

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 12/05/2024
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 Annual Licensure and Certification Survey Investigation of Facility Reported Incident of 10/13/24/IL181582	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.690a) 300.690b) 300.690c) 300.1210a) 300.1210b) 300.1210c) 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 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/27/24

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 12/05/2024
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>outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</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 12/05/2024
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>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)</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>This regulation is not met as evidenced 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 12/05/2024
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>Based on interview, and record review the facility failed to report an unwitnessed fall with injuries to the state survey agency, failed to complete a thorough investigation and develop/implement post fall interventions for three of three residents (R26, R16, R15) reviewed for falls in the sample list of 43. These failures resulted in R26 sustaining a subsequent fall requiring sutures and/or staples.</p> <p>Findings Include:</p> <p>1.) R26's electronic Progress Notes documents the following: 9/8/24 at 5:56 AM, R26 had an unwitnessed fall in his room and was found on the floor with a laceration above the left eye. R26 was sent to emergency room where they glued the laceration and applied adhesive strips to the laceration. 9/18/24 at 7:15 PM, R26 had an unwitnessed fall in his room and was found on the floor laying on his left side. This note by V26 Licensed Practical Nurse documents R26 stated he hit his head and had complaints of left shoulder and hip pain. R26 was sent to emergency room for evaluation and returned with bruising above the left eye and a skin tear above the right eye. 10/13/24 at 3:01 PM, documents R26 was found lying on the floor next to his wheelchair. R26 had a laceration to the top of his head measuring five centimeters in length and was sent to the hospital for evaluation. Progress Note on 10/13/24 at 8:26 PM, document R26 returned to facility with seven sutures and five staples to his forehead.</p> <p>R26's current care plan last revised on 9/17/2024 does not contain any new fall interventions for R26's falls on 9/18/24 or 10/13/24.</p> <p>On 12/4/24 at 1:59 PM, V2 Director of Nursing</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 12/05/2024
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>stated the floor nurse updates care plans after a fall with fall interventions and V2 audits care plans to ensure the interventions are there. V2 confirms no fall interventions were initiated after R26's falls on 9/18/24 and 10/13/24.</p> <p>2.) The Facilities Accident and Incident Report policy revised on 4/2/2019 documents it is the responsibility of the Director of Nursing or Administrator to notify Public Health if notification is required.</p> <p>R26's progress notes dated 9/8/24 at 5:47 AM, documents R26 had an unwitnessed fall which resulted in a laceration above his left eye that had to be glued and an adhesive dressing applied to the laceration in the Emergency Room.</p> <p>On 12/4/24 at 1:00 PM, V2 Director of Nursing stated R26's fall on 9/8/24 was not reported to Public Health.</p> <p>On 12/4/24 at 1:25 PM, V1 Administrator stated she was not aware R26's fall on 9/8/24 was not reported to Public Health.</p> <p>On 12/4/24 at 1:50 PM, V29 Licensed Practical Nurse stated when a resident has a fall with injury the Director of Nursing is notified and that's who makes the decision to report an injury.</p> <p>R16's Continuity of Care Document printed 12/5/24 includes the following diagnoses: Difficulty Walking, Unsteadiness on Feet, Muscle Wasting/Atrophy.</p> <p>R16's Progress Note dated 11/22/2024 at 10:00AM documents "(R16) observed in supine position on floor in hallway. (R16) reports that she lost her balance and fell forwards onto her Right</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 12/05/2024
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>knee before positioning herself back onto her buttocks, then to supine position. (R16) denies hitting her head. Neurological signs Within Normal Limits. Range of Motion Within Normal Limits. x3 staff assist and full mechanical lift used to assist resident into bed. Resident voices complaints of pain to Right knee. 5cm x 2cm (centimeter) laceration noted to right knee related to fall. Laceration cleansed and pressure applied. Resident sent to (hospital) related to right knee laceration."</p> <p>R16's Progress Note dated 11/22/2024 at 1:20PM documents (R16) returned to facility at this time via Emergency Medical Services transport. Seven intact sutures noted to Right knee. Band-Aid noted to L arm r/t (related to) tdap (tetanus) injection. (R16) denies pain. New orders received for Keflex 500 mg (milligrams) BID (twice a day) x 10 days. New order received for Nurse to remove seven sutures in 10-14 days.</p> <p>R16's Care Plan updated 11/1/24 does not document any new interventions to address the 11/22/24 fall with injury. The facility did not provide documentation a thorough fall investigation was completed nor a root cause of the fall was identified for R16's fall on 11/22/24.</p> <p>On 12/4/24 at 2:15 PM, V2 Director of Nursing stated the floor nurse updates care plans after a fall with fall interventions and V2 audits care plans to ensure the interventions are there. V2 confirms no new fall interventions were initiated after R16's fall on 11/22/24.</p> <p>On 12/4 24 at 2:30PM V1, Administrator confirmed that a root cause analysis was not completed following (R16's) fall 11/22/24.</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 12/05/2024
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 6</p> <p>3.) On 12/2/24 at 10:00 AM, R15 states he had a fall with aide involvement mid-September causing refracture to R15's left femur head at surgical site. R15 states he was impatient waiting for help with transferring and the aide and himself tumbled about 1 week prior to his surgery. R15 states he returned to hospital on 9/23/24 but surgery was delayed 2 days related to facility not holding blood thinner as ordered, then R15 found to have UTI delaying surgery longer.</p> <p>R15 progress note dated 8/15/2024 at 09:08 PM documents R15 self-propelled into room and placed call light on. R15 was notified that the CNA (certified nurse assistant) was with another patient, and it wouldn't be long. R15 heard resident yelling for help. R15 was found kneeling with upper torso on bed, in a praying type of position. MD (medical doctor) and POA (power of attorney) notified.</p> <p>R15's fall assessment dated 8/15/24 documents R15 care plan was reviewed, and all fall interventions were in place, but does not document new interventions post fall. R15's medical record does not document post fall assessments, fall risk assessments, neurological assessments, or frequent vital signs.</p> <p>R15's hospital records dated 9/23/24 document R15's orthopedic surgeon's physical as follows 89-year-old male who is non-ambulatory who had a basi-cervical neck fracture and was doing well post-operatively until an aide fell on top of him. Since that time, he reports increased pain in the operative hip area and severe at times with transfers. He is non-ambulatory baseline. He is seen in the pre-op holding area this morning and his surgery has been canceled due to ongoing UTI along with his Eliquis being continued until</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 12/05/2024
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 7</p> <p>Saturday. Past surgical history that includes Hip Fracture Surgery (Left, 6/13/2024).</p> <p>R15's hospital records dated 9/25/24 documents physician notes as follows: recent history of left femoral neck fracture status post closed reduction of intramedullary fixation of the left hip 06/13/2024. Complicated by traumatic displacement of the intramedullary nail. Hip x-ray from 09/20/2024 showed interval loosening/osseous fracture around the femoral head screw with inferior displacement of the femoral head.</p> <p>On 12/03/24 at 1:30 PM V6 RN states that R15 had to have revision surgery from hardware malfunction due to wrong hardware originally placed in R15 hip. Denies any incident where resident and staff member fell prior to revision. V6 does confirm R15 had a fall on 8/15/24 because R15 is impulse and inpatient.</p> <p>Facility failed to provide an investigation from 8/15/24 fall, on 12/3/24 at 2:15PM, V1 administrator, offered a nursing progress note dated 8/15/24. V1 denies knowledge of fall after 8/15/24 for R15 that included staff.</p> <p>(B)</p>	S9999		