(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			,	
		IL6016133	B. WING		1	, 9/2025	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MANOR	COURT OF FREEPOF	2T	ST NAVAJO I RT, IL 61032				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Facility Reported In IL183640	cident of January 3, 2025					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	300.610) 300.1210 b) 300.1210 c) 300.1210 d)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						
	care and services to practicable physical well-being of the re- each resident's con- plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest l, mental, and psychological sident, in accordance with apprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal					

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

Electronically Signed 01/16/25

TITLE

Illinois Department of Public Health

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NAIVIL OI I	-NOVIDEN ON SUFFEIEN		ST NAVAJO [
MANOR	COURT OF FREEPOF	2T	RT, IL 61032			
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S9999	Continued From pa	ge 1	S9999			
	and be knowledgear respective resident d) Pursuant to nursing care shall in following and shall seven-day-a-week 6) All necetaken to assure that remains as free of a All nursing personn see that each resides upervision and assure that each resides and	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour,				
	and failed to ensure transferred. This faduring a staff assist multiple lacerations This applies to 2 of reviewed for safety The findings included 1. R1's Care Plans Set up devices for the stand using chair and from and come to a Encourage [R1] to the body is in front of set Encourage [R1] to respect to the stand using chair and the set of the stand using chair and from and come to a Encourage [R1] to the stand using chair and the standard set of the standard s	shows, "Transfer Program: 1. ransfer. 2. Encourage [R1] to rms or edge of bed to push off a standing position. 3. rurn using walker until back of ource to transfer to. 4. reach back and place hands to ge of bed prior to sitting. 5.				

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6899 07XU11 If continuation sheet 2 of 5

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			7t. Boilebiito.			
		IL6016133	B. WING		01/0	9/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MANOR	COURT OF FREEPOI	₹Т	ST NAVAJO [RT, IL 61032			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S9999	R1's Emergency Deshows, "Pt (Patient out of bed. Pt has foreheadPatien She presents with a left forehead as we She complains of psiteLaceration (centimeters)7 suleft orbit4 cm4 s On 1/9/25 at 8:55 A wheelchair in her rothe left side of her than a laceration to sutures in place. The bruising around both out of bed." On 1/9/25 at 9:43 A Assistant (CNA) sa morning of 1/3/25 than a put on R1's slip gait belt on R1, and near her bed. V4 she between the side of placed her right han R1 stand up. V4 said her hand she force, so she will floor. V4 said she stand the floor. V4 said she floor. V4 said she during the transfer.	epartment Note, dated 1/3/25,) states she fell while getting laceration to t hit her face on the ground. a laceration type injury to her ill as underneath her left orbit. bain at the laceration 1Foreheadleft7 cm uturesLaceration 2under sutures AM, R1 was sitting in a bom. R1 had a laceration to forehead, with sutures in place, under her left eye, with there was yellow/purple th lacerations. R1 stated, "I fell AM, V4, Certified Nursing id she went into R1's room the to get R1 up to the shower. V4 R1 to sit on the side of the bed topers. V4 said she applied a d positioned her wheelchair said she positioned herself of the bed and the wheelchair, and onto the gait belt, and had aid R1 took one or two steps to eelchair when she fell forward. lipped off of the gait belt due to as unable to assist her to the fell forward and hit her head on R1 was not using a walker AM, V7 (Physical Therapy	S9999			
	when assisting a re	f should always use a gait belt esident with a transfer for the /7 said if a resident starts to				

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STATE FORM 6899 07XU11 If continuation sheet 3 of 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
						,
		IL6016133	B. WING			9/2025
					1 01/0	0,2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MANOR	COURT OF FREEPOR	2T	T NAVAJO I T, IL 61032			
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S9999			S9999			
	assist them to the geto try and prevent a should be holding the transfer, and should as they can during resident is transfer wheelchair, the wheelchair, the wheelchair, the wheelchair, the wheelchair, the wheelchair is using a wall using her walker and the two walker should be resident is using a walker should be pland the the staff she standing by the resident is using the walker should be pland the the staff she standing by the resident interviewe and she said the resident she she thinks the slipp on the bottom and fell forward and awanable to catch her walker. V2 said gatimes when transferesident should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in their care able to use the gait the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the should be shown in the ground in a confall to prevent injuriously the ground in a confall to prevent	er can either prevent the fall or ground in a controlled manner my injuries. V7 said staff the gait belt during the entire d be as close to the resident the transfer. V7 said if a sing from the bed to the elechair should be parallel to and the staff member should of them and holding onto the ands during the transfer if they ker. V7 said R1 should be and a gait belt during transfers. safer for her. V7 said if a walker for a transfer, the aced in front of the resident ould be holding the gait belt idents side opposite of the d walkers help resident's with sfers. PM, V2 (Director of Nursing) d V4 about what happened, sident had slippers on, and ers did not have enough grip caused R1 to slip. V2 said R1 way from V4, and she was a to belts should be used at all rring a resident, and the transferred in the manner plan. V2 said staff should be belt to assist the resident to trolled manner if they start to be so v2 said if a resident uses digive them better stability as				

Illinois Department of Public Health

2. R3's current Care Plan shows that she is at

STATE FORM 6899 07XU11 If continuation sheet 4 of 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				SURVEY PLETED		
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MANOR COURT OF FREEPORT 2170 WES			DRESS, CITY, S T NAVAJO I T, IL 61032			
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\$9999	risk for falls related Care Information sh Procedures-Transfe transfers. Level of one" On 1/9/25 at 8:43 At to the toilet. V3 did before the transfer. On 1/9/25 at 8:50 A out" putting a gait be the toilet, but should the toilet, but should the toilet, but should the toilet, but should the toilet on resident ambulated without the toilet on resident the facility's Sit to 88/14, shows, "Apply balanced stance and bodyHave the reany) in front of them weak sideAssist the strength of the standard the standar	to weakness. R3's Resident hows, "Safe Resident Handling er Method: 1 assist with pivot assistance: staff assist of	S9999			

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STATE FORM 6899 07XU11 If continuation sheet 5 of 5