## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2015 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		146091	B. WING				C	
NAME OF PROVIDER OR SUPPLIER  MANOR COURT OF PERU			STREET ADDRESS, CITY, STATE, ZIP COD  3230 BECKER DRIVE  PERU, IL 61354			12/	11/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIUM DEFICIENCY)	) BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENT	rs	F (	000				
F 315 SS=D		ation 1526701/IL82019 HETER, PREVENT UTI, ER	F3	315				
	assessment, the faresident who enters indwelling catheter resident's clinical contact catheterization was who is incontinent of treatment and service.	ent's comprehensive cility must ensure that a set the facility without an is not catheterized unless the condition demonstrates that necessary; and a resident of bladder receives appropriate ices to prevent urinary tract store as much normal bladder except.						
	by: Based on observate failed to maintain or prevents infection for R104, R106) review care in a sample of	NT is not met as evidenced tion and interview the facility atheter tubing in a manner that or three of four residents (R36, wed for indwelling catheter 13.						
	Nursing Assistant/C positioned R104's v bedside, preparing R104's wheelchair R104's tubing to R1 the floor and while	11:40 a.m., E29 (Certified CNA) and E30 (CNA) wheelchair next to R104's R104 to be transferred from to bed for catheter care. I04's urinary catheter lay on moving R104's wheelchair, bing with R104's wheelchair						
		00 p.m., E3 (CNA Shift						
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146091	B. WING				C <b>11/2015</b>
	PROVIDER OR SUPPLIER			32	REET ADDRESS, CITY, STATE, ZIP CODE 230 BECKER DRIVE ERU, IL 61354	<u>  12/</u>	11/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 315	Coordinator) stated should not be on the tubing could have of the tubing placed of the tubing placed of the tubing was again placed anywabove the level of the floor and/or laying on the floor of the tubing was and without assisted R106 in refor 106's lunch mean on 12/11/15 at 1:10 R106's indwelling of and tubing were on bags and tubing she times."  On 12/11/15 at 1:10 stated, "(E30) shou hanging the catheter tubing was and tubing the catheter the tubing the tubing the catheter the tubing tubing the catheter the tubing tubing the catheter the tubing tubing the tubing the tubing tubing the tubing tubing the tubing tubing the tubing tubin	the tubing to R104's catheter e floor and running over the aused injury to R104.  00 p.m., R36 was laying in welling urinary drainage bag under the bed, directly on the data.  42 a.m., R36 was laying in bed g urinary drainage bag and aced under the bed, laying date under the bed, laying date dunder the bed, laying date where it doesn't raise the bladder, but not touching and on the floor."  m on 12/11/15 at 1:05 p.m., atheter bag and tubing was under R106's wheelchair. At all all date was an and picked up and tubing to re-clip below E30 then removed soiled performing any hand hygiene, trieving a napkin and utensils all.  10 p.m., E30 verified that atheter urinary drainage bag the floor and stated, "Catheter bould be off the floor at all date of the floor at all date of the floor and stated after er and removing soiled ags should not touch the floor	F3	115			

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		146091	B. WING		12/11/2015	
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				PERU, IL 61354		
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