

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 C 02/08/2023
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NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CLINTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727
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S 000	Initial Comments Investigation to Facility Reported Incident of January 12, 2023/IL155729	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1010i) 300.1210b) 300.1210c) 300.1210d)3)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures.</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.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on interview and record review the facility failed to promptly notify the physician of an accident and immediately notify the physician of significant change in condition after an accident for one of seven residents (R200) reviewed for change in condition on the total sample list of 37. This failure resulted in R200 experiencing a delay in treatment for a fracture sustained from a fall.</p> <p>B. Based on interview and record review the facility failed to follow facility policy regarding emergency care for falls, resulting in a delay in assessment, physician notification and treatment for a resident. This failure resulted in R200 experiencing unrelieved excruciating pain for approximately 20 hours from a fracture sustained from an earlier fall. R200 had a Markedly Displaced Comminuted and Angulated Intertrochanteric Fracture of the left femur for 24 hours without evaluation/treatment. This failure affects one (R200) of five residents reviewed for falls in the sample of 37.</p> <p>Findings include:</p> <p>The facility's policy, with a revision date of 4/3/2018, titled "Emergencies" documents, "It is the policy of this facility to provide emergency care to a resident in need of it. Immediate Care of the Resident- Falls: 1. Check the resident immediately for ability to move extremities, check for bruised areas and or cuts. 2. Check</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>resident's ability to explain what happened; evaluate resident's condition before the fall. 3. Check if, or with anyone who witnessed the accident. Determine, if possible, where, how, when the accident occurred. 4. Check for any apparent dislocation or possible fracture, if any signs of this are noted, stabilize resident until ambulance arrives. 5. Exercise special care in transferring resident, being careful not to do more damage. 6. Notify the Physician. 7. If a head injury has occurred, notify the physician and monitor vital signs and neuro checks at least every 4 hours for twenty-four hours."</p> <p>The facility's policy, with a revision date of 4/2/2019, titled "Accidents and Incident Report" documents Procedure: A- Provide any necessary emergency care. B- Notify Charge Nurse, who then must promptly notify Physician and Family. D- If there is apparent injury or suspected injury, follow up must continue for at least 72 hours - vital signs, responsiveness, general condition, changes observed in injury sites, etc."</p> <p>The facility's policy, with a revision date of 12/2002, titled "Change in Resident's Condition" documents, "Purpose: Our facility shall promptly notify the resident, and/or resident's representative and his or her attending physician of changes in the resident's condition and/or status. Procedure: 1- The nurse will notify the resident's attending physician when: a- The resident is involved in any accident or incident that results in an injury including injuries of unknown source. b- There is a significant change in the resident's physical, mental or psychosocial status. c- There is a need to alter the resident's treatment significantly. 4- The nurse will record in the residents medical record any changes in the resident's medical condition or status."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R200's care plan documents, Problem Start Date: 09/19/2019 (R200) is at risk for injury due to falling related to generalized weakness, history of fall with injuries, osteoporosis, high blood pressure, cognitive decline from dementia and vitamin D deficiency. Approaches: Encourage to wear nonskid socks when not wearing shoes, Low Bed, Anti-tippers to wheelchair, Ensure that resident is sitting in front of a table with wheels locked when reading in her wheelchair."</p> <p>R200's Electronic Medical Record documents R200's medical diagnoses as Unspecified Dementia, Major Depressive Disorder, Vascular dementia, mild, Dysphagia, Vitamin Deficiency, Hypertension, Osteoporosis, Protein Calorie Malnutrition, Gastro Esophageal Reflux, Pain. History of Right Clavicle Fracture, History of Nondisplaced intertrochanteric fracture of Right Femur, and History of Vertebrae Fracture.</p> <p>On 1/30/23 at 2:45 PM V5 (Certified Nurse Assistant/CNA) stated, "After lunch (R200) was in the shower room on the shower bench. I had not given (R200) a shower before. I was in the middle of the shower, (R200) was wet, I pivoted and turned away to move the wheelchair and (R200) slid off the shower bench between the wall and the shower bench. I don't remember which side (R200) was laying on. I know it is the policy to use the (mechanical lift) to get residents up after a fall, but I looked out into the hallway and didn't see anyone to help. I couldn't find help, (R200) was laying on the floor and was wet, so I picked (R200) up and put (R200) back into the wheelchair and then back to bed. I did not have a gait belt. I did not use a gait belt. I reported it to the nurse (V9) after it happened."</p> <p>R200's medical record documents on 1/12/2023</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>at 1:30 PM by V9 (Registered Nurse/RN) "Certified Nurse Aide (V5 CNA) notified writer that while performing residents shower, he had resident sitting on the bench in (R200's) shower and when he went to remove the wheelchair resident slid from the bench to the floor. (notification) sent to Physician."</p> <p>On 1/31/23 at 10:28 AM V10 (CNA) stated, "On 1/12/23 I came on shift at 4:00 PM, I did not get in report that (R200) had a fall. Around 4:15 PM (R200) was in bed and looked fine until I turned (R200) on her left side, (R200) then screamed out in pain and was crying grabbing a hold of her left hip area. I stopped and went and got (V9 RN). (V9) came to the room and examined R200, (V9) told me to go ahead and get (R200) up. (R200) continued to cry and scream out in pain when I was getting her out of bed. During the dinner meal (R200) was crying. (R200's) pain seemed to increase as the dinner meal went on. After dinner around 6/6:30 PM I put (R200) back to bed, (R200) screamed out in pain and was grabbing on to the left leg area during any movement I did with her. Around 9:00/9:15 PM I went back in (R200's) room to do a bed check and (R200) was having the same symptoms, R200 was crying out in pain with movement and holding R200's left leg. I was never told by (V9) to not move (R200) or not to get R200 up."</p> <p>On 1/31/23 at 12:50 PM V15 (CNA) stated, "I was not in the shower room when (R200) fell. I worked all day until 10 PM that evening. Around 4:15 PM (V10 CNA) came and got me and asked me to come over and see (R200), (R200) was crying out in pain when we tried to roll (R200) in bed, it was not normal for her. Later that evening after supper I went into (R200's) room around 8:00 PM to check on (R200), when I rolled (R200)</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>to change (R200) she was crying out again, I made the comment to her, 'I know your hip hurts and if you need to you can hit me in the face if it hurts.' (R200) was then reaching out trying to swat at my face. (R200) was not verbal, that was her norm. (R200) was in obvious pain."</p> <p>R200's medical record documents an Event report on 1/12/23 at 4:41 PM, "Location of fall: Other: Shower room, describe surrounding environment: clear. Was the fall witnessed: Yes, CNA (V5). Pain Assessment: blank, no documentation is completed. Body Assessment: blank, no documentation is completed. Neurological Check: blank, no documentation is completed. Mental Status: blank, no documentation is completed. Possible Contributing Factors: blank, no documentation is completed. Recorded date: 1/12/23 at 4:41 PM, Completed date: 1/12/23 at 4:44 PM."</p> <p>On 1/31/23 at 9:45 AM V11 (Licensed Practical Nurse/LPN) stated, "on 1/12/23 I was in my office and sometime between 6:30 to 7:00 PM (V9) came and got me and asked me if I can go put eyes on (R200) because (R200) had a fall earlier in the shift and (V9) was unsure how to check her for shortening or rotation because of (R200's) contractures to the lower extremities. We went in (R200's) room I told (V9) I was not going to move (R200) because of the contractures and that (V9) needed to notify the doctor. (R200) was whimpering."</p> <p>R200's medical record documents on 1/12/2023 at 6:49 PM, "resident complaining of left leg pain, sent message and Fax to (V17 Physician) requesting order for x-ray of left leg and hip."</p> <p>R200's fax confirmation sheet signed and dated</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>by V9 (RN) on 1/12/23 at 6:53 PM, documents "Resident slid from shower bench to floor around 1:30 PM today. Resident is now complaining of left leg pain, may we get an order for an X-ray of her left hip and leg."</p> <p>On 1/31/23 at 2:00 PM V2 (Director of Nursing) stated, "An electronic communication system is used to contact the physician." V2 confirmed, per the facility electronic physician notification system, the first time V9 (RN) notified V17 of R200's fall was at 4:46 PM on 1/12/23. V2 Confirmed another notification was made to V17 at 6:54 PM by V9 (RN) that R200 was complaining of leg and hip pain and asked for an order for a leg and hip x-ray. V17 (Physician) responded back ok at 8:18 PM on 1/12/23.</p> <p>R200's medical record documents on 1/12/2023 at 10:00 PM, "Called (mobile x-ray company) to order x-ray, will be out in the morning to obtain x ray. 1/13/2023 at 9:22 AM, (Mobile X-ray Company) in the facility and a x ray complete at this time. Awaiting reports. 1/13/2023 at 12:26 PM, X-ray results received, and findings are as Acute intertrochanteric hip fracture. (V17) notified of x-ray findings and received order to send to Emergency Department for evaluation and treatment."</p> <p>R200's medical record did not document any further assessments or monitoring of R200 from 10:00 PM on 1/12/23 through 9:22 AM on 1/13/23, when the mobile x-ray provider arrived at the facility.</p> <p>On 2/1/23 at 10:50 AM V19 (CNA) stated, "I worked with (R200) on 1/13/23, (that morning) I went in to get (R200) dressed and up for breakfast, (R200) was in a lot of pain, (R200) was</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>moaning, it was so out of character for (R200), I told the nurse and was then told (R200) had a fall the day before. The nurse finally gave R200 something for pain about 30 minutes to an hour later. I did not get (R200) up, I left (R200) in bed the remainder of the day until (R200) went to the hospital. (R200) was moaning and saying "ouch" anytime we did any type of moving, rotating or turning with her that day."</p> <p>R200's Emergency Room Report documents, "admit date: 1/13/23, Nursing home patient with advanced dementia was brought in by Emergency Medical Service because patient fell at nursing home and broke hip. Technique: AP pelvis and additional: Left Hip: there is a superiorly displaced fracture of the left hip, basically in the intertrochanteric region. CT scan of Pelvis, Impression: 1- Markedly displaced comminuted and angulated acute intertrochanteric fracture of the left femur."</p> <p>R200's medical record documents on 01/13/2023 at 5:25 PM, "Resident arrived back from hospital at 5:20pm this evening."</p> <p>R200's medical record did not document any further assessments or monitoring of R200's condition from 1/13/23 at 5:25 PM through 1/15/23 at 12:42 AM.</p> <p>The facility's Investigation file documents: "on 1/12/23 at 1:30 PM staff was providing (R200) a shower in her bathroom. Staff applied a towel to the bench, then assisted (R200) to the shower bench in the shower. When the CNA pivoted to move the wheelchair away from the immediate area, (R200) slipped on the bench and slid to the floor before the CNA could intervene. (R200) was assisted off the floor by staff, provided with</p>	S9999		

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S9999	Continued From page 9 hygiene care and then transferred to bed. When second shift was preparing to get (R200) out of bed for supper, CNAs reported to the nurse that (R200) appeared to be in pain, The nurse assessed (R200) and noted that she appeared to have pain in her left lower extremity, although (R200) could not verbalize her pain experience. On 1/13/22 (mobile x-ray) arrived at 9:22 AM for X-ray. 12:26 PM the x-ray reports came through with impressions that include: left femur x-ray, 1- acute intertrochanteric hip fracture, 2- Old Left pubic fractures, 3- Fixated right intertrochanteric fracture, sent to Emergency Department for evaluation. At the Emergency room- CT of head impression: 3- Mild compression fracture of T2, age unknown. AP views of bilateral hips: Impression- 1- old right hip fracture with sliding hip screw, 2- difficult examination of the pelvis with possible fractures of the left pubic arch, 3- Comminuted Intertrochanteric fracture of the left hip. CT of the Pelvis- Impression: 1- Markedly displaced comminuted and angulated intertrochanteric fracture of the left femur. At the time of the incident, the resident was sitting on the shower bench and the shower was on, making the floor other surfaces slippery. The CNA had a towel placed on the bench. The room was well-lit, The CNA reported that wheelchair was placed near the shower for transfer and was in the way of him bathing the resident. As he pivoted to move the wheelchair, the fall occurred. R200 has a history of dementia, major depressive disorder, age related osteoporosis, Vit D deficiency, Hypertension, Diarrhea, Unspecified Severe Protein-calorie Malnutrition, and pain which increase her risk for falls and injuries secondary to falling. Resident is noted to have contractures and limited Range of motion in upper and lower extremities prior to this incident making sitting unsupported difficult. Based on this	S9999			

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S9999	<p>Continued From page 10</p> <p>investigation, the probable root cause of the fall was the resident slipping on the shower bench due to a combination of slippery surfaces and poor trunk and limb control."</p> <p>On 1/31/23 at 8:20 AM V2 (DON) stated, "(R200) fell in the shower room on 1/12/23. (R200) had gotten a shower from (V5 CNA). (V5) had sat (R200) on the shower bench in her room, which was not uncommon, (V5) turned his back to get (R200's) wheelchair, either (R200) slid to the floor or (R200) tried to stand up, we don't know because he only saw her sliding down onto the floor. Having the wheelchair closer or not turning back could have helped prevent (R200's) fall. (V5) said she was properly seated on the bench. (R200) has tried to get up from a seated position before. (V5) should have left (R200) on the floor and went and got the nurse to assess first before getting (R200) up." V2 stated, according to documentation, V9 did not immediately assess R200 after the fall. V2 stated, "through interviews the first time a nurse was seen in (R200's) room after the fall was at 4:15 PM." V2 confirmed, R200's fall occurred on 1/12/23 around 12:30 PM after lunch, and sometime between the time of the fall and 1:30 PM V5 reported the fall to V9. V9 documented the fall occurrence in R200's progress notes and that the physician was notified. V2 confirmed there was no assessment of R200's condition documented in R200's medical record until 4:41 PM. V2 stated, "At some point (V10 CNA) had reported to (V9) that something was going on with (R200) when she had gotten her up. Around 6:49 PM (V11) went in and did an assessment of (R200) with (V9). (V9) later got an order for an x-ray, an X-ray was completed the next day (1/13/23), (R200's) x-ray results showed a left hip fracture, (R200) was sent to the emergency room." V2 stated, "The</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>facility's policy for emergency plan is for the nurse to assess the resident before moving them, the nurse then determines if outside treatment is needed, if the resident is not able to get up on their own, then a full mechanical lift is used to get the resident up off the floor. Neuro checks are to be completed then, range of motion, vital signs, and an initial body check. The nurses are then to do neuro checks every four hours for 24 hours after a fall. Pain is assessed every shift, a follow up for 72 hours." V2 confirmed, V9 did not document any type of assessment of R200 until 4:41 PM, R200 was having pain, and R200 was gotten up for supper. V2 DON stated, "symptoms that warrant dislocation or fracture are possible rotation, shortening, discoloration or pain." At 11:00 AM V2 stated, "(V9) should have notified the ambulance, and sent R200 out to the emergency room." V2 stated, "(V9) should have used nursing judgement and sent R200 out to the emergency room."</p> <p>On 1/30/23 at 2:00 PM V1 (Administrator) stated, V5 (CNA) and V9 (RN) were terminated due to not following facility policy and procedures.</p> <p>On 1/31/23 at 4:15 PM, V17 (Physician) confirmed, a fall from a shower bench could have caused the type of fracture R200 sustained. V17 stated, "further movement after the fall did not cause further displacement, the fracture of this type occurred with the fall itself, this type of fracture is a very painful one, would cause a lot of pain."</p> <p>"A"</p>	S9999		