

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015879</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/07/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANOR COURT OF CLINTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 PARK LANE WEST CLINTON, IL 61727</b>
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(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>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210b) 300.3240a</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide supervision while toileting (R8) pursuant to her plan of care. R8 was left unattended in the bathroom, stood and fell and received a fracture of the left 5th metacarpal. R8 is one of thirteen residents reviewed for falls in a sample of 24.</p> <p>Findings include:</p> <p>The Physician's Orders Sheet dated March 2014 list the following diagnoses for R8: Pneumonia, Chronic Obstructive Airway, Difficulty in walking and muscle weakness. The Minimum Data Set (MDS) dated 8/10/13 documents R8 requires</p>	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>extensive assistance with one person physical assist for ambulation and toilet use. R8's Fall Risk Assessment dated 8/3/13 was scored as High Risk for falls. R8's undated Resident Centered Care Information Sheet documents that R8 requires 1 assist for safe resident handling and toileting . E5, Care Plan Coordinator stated on 3/5/14 at 2:15 PM " The Resident Centered Care Information Sheet is part of the interim care plan that is initiated within 24 hours of admission."</p> <p>The facility's report titled "Resident and Incident Report" dated August 2013 documents R8 had a fall on 8/17/13 at 5:40 in the bathroom. The facility's "Event Report" dated 8/17/13 at 5:40 PM documents in the section titled "Notes" reads " Observed (R8) in bathroom on floor laying on her left side with head bleeding from middle forehead laceration. ....(R8) was also observed with small laceration on left 5th digit from ring. (R8) stated she tried to get herself off the toilet ...." Notes continue to document on 8/18/13 at 4PM "(R8) had increased swelling and bruising to her left hand and wrist . (R8) complained of pain....Doctor notified and order for stat (immediate) x-ray for left hand and wrist.... 8/18/13 at 8:39PM Received x-ray results which showed no fracture of the left wrist and a fracture of the left hand at base of the 5th digit...."</p> <p>E2, Director of Nurses confirmed on 3/6/14 at 9:42 AM (R8) was left in the bathroom by herself without assistance because (R8) was using her call light, but did not use the call light, and stood up by herself, fell and sustained the fracture. E2 continued to state residents that are considered high risk for falls and not alert and oriented would not be left in the bathroom unsupervised.</p> <p style="text-align: center;"><b>B</b></p>	S9999		

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