call lights; 04/10/19; encourage R10 to use side rails and hand rails as needed; 04/10/19 - instruct R10 to call for assist before getting out of bed or transferring. Encourage resident to stand slowly; 04/10/19 - provide R10 with specialized equipment: walker, w/c (wheelchair) as needed. R10's Johns Hopkins Fall Risk Assessment Tool documents a score of 30 on 12/30/21 and a score of 26 on 4/14/22 which indicates R10 is at high risk for falls. R10's facility Event Report dated 4/7/22 documents under progress notes, "4/6/22 11:17 PM (R10) up and alert self -propelling via w/c (wheelchair) this evening. (R10) observed by staff trying to stand up out of w/c and walk. (R10) redirected. 4/7/22 03:00 PM (R10) had a witnessed fall by the nurses station. (R10) has been getting up and ambulating without her wheelchair most of the day and has to be continuously reminded to stay in wheelchair. Fall was witnessed by this nurse. (R10) fell on right hip/side and did not hit head. Immediately assessed and pain noted to right groin. Unable to complete ROM (range of motion) due to pain. 2 cm x 1 cm (centimeter) skin tear to right elbow. Steri strips in place.... V33 (physician) was contacted and notified of findings. Awaiting further orders.... 4/7/22 03:30 PM Per V33, order received to monitor. 4/7/22 05:09 PM (R10) still complaining of a lot of pain to right hip/groin. V33 notified and ordered x-ray. 4/7/22 06:55 PM Assessment performed on resident upon coming onto shift r/t (related to) fall. (R10) presenting with increase in respirations, guarding right leg; holding right hip/groin and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 9 moaning/groaning/whimpering. 'It hurts, it hurts,' with facial grimacing. Has right leg drawn close to body. (R10) unable to extend/move right leg, unable to console/distract/reassure. PAINAD scare score = 9/10 (severe). (Name of local radiology company) contacted for ETA (estimated time of arrival) for STAT (immediate) xray, and they said they did not receive electronic xray order and it'll be 4-6 hours before tech can come to perform xray. DON (Director of Nursing) and POA (power of attorney) notified and okay with transfer to hospital. 4/7/22 07:09 PM (R10) departed via ambulance... 4/8/22 12:00 AM Called (name of local hospital) to get update on resident. Confirmed (R10) fractured right hip; surgery tomorrow....4/8/22 08:58 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 04/07. Intervention of PT (physical therapy) eval (evaluate) and treat in place to prevent future occurrences." R10's local hospital discharge information record documents a hospital stay beginning on 4/7/22 with a diagnosis of closed right hip fracture, closed fracture of first thoracic vertebra, unspecified fracture morphology, and closed displaced fracture of right femoral neck. R10's local hospital record includes a right hip x-ray on 4/7/22 that documents, "History: Trauma. Findings: There is an acute displaced fracture of the right femoral neck..." R10's local hospital record includes a cervical spine CT (computerized tomography) without contrast dated 4/7/22 that documents the following impression; "Study is limited by motion artifact. No acute fracture allowing for limitation by motion artifact. Unchanged mild wedging of C6 vertebral body. Fracture of superior endplate of T1 vertebral body this is new when compared to the prior study similar to the prior study."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 10 On 5/03/22 at 9:48 AM V24 (CNA) stated she was working the day R10 fell. V24 stated she was redirecting another resident when the nurse told her R10 had fallen and asked for help. V24 stated R10 was saying her hip hurt. V24 stated it was before dinner and there were three CNA's and a nurse working. When asked if that was enough staff to provide appropriate supervision for the residents V24 stated it was. V24 stated R10 was by the nurses station when she fell. V24 stated R10 forgets she can't walk and attempts to stand up out of her wheelchair and staff have to remind her to sit down. V24 stated she didn't have any concerns with the care that was provided to R10 after she fell. When asked what interventions were in place to prevent falls V24 stated they keep R10 by the nurse's station when they can and sit next to her at meals. V24 stated they provide 1:1 interaction after dinner when behaviors are more likely. V24 stated she wasn't aware of any specific fall interventions for R10. V24 stated all of the residents wear no slip socks and they are checked at least every two hours for toileting. On 05/03/22 at 11:07 AM V16 (Licensed Practical Nurse/LPN) stated she was working the day R10 fell. V16 stated she was sitting inside the nurse's station and R10 was in her wheelchair sitting outside of the nurse's station. V16 stated R10 had been redirected to stay in her wheelchair and then R10 attempted to stand up and fell. V16 stated R10 was complaining of pain and was transferred to the local hospital for evaluation. R10's facility Event Reports documents the following falls: 1/2/22 "Staff found (R10) on dining room floor	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 11 (R10) stated 'I was trying to walk to find my husband and my car keys.' Area clean dry and free of clutter, hematoma noted to left elbow/forearm no deformity rotation or shortening of extremities noted neuro checks WNL...encouraged to request assistance when needing or wanting to ambulate... 1/3/22 "Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 01/02/22. Intervention of encourage (R10) to ask for assistance when looking for car keys in place to prevent future occurrences." 1/31/22 "05:07 AM-At approx 0445 (4:45 AM), noise heard from (R10's) bedroom. R10 found on the floor next to her bed. Bed was in lowest position with call light in reach. (R10) doesn't remember how she fell...Hematoma noted to R (right) side of head. 1 cm (centimeter) x 1 cm bruise R bridge of nose and small cut. 1 cm x 1 cm bruise R check. 2 cm x 1 cm ST (skin tear) right elbow..." 2/1/22 01:24 AM "x-ray obtained...resident compliant." 2/1/22 03:46 AM "xray results received and "subacute nondisplaced distal clavicle fracture' V33 informed awaiting further orders." 2/1/22 04:02 PM "Order received for resident to wear a sling to right arm." 2/7/22 12:04 PM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 1/31/22. Intervention of body pillow in place to prevent future occurrences." 1/31/22 "5:56 PM (R10) fell again this evening, same presentations as previous fall. Vitals WNL." 2/7/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 01/31/22. Intervention of offer chore activity near evening meal time as tolerated in place to prevent future occurrences."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 12 2/8/22 "(R10) was in dining room when she stood up from wheel chair and attempted to move furniture (R10) then fell backwards landing on her buttocks before this writer could react to her and prevent fall. Area clean, dry, and free of clutter, no rotation, deformity, shortening or lengthening of extremities noted. (R10) has an abrasion and 2 cm diameter hematoma to lateral left knee. (R10) did not hit her head. (R10) did bite her top lip- lip bifurcated approx 0.5 cm in length.... 2/9/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 2/8/22. Intervention of encourage (R10) to ask for assistance when moving furniture as tolerated in place to prevent future occurrences." 3/3/22 "(R10) had unwitnessed fall at nurses station at this time. (R10) appears to have been ambulating without assistance. Wheelchair near by. (R10) is sitting on bottom with back to nurses station leaning against counter. Skin tear to left elbow measures 9 cm (centimeter). Skin flap able to be repositioned over wound. Cleansed, steri strip, and boarder gauze applied. (R10) able to move all extremities without difficulty. No other obvious signs of injury or deformity, able to move all extremities without difficulty... 3/7/22 "Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/03. Interventions of redirect to quiet area if overstimulated as tolerated in place to prevent future occurrences." 3/9/22 "(R10) was at dining room table and attempted to stand (R10) tripped over her foot causing her to fall before staff was able to reach her. Area clean, dry, free of clutter, no deformity rotation or shortening of extremities. (R10) did hit the left side of her head resulting in a hematoma left mid scalp and also has redness to left forehead/temporal area...(R10) encouraged to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 13 request assistance when wanting to stand or transfer... 3/11/22 "Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/09. Intervention of encourage resident to sit on perimeter of dining area during mealtimes as tolerated in place to prevent future occurrences." 3/13/22 "(R10) was observed lying on the floor at nurses station area clean dry free of clutter appeared (R10) was attempting to stand from WC (wheelchair) no injury noted no rotation deformity or shortening extremities noted.... 3/14/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/13. Interventions of anti roll backs in place to prevent future occurrences." 3/29/22 "(R10) had witnessed fall at this time. (R10) did not hit her head. (R10's) ROM are within normal limits. ST (skin tear) to R elbow noted upon inspection.... 3/30/22, Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/29. Intervention of NP (Nurse Practitioner) to assess in place to prevent future occurrences." 4/3/22 "(R10) was observed sitting on the floor in front of door of kitchenette. (R10) stated 'I was trying to walk over yonder', area clean dry and free of clutter. (R10) denied hitting her head however a 2 cm (centimeter) diameter hematoma was noted to left side back of head. No rotation deformity shortening of extremities noted. No other injury noted... (R10) laughing and smiling. (R10) denies pain. (R10) encouraged to request assistance when wanting to transfer or ambulate...4/15/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 04/03. Intervention in place to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 14 evaluate (R10) for walking program." 4/21/22 "(R10) had an unwitnessed fall in room. (R10) was found sitting on the floor by her bed. Bed in lowest position. (R10) immediately assessed and no injuries found. (R10) assisted back to bed and was educated on the importance of not getting up without help. (R10) showed understanding. ROM completed and WNL but limited to RLE (right lower extremity) due to recent fx (fracture)...." 4/26/22 "(R10) was observed lying on floor in dining room, area clean dry free of clutter. No deformity rotation or shortening of extremities noted... (R10) has a 2.5 cm diameter hematoma to back of mid scalp neuro checks wnl for (R10). (R10) encouraged to use wc (wheelchair) or request for assistance for transferring.... 4/27/22 10:21 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 04/26. Intervention of encourage resident to ask staff for assistance as tolerated in place to prevent future occurrences...." On 04/26/22 at 11:02 AM, this surveyor was in the dining room screening residents, when this surveyor turned around and saw R10 laying on the floor in the dining area in front of the resident rooms with a pillow under her head. V17 (LPN) was observed assessing R10. R10's wheelchair was sitting next to her. R10 was transferred to her wheelchair with three staff using a mechanical lift appropriately. There were no obvious signs of distress observed. On 4/29/22 at 9:43 AM, V20 (CNA) stated the interventions staff implement for fall prevention for R10 are to keep her out of her room as much as possible and R10 prefers that. V20 stated they	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 15 also check on R10 frequently. On 05/03/22 at 8:45 AM when asked what interventions were in place to prevent falls, V22 (CNA) stated if residents are not in bed they take them to the nurse's station and do an activity with them. V22 stated they do bed checks every two hours and check on R10 more often than that. When asked how often they check on R10, V22 stated they try to check on R10 every 30 minutes. On 05/03/22 at 2:16 PM, V3 (Unit Coordinator) reviewed R10's falls and interventions and stated R10 is very delusional. V3 stated one second R10 is checking on her grandma and the next second R10 is going to work. V3 stated this can change within a minute. When asked if encouraging R10 to ask for assistance was an appropriate intervention if R10 is delusional and has a diagnosis of dementia, V3 stated R10 is still rational. V3 stated R10 gets set on a task so you help her with the task she is on. V3 stated R10 will get your attention if needed. 3. R69's facility Resident Face Sheet dated 4/29/22 documents R69 was admitted to the facility on 9/15/2020 with diagnoses that include unspecified fracture of right pubis, unspecified dementia, mild cognitive impairment, unspecified displaced fracture of surgical neck of left humerus, repeated falls, brief psychotic disorder, and dementia. R69's MDS dated 3/10/22 documents R69 has a BIMS score of 03, which indicates R69 has a severe cognitive impairment. R69's MDS documents under Section G R69 requires assist of one staff for bed mobility, transfer, walking, locomotion, toileting, and personal hygeine. R69's MDS documents under Section J that R69 has	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 16 had falls with major injury since admission to the facility. R69's Johns Hopkins Fall Risk Assessment Tool dated 2/25/22 documents R69 has a fall risk score of 22 which indicates R69 is at high risk for falls. R69's Care Plan focus documents a problem area for falls with a start date of 09/16/20 as follows - R69 is at risk for falling r/t recent illness/hospitalization and new environment. R69 sits on floor, hides under tables, furniture, attempts to sleep on the floor, runs, and prays while on her knees. Goal target date: 10/01/21 - R69 will have decreased risk for injury related to falls this quarter. Approach with start dates to include: 04/18/22 - visual cues in resident bathroom; 04/13/22 - encourage resident to use arms of chair to lower self into chair as tolerated; 03/28/22 - treat underlying condition; 03/07/22 - assess wheelchair; 02/28/22 - alternate call light; 02/25/22 - visual cues in resident room; 02/22/22 - assess resident for soft collar to improve posture to decrease loss of balance as tolerated; 02/07/22 - encourage resident to ask for assistance when changing clothes as tolerated; 02/07/22 - PT and treat; 01/27/22 - med review; 11/19/21 - encourage resident to not reach past base of support; 09/16/20 - assist resident with activities of interest; 09/16/20 - encourage resident to use side rails/enablers as needed; 09/16/20 - instruct resident to call for assist before getting out of bed or transferring. Encourage resident to stand slowly. R69's Event Report dated 2/27/22 documents under progress notes, "2/27/22 02:57 PM (R69) was found on her bedroom floor. (R69) stated she 'slipped' area clean dry free of clutter. 6.5 cm	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 17 laceration to right side forehead with moderate amount of bleeding noted. Edges of laceration unable to be approximated due to missing skin flap no other injury noted. No deformity rotation or shortening of extremities noted... (R69) denies pain... Ambulance called for transport to (name of local hospital) for probable sutures. Direct pressure applied to wound and (R69) observed until EMT's (Emergency Medical Technicians) arrived.... 2/27/22 06:37 PM (R69) returned back to facility from hospital at approx (approximately) 5:55 pm; q4h (every four hours) neuro checks entered WNL, no s/s (signs or symptoms) or c/o (complaints of) pain at this time; sutures to right forehead with dry dressing in place. 2/27/2022 10:41 PM CT (computerized tomography) of head and spine were done at hospital. 2/28/2022 01:19 AM (R69) resting in bed with no s/s or c/o pain/distress... 02/28/2022 08:58 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/27. Intervention of alternate call light in place to prevent future occurrences. 3/5/2022 02:30 PM (R69 has slept most of shift sutures to forehead intact no warmth drainage or swelling noted, scheduled Norco 5-325 has been effective for pain control no complaints of pain due to fractures of pelvic ramus." R69's Event Report dated 4/17/22 documents under progress notes, "4/17/2022 12:38 AM CNA (Certified Nursing Assistant) on hall discovered (R69) on floor sitting on buttocks in bathroom. Prior to fall (R69) noted to be in bed with call light in reach. (R69) did not use the call light for assistance. (R69) continues to self transfer and self ambulate. Staff unaware (R69) up in bathroom....(R69) voice c/o pain to left hip.... MD (physician) notified with request for an order to x-ray. Will continue to monitor. 4/17/2022 01:30	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 18 AM MD responded with okay to obtain x-ray. 04/17/22 04:32 AM x-rays completed at this time. 04/17/2022 10:00 PM (name of local radiology company) contacted for xray results. X-rays were performed to the left arm and left hip. #1 Left humerus- displaced left surgical neck humeral fracture. #2 Left hip-Chronic fracture of the ischium, displaced fracture of the inferior right pubic bone. Present on previous study but more displaced now. V33 (Physician) contacted and advised this nurse with the following- May ambulated as tolerated. Needs to see orthopedic, can wait until tomorrow. Sling needs to be worn...." R69's facility x-ray reports document on 3/1/22 under impressions: "1. Acute mildly displace fracture of medial right superior pubic ramus and acute non-displaced impacted fracture of inferior right pubic ramus..." On 04/28/22 at 9:55 AM, an alternate call light was observed on R69's bed. R69 was observed wearing a sling on her left arm, sitting in a wheelchair next to her bed, brushing her hair. Visual cues were observed in the bathroom to use the call light when getting up. On 04/29/22 at 1:34 PM, V17 (Licensed Practical Nurse/LPN) stated she remembered a CNA (unknown) telling her R69 was on the floor. V17 stated R69 said she had slipped and was always trying to go to the bathroom by herself. V17 stated they have two or three CNA's and one nurse working on night shift and that is enough staff to supervise the residents and prevent falls. V17 stated residents are all checked every two hours while in bed. When asked what fall preventions were in place for R69, V17 stated they do more frequent checks on her and have	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 19 R69 sit where they can see her. When asked how often R69 is checked on, V17 stated she wasn't sure. On 05/03/22 at 3:09 PM, V31 (LPN) stated she was working when R69 fell. V31 stated R69 was up walking around all night. V31 stated they kept redirecting R69 but they can't force them to stay still. V31 stated R69 was finally in bed and then was found in the bathroom by the CNA's. When asked how often staff check on R69 on midnight shift V31 stated she knew they did two rounds and she was typically checking on residents also. V31 stated there wasn't any certain protocol on how often R69 was checked. V31 stated R69 had been checked about 30 minutes prior to the fall when V31 helped R69 to the bathroom. When asked if she was familiar with R69's fall interventions V31 stated, "Just visual cues." When asked what she meant by visual cues V31 stated that is what the chart says. V31 stated she was assuming it meant if you see R69 try to redirect her or assist her. V31 stated she always reminds her to useher call light and she (R69) will sometimes use it. On 04/29/22 at 2:24 PM, V18 (Certified Nursing Assistant/CNA) stated he was working one time when R69 fell but was unable to remember when it was. V18 stated R69 usually falls on day shift or midnight shift. V18 stated he thinks R69 was by her bed and she probably fell trying to get in or out of the bed. V18 stated R69 always falls by her bed and that R69 never falls in her bathroom. R69's facility Event Reports document the following falls: 1/24/22 "At approx. (approximately) 0525 (5:25 AM) noise heard near nurses station, resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 20 (R69) observed by CNA holding onto a kitchen cart with wheels and fell down onto floor, on right side, hitting head, large hematoma observed to right head; ice applied to site. VS, ROM, neuro WNL for (R69)... 1/27/22 08:46 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 1/24/22. Intervention of med review in place to prevent future occurrences." 2/5/22 "(R69) was found lying on her bathroom floor area was clean dry and free of clutter (R69) stated, " I was trying to change my pants" new area of redness noted to right side scalp/hairline no open areas noted. (R69) denies any pain no deformity rotation shortening or lengthening of extremities noted... (R69) encouraged to request assistance or use call light when needing to use restroom or change clothing....2/7/2022 11:38 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/05/22. Intervention of PT eval and treat in place to prevent future occurrences." 2/6/22 "(R69) noted to be laying on left side in room on the floor, unable to state what happened. (R69) noted to have a 1 x 1 cm skin tear to outer left forearm. Areas cleansed with wound cleanser and 3 steri strips applied. (R69) also noted to have a knot to right side of head. Area starting to bruise. (R69) reminded to use call light for assistance. 2/7/2022 11:38 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/06/2022. Intervention of encourage (R69) to ask for assistance when dressing in place to prevent future occurrences." 2/18/22 "(R69) fell in bathroom at this time. (R69) reports hitting R temple, no bumps is apparent at this time. ROM performed, no shortening or rotation in lower extremities noted. Vital signs	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 21 WNL. (R69) got self up with aid and does not report any new pain...." 2/24/22 "(R69) fell in room at this time. (R69) reports not hitting her head. ROM performed, no shortening or rotation in lower extremities noted. Vital signs WNL. (R69) got self up with aid and does not report any new pain...2/25/2022 08:47 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/24/22. Intervention of visual cues in place to prevent future occurrences." 3/25/22 "(R69) found on floor of shower room. (R69's) only complaint is from her R wrist. 2 cm x 1.5 cm bruising to R wrist's bony prominence... (R69) states that she lost her balance and that "there was a man going down." Upon inspection, the only resident in the room was (R69).... 3/28/2022 08:52 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/25. Intervention of treat underlying infection in place to prevent future occurrences." 4/10/22 "(R69) was attempting to sit in a chair at nurses station and missed the chair and landed on her buttocks on the floor resident did not hit her head no deformity rotation or shortening of extremities noted no complaints of pain.... (R69) encourage request assistance when wanting to walk and transfer also encouraged to use wheelchair....4/13/2022 08:55 AM Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 04/10. Intervention of encourage (R69) to use arms of chair to lower self into seat as tolerated in place to prevent future occurrences." On 05/03/22 at 11:03 AM, V16 (LPN) stated she wasn't sure what R69's fall interventions were.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 22 V16 stated they were to keep R69 in her wheelchair and increase toileting and she wasn't sure if there were any more off the top of her head. On 04/29/22 at 10:14 AM when asked what fall interventions were in place for R69, V21 (CNA) stated they are all a fall risk on that unit so we are constantly doing multiple things. V21 stated things like activities, baby dolls, checking on them frequently and we try to keep them out of their rooms as much as possible or keep the doors open. V21 stated the beds are always in low position and they have tried mats before but they seemed to cause more falls. On 05/03/22 at 8:45 AM, V22 (CNA) stated if residents are not in bed they take them to the nurse's station and do an activity or talk with them. V22 stated they do bed checks on all of the residents every two hours and check on R69 more frequently. When asked how often they check on R69, V22 stated they try to every 30 minutes. V22 stated R69 was continent of bowel and bladder and is offered toileting when she does her every two hour bed checks. V22 stated she doesn't like to bother R69 too much because she doesn't sleep well. On 05/03/22 at 8:55 AM, V23 (CNA) stated she has worked at the facility for 2 years but has only been a CNA for a week. V23 stated she worked as a RA (Resident Assistant) prior to that. V23 stated there are no set times for checking on the residents as far as she knows. V23 stated all of the residents were at risk for falls. When asked about fall interventions V23 stated she knew they were supposed to check on them. On 05/03/22 at 9:48 AM V24 (CNA) stated she	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 23 wasn't working when R69 fell. When asked about fall interventions V24 stated they do more one on one with R69. V24 stated if they have us to talk to they won't attempt to get up as much. When asked if there were any specific interventions V24 stated, "Not really." V24 stated they all wear shoes instead of no slip socks. When asked if R69 was on a toileting program V24 stated she might be but she didn't really remember. On 05/03/22 at 2:16 PM V3 (Unit Coordinator) stated visual cues and encouraging to ask for assistance was appropriate interventions for R69 who has a diagnosis of dementia. 4. R9's Resident Face Sheet dated 4/29/22 documents R9 was admitted to the facility on 7/2/2020 with diagnoses that include Parkinson's Disease, unspecified dementia, major depressive disorder, anxiety disorder, history of cerebral infarction, and cognitive communication deficit. R9's MDS (Minimum Data Set) dated 4/5/22 documents R9 has severely impaired cognitive skills and requires assist of one person for bed mobility, transfers, locomotion, and uses a wheelchair for mobility. R9's MDS documents a history of falls under Section J. R9's Care Plan dated 7/14/21 documents a problem area of "R9 is at risk for falling R/T (related to) Parkinson's disease, weakness, and dementia. Frequently chooses not to wear his glasses stating that he does not need them but every now and then. He chooses to lay on the floor at times, often requires assistance getting back up." Interventions documented on R9's care plan with a start date of 7/03/2020 are as follows, provide resident with specialized equipment: walker/wheelchair, instruct resident to call for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 24	S9999		

assist before getting out of bed or transferring, encourage resident to stand slowly, encourage resident to use side rails/enablers as needed, assist resident with activities of interest. R9's fall care plan also documents the following interventions to prevent falls 11/16/2020 encourage to avoid congested areas as tolerated, 11/16/21 alternate call light, 11/29/21 assess wheelchair, 12/29/21 visual cues in room, 1/10/22 visual cues in bathroom and scoop mattress, 1/18/22 ensure personal items are within reach and assess living environment, 2/7/22 anti rollbacks on wheelchair, 2/9/22 urinalysis, 3/31/22 offer resident assistance with using restroom prior to bed as tolerated, 4/13/22 encourage resident to ask for assistance when ambulating as tolerated.

R9's Johns Hopkins Fall Risk Assessment Tools documents a score of 20 on 1/22/22 and a score of 24 on 4/13/22 which indicate R9 is at high risk for falls.

R9's facility Event Reports document the following falls;

1/7/22 "R9 was found on bathroom floor this PM (evening). (R9) attempted to toilet himself while wrapped in a blanket and slipped. ROM WNL and (R9) does not complain of new pain... 1/10/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 1/7/22. Intervention of visual cues in bathroom in place to prevent future occurrences.

1/16/22 "At approx. (approximately) 2200 (11:00 PM), (R9) found to have fallen in bedroom. no shortening or deformities observed. Neuro, VS (vital signs), ROM, WNL for resident. Moves all extremities without s/s (signs or symptoms) or c/o

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 25 (complains of) pain. Neuro checks extended. 1/18/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 1/16/22. Intervention of ensure personal items are within reach in place to prevent future occurrences." 2/4/22 "At approx 0135 (1:35 AM), when this nurse was walking down the hallway; a noise heard from (R9's) room along with (R9) calling out for help. Upon entrance to room (R9) sitting on the floor on his bottom tilted towards his left side; b/w (between) bed and w/c (wheelchair). (R9) said he was trying to get into his w/c. Appears (R9) missed his w/c when trying to self transfer from his bed. (R9) wearing non-skid socks and call light in reach. C/O (complains of) pain to L (left) shoulder, L hip, and L torso/rib region. No deformities or shortening observed. (R9) able to assist to stand and transfer from w/c back into bed....V33 (Physician) notified and writer asked if he wanted x-rays done at this time. Orders received to give Tylenol q (every) 4 h (hours)... 2/7/22, Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/04/22. Intervention of anti roll backs in place to prevent future occurrences." 2/16/22 "At approx 1820 (6:20 PM) aide alerted this nurse and day nurse that (R9) found on the floor. (R9) laying face down b/w his w/c and bed. Appears (R9) was trying to self transfer and fell...2/17/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 2/16/22. Intervention of PT (physical therapy) to eval and treat in place to prevent future occurrences." 2/22/22 "(R9) found on floor at this time. (R9) reports that he fell because he was 'being	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 26 ignorant.' (R9) reports trying to walk without assistance and report no new pain...2/23/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 02/22. Intervention of encourage resident to ask for assistance when ambulating as tolerated in place to prevent future occurrences." 3/30/22 "At approx 2109 (11:09 PM) aide alerted this nurse that (R9) on the floor of bedroom. Upon entrance to bedroom (R9) sitting upright on the floor on his bottom with his back resting against his bed. No shortening, deformities, or obvious injury observed at the time of fall... 3/31/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 03/30. Intervention of offer (R9) assistance with using restroom prior to bed as tolerated in place to prevent future occurrences." 4/8/22 "(R9) had unwitnessed fall in dayroom at this time. Audible noise was present. (R9) states that he couldn't walk and that is why he fell. (R9) stated that he hit his head. Upon inspection, 2.5 cm (centimeter) x 3.5 cm hematoma to R (right) temple (red in color) noted as well as 1 cm ST (skin tear) to R elbow and 2 cm x 2 cm bruise, blackish/red in color.... 4/13/22 Root Cause Analysis: Interdisciplinary Team met to discuss fall that occurred on 04/08. Intervention of encourage resident to ambulate with assistance as tolerated in place to prevent future occurrences." On 4/28/22 at 9:42 AM, R9 was observed laying in bed on a scoop mattress. R9's wheelchair was sitting at the foot of R9's bed. There were no anti roll back's observed on R9's wheelchair. There were no visual cues observed in R9's room or in R9's bathroom.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 27 On 04/28/22 at 9:56 AM, when asked about fall interventions for R9, V15 (CNA) stated R9 used to be more active but he doesn't try to transfer himself anymore and doesn't take himself to the bathroom so he no longer needs the visual cues. On 4/28/22 at 4:00 PM, V3 (Unit Director) stated R9 should have visual cues in his room/bathroom and should have anti roll backs on his wheelchair. On 4/29/22 at 9:36 AM, R9 was observed sleeping in his bed with his wheelchair next to his bed. R9's wheelchair did not have anti roll backs on it. There was a sign posted on the outside of R9's bathroom door that had, "Please use call light for help" on it. On 4/29/22 at 9:39 AM, V15 (CNA) confirmed the wheelchair sitting next to R9's bed was R9's. On 05/03/22 at 11:08 AM, V16 (LPN/Licensed Practical Nurse) stated she was not sure what fall interventions were in place for R9. On 04/29/22 at 2:24 PM, V18 (CNA) stated R9 has had falls when V18 was working in the past but has not had any significant injuries with the falls. V18 stated R9 usually tears his skin. V18 stated R9 usually falls when he tries to get out of bed. V18 stated he does walk through the unit when he is working to check on the residents and he checks them about every 20-30 minutes. On 04/29/22 at 10:14 AM when asked what fall interventions were in place for R9, V21 (CNA) stated she does a lot of 1:1 with R9 and gives him snacks to try to occupy him. On 5/3/22 at 3:15 PM, V31 (LPN) stated she did	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 28 not know what R9's fall interventions were. On 05/03/22 at 2:16 PM, V3 (Unit Coordinator) stated R9 didn't have anti tip on his wheelchair because he didn't need them anymore. When asked when they were removed as a fall intervention V3 stated on 4/29/22. When asked if that was after this surveyor brought it to her attention that they weren't in place V3 stated, "Yes." When asked if visual cues and encouraging to ask for assistance were appropriate interventions for R9, V3 stated they were because R9 was always trying to get up and makes statements that he knows he needs help. On 05/03/22 at 2:16 PM, V3 (Unit Coordinator) stated she stood by interventions of encouraging to ask for assistance and visual cues for residents with diagnoses of Alzheimer's/Dementia and low BIMS scores. V3 stated she could do a BIMS and then do another one five minutes later and get a completely different score. When asked how the interventions are communicated to staff, V3 stated they do training on interventions but they may not be aware of interventions such as therapy. V3 stated the nursing team is alerted to new interventions. Reviewed R9, R10, R69, and R74's care plan with V3 and asked why frequent checks weren't listed on the care plans as interventions. V3 stated frequent checks are listed as alternate call light. V3 stated it means staff are to be doing frequent checks in passing. V3 stated R9, R10, R69, and R74 have frequent checks in place. When asked if there was a system in place related to frequent checks, V3 stated it is just alternate calls and that is for people who can't use their call lights. When asked if she knew why they were having such a high number of falls, V3 stated, getting medications adjusted, a lot of behavioral changes	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 29	S9999		

especially after Covid. This surveyor asked if she thought all of the falls were behavioral and medication change related and V3 stated, "Yes." V3 stated if they go to the hospital and get taken off medications then when they come back to the facility you have to get them lined out again. V3 stated they track and trend falls. V3 stated the Interdisciplinary team meets and discusses all of the falls. When asked if they did any overall trending of falls to determine why they had so many, V3 stated they had not. V3 stated depending on the circumstances she will compare a current fall to previous falls for that specific resident.

On 05/03/22 at 2:03 PM when asked if interventions of encouraging to ask for assistance, education, and visual cues were appropriate interventions to prevent falls for residents with a diagnosis of dementia, V33 (Medical Director) stated "probably not." V33 stated they just simply get up and he isn't sure what the answer is but "asking for them to ask for help when they don't know who they are is probably not appropriate."

The undated facility Accident/Incident Investigation (Root Cause Analysis) documents "All accidents/incidents need to be investigated to determine the possible cause, to assist in future reoccurrences....All investigation of an accident/incident should paint a picture of the preceding events, the actual event scene and the actions of the resident before/during and after the occurrence. When the accident/incident is unwitnessed the area around the resident should be analyzed for probable cause. If a resident is falling more often in a particular area, at a particular time or during a particular activity, these should be identified in the investigation and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 30 interventions put into place and assist in preventing further occurrences. All staff should be part of the identification of and intervention process to assist in fall prevention. The nurse is responsible for documentation of the above information." (A) (Findings 2 of 3) 300.1210a) 300.1210b) 300.1630d) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 31 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. These requirements are not meant as evidenced by: Based on observation, interview, and record review the facility failed to follow therapeutic dietary recommendations for residents with significant weight loss; and failed to implement medication prescribed specifically for weight loss for 4 of 7 (R9, R69, R72, R74) residents reviewed for weight loss in a sample of 47. This failure resulted in R72 having an 8.41% (severe weight loss) in a period of just over 1 month, R9 having a 12.3% weight loss in six months, and R69 having a 5.4% weight loss in one month and a 17.8% weight loss in six months. Findings Include: 1. R9's Resident Face Sheet dated 4/29/22 documents R9 was admitted to the facility on 7/02/2020 with diagnoses that include Parkinson's Disease, dementia, major depressive disorder, anxiety disorder, history of cerebral infarct (stroke), dysphagia, anorexia nervosa, and vitamin deficiency.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 32 R9's MDS (Minimum Data Set) dated 4/5/22 documents R9 has severely impaired cognitive skills and requires one person physical assist to eat. R9's Physician Order Report dated 3/28/22 to 4/28/22 documents a physician order for a regular diet with high calorie supplement. R9's facility care plan dated 7/14/21 documents a problem area of "Resident requires assistance with eating and putting on shirt related to diagnosis of dementia. Interventions include eating program Step 1. Set meal up completely, instruct resident to feed self, if he/she does so reward with praise. If not move to next step, Step 2. Place utensil in resident's hand, instruct to put food on utensil and place into mouth. If he/she does so reward with praise. If not, move to next step. Step 3. Place hand over resident's hand, filling utensil with food and guiding to resident's mouth. If he/she does so reward with praise. If not move to next step. Step 4. Place food on residents utensil and put food into resident's mouth, tell resident to chew then swallow after each bite. If he/she does so reward with praise." R9's care plan does not address weight loss and/or interventions to prevent weight loss. R9's dietitian assessment dated 4/8/22 documents, "On a regular diet with high calorie supplement. Fortified pudding at lunch and supper and fortified whole milk at meals. Intakes 25-50%. Refusing meals at times. On Remeron/Megace which can increase/stimulate appetite....Weights: (4/1): 107, (3/1): 106, (1/3): 119, (12/31):119, and (10/4): 122. Current weight is down 12# (pounds) (10.1%) x 88 days, down 12# (10.1%) x/3 (times 3) months, and down 15# (12.3%) x/6 months. Below IBW (Ideal Body	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 33	S9999		

Weight) Range 132-166. Body Mass Index: 16.27 (Underweight- However with edema not a true indicator of risk). Has 2+(plus) Bilateral LE (lower extremity) edema, (Diagnosis CHF) (Congestive Heart Failure). Potential risk for weight changes. Skin free of open areas....Continue with diet Rx (prescription) as weights up 1# x/1 month. Monitor."

R9's Vitals Report dated 11/01/21 to 4/29/22 documents the following weights; 11/03/21- 124 pounds, 12/01/21-109 pounds, 1/3/22- 119 pounds, 2/2/22-103 pounds, 4/1/22- 107 pounds, 4/29/22- 116 pounds.

On 4/28/22 beginning at 11:42 AM, R9 was served lemonade and fortified milk, chicken, roasted red potatoes, broccoli, and bread. R9's meal card observed lying on the table next to his tray documented R9 was to have gotten a regular diet with a high calorie supplement, and fortified mashed potatoes. R9 was not served mashed potatoes.

On 4/28/22 at 12:20 PM V27 (Dietary Assistant) stated R9 should have received fortified mashed potatoes with his noon meal on 4/28/22.

On 04/28/22 at 2:15 PM V4 (Dietary Manager) stated R9 should have been served fortified mashed potatoes.

2. R69's Resident Face Sheet dated 4/29/22 documents R69 was admitted to the facility on 9/15/2020 with diagnoses that include unspecified dementia, cognitive communication deficit, anorexia nervosa, general anxiety disorder, nausea, heartburn, and irritable bowel syndrome.

R69's MDS dated 3/10/22 documents a BIMS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 34 (Brief Interview for Mental Status) score of 03, which indicates R69 has a severe cognitive impairment. R69's MDS documents under Section G that R69 requires physical assist of one person for eating. R69's Physician Order Report dated 3/29/22 to 4/29/22 documents a physician order for ensure, one with meals with a start date of 3/21/22 and an end date of 4/29/22 and a physician order for ensure one four times a day as tolerated by resident and per request. R69's Physician Order Report documents a physician order for a regular diet. R69's Dietitian Assessment dated 4/8/22 documents, "On a regular diet with Fortified Mashed Potatoes at Lunch/Supper. Ice Cream at lunch and supper. Ensure TID (three times daily) provided by family. Intakes 25-75%. On Remeron which can increase appetite...Weights (4/1): 88, (3/1): 93, (1/1): 98.2, and (10/4): 107. Current weight is down 5# (pounds) (5.4%) x/1 (times 1) month, down 10# (10.4%) x/3 months, and down 19# (17.8%) x/6 months. Below IBW (ideal body weight) Range 102-131. Body Mass Index 16.09 (Underweight)....Continue with diet Rx. (prescription) Monitor." R69's Vitals Report dated 11/01/21 to 4/29/22 documents the following weights; 11/03/21-100.1 pounds, 12/01/21- 97 pounds, 1/1/2022- 98.2 pounds, 2/2/22- 93 pounds, 3/1/22- 93 pounds, 4/1/22- 88 pounds, 4/28/22- 96 pounds. R69's Care Plan dated 10/01/21 documents a problem area of "Resident requires assistance with putting on shirt and eating related to diagnosis of dementia. She has a low BIMS (Brief Interview for Mental Status) Score, and usually	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 35 understands but misses some content, finishing thoughts, etc." The interventions listed for this problem area are, "Eating program: Step 1: Set meal up completely, instruct resident to "feed self." If he/she does so, reward with praise. If not, move to the next step. Step 2: Place utensil in resident's hand, instruct to put food on utensil and place into mouth. If he/she does so, reward with praise. If not, move to next step. Step 3. Place hand over resident's hand, filling utensil with food and guiding to resident's mouth. If he/she does so, reward with praise. If not, move to next step. Step 4: Place food on resident's utensil and put food into resident's mouth, tell resident to chew then swallow after each bite. If he/she does so, reward with praise." R69's care plan does not document a problem area and/or interventions to prevent weight loss. On 04/26/22 at 12:12 PM, R69 was served roast turkey and gravy, mashed potatoes, mixed vegetables, bread, butter, and an eclair. R69 was observed feeding herself and no supplements were observed served to R69. On 4/28/22 beginning at 11:42 AM, R69 was served lemonade, broccoli with cheese on it, red roasted potatoes, meat (chicken), bread, and cream pie. R69 was not served an ensure, mashed potatoes, or ice cream with this meal. R69's meal card documented she should have been served fortified mashed potatoes. On 04/28/22 at 9:05 AM V19 (Certified Nursing Assistant/CNA) stated R69 was given ensure when she asked for them which was usually after lunch. V19 stated the ensure was provided for R69 by her family. On 4/28/22 at 2:21 PM V26 (Resident Assistant)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 36 stated R69 gets the ensure when she asks for them. When asked how often she gets ice cream, V26 stated they just give them to her when she asks for them. When asked if she gets the ice cream and ensure with each meal, V26 stated she usually asks for Coke. V26 stated it is not documented anywhere when they give her the ensure or the ice cream. On 4/28/22 at 2:31 PM V24 (CNA) stated R69 gets ensure when she asks for them. When asked how often R69 asks for them V24 stated she asks for them with each meal. When this surveyor confirmed R69 asks for ensure and ice cream with each meal, V24 stated she was only with R69 during one meal a day (supper) and she (V24) tries to remember everyday but sometimes when it is chaotic it gets missed. On 4/29/22 at 9:43 AM, V20 (CNA) stated they used to document giving the ensure and ice cream under the snack section but that got discontinued. V20 stated she usually gives R69 an ensure at breakfast and lunch but sometimes R69 won't drink it and she gives R69 the ice cream whenever she asks for it. On 04/29/22 at 1:46 PM, V17 (LPN/Licensed Practical Nurse) stated R69 doesn't eat much so they started giving her ensure. V17 stated the order is for meal times but she usually asks for them in between meals. V17 stated they give them to her when she asks for them. When asked if there was a system in place to ensure R69 gets them when she didn't ask for them, V17 stated R69 has never had a problem asking for them. V17 stated she asks for them at least three times a day and sometimes more. When asked if it was documented anywhere, V17 stated she didn't think so.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 37 On 4/28/22 at 2:48 PM, V3 (Dementia Unit Coordinator) stated R69 gets ensure for significant weight loss and R69's family supplies it. V3 stated R69 has had some mental health issues and she was sent out for a psychiatric evaluation and wasn't taking anything by mouth. When asked if there was anyway the facility was tracking to ensure R69 was offered and/or served ensure and ice cream as ordered/recommended, V3 stated she wasn't sure and she would have to check to see if there was anyway they were tracking it. On 4/28/22 at 12:20 PM, V27 (Dietary Assistant) stated she served regular mashed potatoes today because they didn't have any fortified mashed potatoes brought to them by the kitchen. When asked if she let the kitchen know she didn't get fortified mashed potatoes to serve, she said she hadn't. V27 stated they didn't serve fortified mashed potatoes to anyone for the noon meal on 4/28/22. V27 stated R9 and R69 should have both received fortified mashed potatoes. On 04/28/22 at 1:59 PM, V4 (Certified Dietary Manager) stated they did not have fortified mashed potatoes to serve R9 and R69. V4 stated they should have had them and they didn't. V4 stated she told V27 all she had to do was call the kitchen when that happened. When asked about R69's supplements, V4 stated they try to change it up and they usually keep ice cream in the freezer. When asked how she ensures R69 is getting the supplements every day V4 stated she should. V4 stated the CNA's (Certified Nursing Assistants) should offer it. V4 stated she did not have R69 on ensure. V4 stated dietary is not allowed to give ensure because it is a physician's order so the nurses administer it.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 38 On 5/4/22 at 9:50 AM, V29 (Dietician) stated she is not sure if there is a system in place to ensure R69 gets the ensure and ice cream as ordered/recommended. V29 stated she doesn't have any concerns the residents have not been getting supplements routinely but they should have been served fortified mashed potatoes with the noon meal as recommended. record. 3. R72's Face Sheet documents admission to this facility on 03/03/22 with diagnoses to include dementia without behavioral disturbance, abnormal weight loss, gastro-esophageal reflux disease without esophagitis, and urinary tract infection. R72's admission weight dated 03/03/2022 is documented at 90.4lbs (pounds) with a BMI (body mass index) of 17.65. A progress note dated 04/19/2022 at 4:45 PM documents V5 (Primary Care Physician - PCP) ordered dronabinol 2.5 mg (milligram); bid (twice daily) 1 hour before lunch and dinner. R72's POS (Physicians Order Sheet) documents an order for dronabinol - Schedule III capsule; 2.5 mg amt (amount): 1 capsule; 2.5 mg; oral to be administered 1 hour before lunch and dinner for abnormal weight loss. Start date: 04/20/22. A progress note dated 04/20/22 at 10:03 AM documents dronabinol rx (prescription) faxed to V5 at this time awaiting signature. A progress note dated 04/27/22 at 12:02 PM documents the facility contacted V5's office regarding the Marinol (dronabinol) prescription - "Office states they will be sending a signed script	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 39 today." R72's April 2022 MAR (Medication Administration Record) documents dronabinol 2.5 mg was not administered due to drug not being available from 04/20/22 to 04/28/22. R72's May 2022 MAR documents dronabinol has not been administered for weight loss since the medication was ordered on 04/20/22. R72's record dated 04/19/22 documents a weight of 82.8lbs with a BMI of 16.17. This shows an 8.41% weight loss in 6 weeks, indicating a severe weight loss. On 04/29/22 at 11:54 AM, V2 (DON - Director of Nursing) stated when the MAR documents "not administered: drug not available" it means the facility is usually waiting for a signed prescription from the physician. V2 acknowledged a week passed before the facility contacted V5's office to follow-up on R72's prescription for Marinol. V2 confirmed R72's Marinol still had not been received and administered to R72 for weight loss. V2 stated he would expect the nurses to follow-up across shifts to verify resident medications are in place and being administered timely and as ordered. 4. R74's Resident Face Sheet dated 4/29/22 documents R74 was admitted to the facility on 2/28/21 with diagnoses that include unspecified dementia with behavioral disturbance, cerebral infarction, generalized anxiety disorder, restlessness and agitation, insomnia, and other specified depressive episodes. R74's 3/14/22 Minimum Data Sheet (MDS) section C showed a Brief Interview for Mental Status (BIMS) score of 2, showing severe cognitive impairment and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 40 section G showing supervision and setup only with eating. R74's Electronic Medical Record (EMR) did not show any care plans for weight loss. R74's EMR showed a 4/9/22 dietary progress note " ... On a Regular diet with High Calorie High Protein Supplement ... Resides on ... where additional snacks available between meals ... Weights: (4/1): 95, (3/1): 106, (1/3): 103, and (10/4): 108. Current weight is down 11#(10.4%) x/1 month, down 8#(7.8%) x/3 months, and down 13#(12.0%) x/6 months. Below IBW Range 105-134. Body Mass Index: 16.83 (Normal/ Healthy Weight) ...PLAN: To stabilize weights. 1). ADD: Fortified Pudding at lunch and supper." On 05/03/22 at 11:41 AM, V14 (Licensed Practical Nurse/LPN/Care Plan Coordinator/CPC) said any resident with severe weight loss should have a care plan with interventions including monitoring monthly or more frequent weights, monitoring of food intake percentages, and monitoring dietary supplement intake. V14 said if a resident has significant weight loss and does not have a care plan for weight loss the likely outcome will be no correction of the problem and the resident will continue to lose weight. (C) (Findings 3 of 3) 300.610a) 300.1210b) 300.1630d) Section 300.610 Resident Care Policies	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 41 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 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. Restorative measures shall include, at a minimum, the following procedures: Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. Thes requirements are not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 42 Based on interview and record review, the facility failed to ensure treatment for pain was effectively provided for 1 (R226) of 3 residents reviewed for pain management in the sample of 47. This failure resulted in R226 experiencing uncontrolled pain after admission and while participating in the therapy program, ultimately going 4 days without receiving a narcotic as ordered for pain control. Findings Include: R226's out of state hospital record documents a hospital admission date of 03/20/22 with the diagnosis of intractable pain/metastatic renal cell carcinoma. R226 was discharged from the hospital to this facility on 04/15/22 with discharge medication orders to include Fentanyl 100mcg/hr (microgram/hour), place 1 patch on the skin every third day for 6 days for severe chronic pain with opioid tolerance, start date 04/16/22. R226's resident face sheet dated 4/29/22 documents admission to this facility on 04/15/22 with the following diagnoses in part - Orthopedic aftercare, acute embolism and thrombosis unspecified deep vein lower extremity, pain in leg, and weakness. R226's diagnosis of intractable pain/metastatic renal cell carcinoma was not included. R226's facility POR (Physician's Order Report) dated 3/28/22 to 4/28/22 includes - Fentanyl patch 72 hour, 100mcg/hr, 1 patch transdermal, place 1 patch on the skin every third day for 6 days, start date 04/16/22, discontinue 04/19/22 for diagnosis of pain in leg. R226's April 2022 MAR (Medication Administration Record) documents in part -	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 43 Assess pain every shift using 0-10 scale or verbal descriptor scale to begin on 04/19/22. R226 was assessed to have experienced the following pain - 04/19/22 - generalized at a 6 on day shift and 7 on evening shift; 04/20/22 no pain on day shift and leg pain at a 7 on evening shift; 04/21/22 documents R226 is having no pain this day; 04/22/22 hip, back, and left leg pain at an 8 on day shift, and moderate generalized pain on evening shift; 04/23/22 generalized pain at a 7 with no pain on the evening shift; 04/24/22 no pain on day shift and leg pain at a 7 on the evening shift; 04/25/22 all over pain on day shift at an 8 with generalized pain at a 6 in the evening; 04/26/22 no pain on day shift with leg pain at a 5 on evenings; 4/27/22 documents no pain. R226's Fentanyl 100mcg patch every 72 hour was documented as not administered from 04/16/22 to 04/19/22 due to not being available. A progress note dated 04/18/22 at 4:42 PM documents - "Signed Rx (prescription) for Fentanyl patches sent to CCP (critical care pharmacy) at this time. NP (Nurse Practitioner) gives one time order for 50mcg patch until 100mcg is delivered. 50mcg patch pulled from stat-safe ..." A progress note dated 04/18/22 at 4:52 PM documents Fentanyl 50mcg was pulled from the stat safe and applied to R226's right shoulder, which is half the physician ordered dose. A progress note dated 04/19/2022 at 03:24 PM documents a Fentanyl 100mcg patch was administered to R226. There is no documentation on the MAR to confirm this.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 44 R226's POR dated 3/28/22 to 4/28/22 also documents - Fentanyl patch 72-hour 100mcg/hr 1 patch transdermal for leg pain every 3 days, start date 04/21/22. R226's April 2022 MAR documents Fentanyl 100mcg patch was administered on 04/21/22, is blank on 04/24/22, with the next 100mcg patch applied on 04/27/22. R226's progress note dated 04/24/2022 at 2:02 PM documents - "Resident out of fentanyl 100mcg/hr patch. Pharmacy called for e-pull. Order faxed... Awaiting call back." R226's progress note dated 04/24/2022 at 9:54 PM documents - "Fentanyl 100mcg patch unavailable in stat safe. Only one 50mcg available and placed on residents right upper arm." This dose is not documented on R226's April MAR. R226's progress note dated 04/26/22 documents the resident is out of Fentanyl 100mcg and unavailable in the facility stat safe. The facility documented Fentanyl 50mcg was available and was placed on R226's arm on 04/26/22, half the ordered dose. This dose is not documented on R226's April MAR. R226's April 2022 MAR continues to document Fentanyl 100mcg patch was administered on 04/27/22 as prescribed. On 04/27/22 at 9:30 AM, R226 stated he admitted to this facility from an out of state hospital after undergoing surgical repair of left hip. He stated it took several weeks for the hospital to get his pain under control and manageable. He stated he discharged to this facility for after care and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 45	S9999		

therapy in hopes to go home when he gets stronger. R226 stated when he first got here on 04/15/22, his pain medications were "messed up" and he did not get his Fentanyl patch the first several days. He confirmed he did participate in therapy, but it was "rough" because he was in so much pain. He stated he didn't quit, though. R226 stated that he believes his Fentanyl got "straightened out", but it took about another week to get his pain under control, and he began to feel better on 04/25/22.

On 04/29/22 at 2:30 PM, V2 (Director of Nursing - DON) stated R226's Fentanyl 100mcg prescription was originally sent to the wrong pharmacy by the out of state discharging hospital causing a delay in the administration of this pain patch to the resident.

On 05/03/22 at 3:10 PM, V28 (Physical Therapy Assistant - PTA) stated R226 told to him there was an issue with the facility getting his pain medication initially but thought this had been taken care of a few days after admission. V28 stated R226 was in a lot of pain when he began therapy and did report this to V28.

On 05/04/22 at 10:21 AM, V2 (DON) verified V25 (Family Member) brought in Fentanyl patches picked up at the local pharmacy on 04/18/22, but they were 75mcg only, so the facility continued to pull Fentanyl 50mcg from the stat safe. V2 stated he believed R226's pain was partially covered by giving the half dose of 50mcg available and thought the facility would have gotten approval from a nurse practitioner, physician, or on call clinician upon administration of Fentanyl 50mcg on 04/18, Fentanyl 100mcg on 04/19, Fentanyl 100mcg on 04/21, Fentanyl 50 mcg on 04/24, Fentanyl 50mcg on 04/26, and Fentanyl 100mc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 46 on 04/27 since this was not administered as prescribed, but was not able to provide corroborating documentation of obtaining the approval. On 05/04/22 at 1:00 PM, V30 (Nurse Practitioner) stated she spoke with the facility on 04/18/22 and gave verbal approval to administer a 50mcg Fentanyl patch to R226 since the 100mcg prescription was still not available. V30 stated she was not involved in giving approval for R226 to receive Fentanyl 100mcg on 04/19, Fentanyl 100mcg on 04/21, Fentanyl 50 mcg on 04/24, Fentanyl 50mcg on 04/26, and Fentanyl 100mcg on 04/27 and would have expected the facility to contact the physician to get approval to do so since this was not administered as prescribed. The facility Pain Management Policy dated 09/10 documents, "The Facility is dedicated to the philosophy that all residents should be as free of pain as possible, through a combination of medical intervention and functional therapy .... Procedure: 1. Residents will be assessed for pain using the Geriatric Pain Assessment upon admission, quarterly and with any significant change in resident condition. A standardized 0-10 scale of Verbal Descriptor Scale (VDS) will be utilized to determine pain intensity. 2. The physician will then be contacted, if needed, regarding the pain or pain indicators. Licensed staff will document any contact with the physician and the physician's response. 3. An individualized care plan will be developed and implemented. 4. If the resident's pain is not being controlled, a Pain Tracking Log may be implemented to track pain and response to medication and/or treatment. 5. Residents will be monitored until pain is resolved or is under control and periodically thereafter. 6. Licensed staff will	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016885	A. BUILDING: _____ B. WING _____	05/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF CARBONDALE	2940 W WESTRIDGE PLACE CARBONDALE, IL 62901

(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
S9999	Continued From page 47 document any complaints of pain and the resident's response to the medication/treatment in resident's record. 7. In the event that there are no new medication orders from the physician, licensed staff will continue to monitor the resident's condition, keeping the primary physician informed. 8. The Medical Director will be notified of resident's condition, physician notification and lack of response, should that occur. 9. Alternative methods of pain control will also be attempted ..." (B)	S9999		