

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 140 NORTH SIXTH STREET PRINCETON, IL 61356
---	--

(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) 300.1210d)6) 300.1220b)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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: 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>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
-------	---	-------	---	--

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/17/15
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 140 NORTH SIXTH STREET PRINCETON, IL 61356
---	--

(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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop and implement interventions to prevent falls for two (R19 and R20) of seven residents reviewed for falls in a sample of 19. This failure contributed to a fall with fracture of R19's right hip which required surgical repair.</p> <p>Findings include:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PRINCETON	STREET ADDRESS, CITY, STATE, ZIP CODE 140 NORTH SIXTH STREET PRINCETON, IL 61356
---	--

(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>1. R19's Physician Order Statement (POS), dated 4/1/15-4/30/15 documents R19's diagnosis as Dementia. R19's Minimum Data Set (MDS), dated 4/29/14 and 1/6/15 document that R19 is severely cognitively impaired and requires extensive assistance when ambulating in R19's room.</p> <p>The Investigation/Event reports, dated 4/3/14 and 4/8/14, document R19 fell out of bed in R19's room. R19's Fall Care Plan, for these dates, documents "no changes at this time" with no new intervention put into place.</p> <p>The Investigation/Event report, dated 4/11/14, documents R19 fell on the side of R19's bed sustaining "painful/limited (ROM) range of motion in lower extremity."</p> <p>R19's Progress Notes, dated 4/15/14, document R19 as having "right leg pain and swollen...needs to be seen at (doctor) office or ER (Emergency Room) before X-ray will be ordered. Appointment made for 4/16/14."</p> <p>R19's Progress Notes, dated 4/16/14, document R19 "will be admitted...for non-displaced (fracture)."</p> <p>R19's Radiology Report, dated 4/16/14, for X-ray of R19's right hip, documents "There is a nondisplaced intertrochanteric fracture."</p> <p>R19's Progress Notes dated 4/18/14 documents that a phone call was received from the hospital which reported that "(R19) had surgery today on the RT (right) femur..."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015861	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/03/2015
NAME OF PROVIDER OR SUPPLIER MANOR COURT OF PRINCETON		STREET ADDRESS, CITY, STATE, ZIP CODE 140 NORTH SIXTH STREET PRINCETON, IL 61356		
(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>On 4/2/15, at 1:40pm, E2, Director of Nursing (DON), stated "Sometimes we can't find any new reason so we keep trying the interventions we have in place."</p> <p>2. R20's Physician Order Statement (POS), dated 4/1/15-4/30/15, documents R20's diagnosis as Dementia. R20's Minimum Data Set (MDS), dated 8/26/14 and 2/10/15, document R20 is severely cognitively impaired with total dependence on staff when ambulating in R20's room.</p> <p>The Investigation/Event reports, dated 3/29/14, 6/4/14, 6/7/14, and 11/2/14, document R20 fell out of bed in R20's room. R20's Fall Care plan, for these dates, document "No changes at this time."</p> <p>The Investigation/Event report, dated 8/2/14, documents R20 fell out of chair with intervention of "Instructed resident not to walk without assistance."</p> <p>The Investigation/Event report, dated 12/28/14, documents R20 fell out of bed. R20's Fall Care Plan, for this date, documents, "All current interventions remain appropriate."</p> <p>On 4/2/15, at 3:10pm, E6, Minimum Data Set (MDS)/Care Plan Coordinator, stated "If no root cause found, current intervention remains appropriate with no changes at this time."</p> <p style="text-align: center;">(B)</p>	S9999		