

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015879	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/08/2023
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NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
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S 000	Initial Comments First Complaint Certification Revisit to survey date of 11/21/22, Complaint #2269125/IL153354	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3)6)</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to promptly notify the physician of an accident and immediately notify the physician of significant change in condition after an accident for one of seven residents (R200) reviewed for change in condition on the total sample list of 37.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This failure resulted in R200 experiencing a delay in treatment for a fracture sustained from a fall.</p> <p>Findings include:</p> <p>The facility's policy, with a revision date of 12/2002, titled "Change in Resident's Condition" documents, "Purpose: Our facility shall promptly notify the resident, and/or resident's representative and his or her attending physician of changes in the resident's condition and/or status. Procedure: 1- The nurse will notify the resident's attending physician when: a- The resident is involved in any accident or incident that results in an injury including injuries of unknown source. b- There is a significant change in the resident's physical, mental or psychosocial status. c- There is a need to alter the resident's treatment significantly. 4- The nurse will record in the residents medical record any changes in the resident's medical condition or status."</p> <p>R200's medical record documents on 1/12/2023 at 1:30 PM by V9 (Registered Nurse/RN) "Certified Nurse Aide (V5 CNA) notified writer that while performing residents shower, he had resident sitting on the bench in (R200's) shower and when he went to remove the wheelchair resident slid from the bench to the floor. (notification) sent to Physician."</p> <p>R200's medical record documents an Event report on 1/12/23 at 4:41 PM, "Location of fall: Other: Shower room, describe surrounding environment: clear. Was the fall witnessed: Yes, CNA (V5). Pain Assessment: blank, no documentation is completed. Body Assessment: blank, no documentation is completed. Neurological Check: blank, no documentation is</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>completed. Physician notified: Yes, on 1/12/23 at 4:41 PM."</p> <p>R200's medical record documents on 1/12/2023 at 6:49 PM, "resident complaining of left leg pain, sent message and Fax to (V17 Physician) requesting order for x-ray of left leg and hip."</p> <p>On 1/31/23 at 10:28 AM V10 (CNA) stated, "On 1/12/23 I came on shift at 4:00 PM, I did not get in report that (R200) had a fall. Around 4:15 PM (R200) was in bed and looked fine until I turned (R200) on her left side, (R200) then screamed out in pain and was crying grabbing a hold of her left hip area. I stopped and went and got (V9 RN). (V9) came to the room and examined (R200). (V9) told me to go ahead and get (R200) up. (R200) continued to cry and scream out in pain when I was getting her out of bed. During the dinner meal (R200) was crying. (R200's) pain seemed to increase as the dinner meal went on. After dinner around 6/6:30 PM I put (R200) back to bed, (R200) screamed out in pain and was grabbing on to the left leg area during any movement I did with her."</p> <p>On 1/31/23 at 12:50 PM V15 (CNA) stated, "I was not in the shower room when (R200) fell, I worked all day until 10 PM that evening. Around 4:15 PM (V10 CNA) came and got me and asked me to come over and see (R200), (R200) was crying out in pain when we tried to roll (R200) in bed, it was not normal for her. Later that evening after supper I went into (R200's) room around 8:00 PM to check on (R200), when I rolled (R200) to change (R200) she was crying out again."</p> <p>R200's medical record contained a fax confirmation sheet that was signed and dated by V9 (RN) on 1/12/23 at 6:53 PM, that documents</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>"Resident slid from shower bench to floor around 1:30 PM today. Resident is now complaining of left leg pain, may we get an order for an X-ray of her left hip and leg."</p> <p>On 1/31/23 at 8:20 AM V2 (Director of Nursing/DON) confirmed, R200's fall occurred on 1/12/23 around 12:30 PM after lunch, and sometime between the time of the fall and 1:30 PM, V5 reported the fall to V9. V9 documented the fall occurrence in R200's progress notes and that physician was notified around 1:30 PM. V2 confirmed there was no assessment of R200's condition documented in R200's medical record until 4:41 PM. V2 stated, "At some point (V10 CNA) had reported to (V9) that something was going on with (R200) when she had gotten her up. Around 6:49 PM (V11 Licensed Practical Nurse)) went in and did an assessment of (R200) with (V9). (V9) later got an order for an x-ray, an X-ray was completed the next day (1/13/23)." V2 stated, "according to documentation, (V9) did not immediately assess (R200) after the fall." V2 stated, "through interviews the first time a nurse was seen in (R200's) room after the fall was at 4:15 PM."</p> <p>On 1/31/23 at 2:00 PM V2 stated, "An electronic communication system is used to contact the physician." V2 confirmed, per the facility electronic physician notification system, the first time V9 (RN) notified V17 (Physician) of R200's fall occurrence was at 4:46 PM on 1/12/23. V2 confirmed another notification was made to V17 at 6:54 PM by V9 (RN) that R200 was complaining of leg and hip pain and asked for an order for a leg and hip x-ray. V17 (Physician) responded back ok at 8:18 PM on 1/12/23. V2 stated, "symptoms that warrant dislocation or fracture are possible rotation, shortening,</p>	S9999		
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S9999	Continued From page 5 discoloration or pain." V2 stated, "(V9) should have notified the ambulance, and sent R200 out to the emergency room." V2 stated, "(V9) should have used nursing judgement and sent R200 out to the emergency room." "A"	S9999		