

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 C 10/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
---	--

(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 Complaint Investigations #2467896/IL178666 #2467938/IL178711 #2467999/IL178794	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3210t) 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	S9999		

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

TITLE

(X6) DATE
10/22/24

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 C 10/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
---	--

(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	<p>Continued From page 1</p> <p>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>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>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to protect a resident's (R2) right to be free from physical abuse by another resident (R1). This failure resulted in R2 experiencing psychosocial harm and fear of R1, and a bruise on R2's arm. This failure affected two of two residents (R1, R2) reviewed for abuse on the sample list of 10.</p> <p>Findings include:</p> <p>The facility's Abuse Prohibition and Reporting policy with a revised date of 11/28/19 documents</p>	S9999		

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 C 10/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
---	--

(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	<p>Continued From page 2</p> <p>the purpose of this policy is to protect residents from any kind of abuse. This policy documents, "Special attention will be given to identifying behavior that increases the residents potential for abusing self or others or being the victim of abuse. These behaviors would include residents with a history of aggressive behaviors, residents who have behaviors such as; entering other residents rooms, residents with self-injurious behaviors, residents with communication disorders, and those who require heavy nursing care and/or are totally dependent on staff." "Appropriate interventions to address identified behaviors will be included on resident care plans, and reviewed as/when change occurs. These interactions will be communicated to the direct care staff." "If the incident involves alleged abuse and substantiated evidence indicates that another resident of the facility is the perpetrator of the abuse, then the Administrator shall take all the steps necessary to protect all residents in the facility from abuse until the alleged perpetrator can be evaluated."</p> <p>The facility's initial report dated 9/29/24 at 7:03 PM documents the facility is reporting a possible resident to resident incident the final report will follow.</p> <p>R1's Nurses Notes dated 9/29/24 at 1:07 AM by V8 Licensed Practical Nurse (LPN) documents R1 had been up all night pressing the call light but becoming agitated when staff enter the room. V8 attempted to administer R1's Risperdal (antipsychotic) and R1 grabbed the medication cup and threw it on the floor. V8 documents when she attempted to pick up the medication R1 became aggressive and hostile.</p> <p>R1's Nurses Notes dated 9/29/24 at 4:33 AM by</p>	S9999		

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 C 10/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
---	--

(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	<p>Continued From page 3</p> <p>V8 documents V8 was at the nurse's station and heard someone yell "help me". V8 documents that she went to R2's room and saw R1 standing over her as R2 was laying on the floor. R1 became aggressive when V8 asked him to leave the room. V8 documents that Emergency Medical Services (EMS) and the police were called.</p> <p>On 10/1/24 at 9:30 AM, R2 stated that she remembers R1 coming into her room and grabbed her arm and pulled hard on it and pulled her onto the floor. R2 stated that R1 has come into her room before. R2 stated that when he comes in her room he gets real loud and the last time he came into her room he sat on her legs in her bed. R2 stated she doesn't want him in her room and stated that she is scared of him.</p> <p>On 10/1/24 at 10:32 AM, V8 stated on 9/29/24 that R1 was restless most of the evening and kept turning on his call light. V8 stated after about the third time of going into his room she offered R1 Risperdal and he grabbed the medication cup out of her hand and threw it on the floor. V8 stated when she tried to pick up the medication cup he came at her. V8 stated he was verbally aggressive and agitated so she left the room. V8 stated around 1:30 AM she heard a female resident yell for help and V8 went to R2's room. V8 stated that V14 Certified Nursing Assistant followed her into R1's room. When she entered R2's room she saw R2 on the floor and R1 was standing over her. V8 asked R1 to leave but he would not leave. V14 went around the back of R1 and over R2's bed to get to R1 and stayed between R1 and R2. V8 stated when V14 got on the floor with R2, R1 lunged at V14. V8 stated that when he went to try to hit V14, V8 wrapped her arms around R1 to try to stop him. V8 stated that more staff came into the room to help. V8</p>	S9999		

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 C 10/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
---	--

(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	<p>Continued From page 4</p> <p>went to call V1 because V8 stated it was an abuse situation and needed to be reported. V8 stated then she called the EMS. V8 when she went back to the room R1 had the other nurse that came to help pinned in the closet doorway. V8 stated that the EMS and the police came shortly after and it took the EMS about 20 minutes to get R1 on the gurney to take him to the hospital for an evaluation. V8 stated that R2 told her R1 came into her room and told her to get up that they had s**t to do and grabbed her arm and pulled her out of bed onto the floor. V8 stated that R2 had bruising to her left arm and said that her left hip was hurting. V8 stated that R2 looked frightened.</p> <p>On 10/1/24 at 11:12 AM, R2 stated that she did feel abused by R1. She said that he sat on her in her bed and then he threw her on the floor. R2 stated that she feels sorry for him (R1) but says she is afraid he (R1) is going to hurt someone. R2 stated that he (R1) should not be here.</p> <p>On 10/1/24 at 2:39 PM, V14 Certified Nursing Assistant (CNA) stated on 9/29/24 they heard someone yelling help and went into R2's room, where the yelling was coming from, and R1 was standing over R2. V14 stated that she made her way behind R1 and around R2's bed and climbed over R2's bed to get onto the floor with R2. V14 stated that R1 came at her and grabbed her arm and tried to choke her. V14 stated that he shoved the nurse into the wall a couple of times also. V14 stated that R2 told her that R1 came into her room and threw her covers off and told her that they had stuff to do and grabbed her arm and pulled her out of bed onto the floor. V14 stated that R2 was shaking and scared and asked if R1 was going to come back into her room.</p>	S9999		

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 C 10/02/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
---	--

(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	<p>Continued From page 5</p> <p>On 9/30/24 at 12:45 PM, R1 was very agitated with staff. R1 yelled at staff, kicked at them, swung his arms at them and pushed V17 Licensed Practical Nurse backwards.</p> <p>R1's Minimum Data Set (MDS) dated 7/4/24 documents R1 is severely cognitively impaired and he had physical and verbal behaviors directed towards others.</p> <p>R2's MDS dated 7/30/24 documents R2 is cognitively impaired. R2 repeatedly recalled the event the same each time she was interviewed.</p> <p>(B)</p>	S9999		