FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6015879 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST MANOR COURT OF CLINTON CLINTON, IL 61727 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PRÉFIX** PREFIX DATE . CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 000 S 000 **Initial Comments** Complaint Investigation: 2268735/IL152870 - F656, F677, F689 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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.

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

d) Pursuant to subsection (a), general nursing

TITLE

(X6) DATE

LMOS11

Attachment A

Statement of Licensure Violations

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6015879 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST MANOR COURT OF CLINTON CLINTON, IL 61727 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) . (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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 that each resident receives adequate supervision and assistance to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure proper body alignment during turning and positioning for one (R1) of three residents reviewed for accidents on the sample list of ten. This failure resulted in R1 sustaining a left Humerus fracture. Findings include: On 11/2/22 at 9:34 AM, R1 was lying in bed in a hospital gown. R1 had an arm sling around the left arm. The Nurse's Note dated 10/28/2022 at 5:37 AM, written by V6 (Licensed Practical Nurse) documents, "(V5 Certified Nurse's Assistant/CNA) asked writer to come help roll (R1) in bed to get dressed in morning. Upon rolling resident (left) arm got under (R1) and a pop noise was heard. (R1) complained of pain going down (left) arm. Upon assessment resident (left) arm appeared to be swollen at the top of the shoulder. Hand grasp

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strong bilaterally. Unable to fully assess length of

R1's Hospital Transfer Report dated 10/28/22 at

arm due to (R1) refusing to extend arm."

11:27 AM, documents, (R1) arrived per (Emergency Medical Services) from (facility)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6015879 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST MANOR COURT OF CLINTON CLINTON, IL. 61727 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 where staff reports (R1) was lying on (left) arm when placed in bed and pop was heard. (R1) was complaining of pain this am. (R1) confused and unable to answer questions at this time. This report documents R1 was diagnosed with a Left Humerus Fracture. On 11/3/22 at 10:51 AM, V6 (Licensed Practical Nurse) stated, (V5 CNA) asked for help turning R1 in bed. V6 stated when turning R1 they tried to cross (R1's) arms, but R1's arm kept dropping to the side. V6 stated R1 has difficulty following directions and we kept crossing R1's arms so R1 wouldn't roll on top of it. V6 stated after we had (R1) halfway over (R1's) arm fell back down and then went under her side and R1 rolled on top of R1's shoulder and we heard a pop noise. R1 complained of pain. R1 was sent to the emergency room and was diagnosed with a left Humerus fracture. V6 stated we should have had three staff to assist her to ensure that R1's arms remained crossed. R1 is an extensive assistance with bed mobility." The facility's undated Turning and Positioning Protocol provided by V2 Director of Nursing documents, "5. Be sure the resident is in good body alignment." "B"

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