PRINTED: 05/30/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ··C 200 m B. WING IL6016075 03/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET **CLINTON MANOR LIVING CENTER-DD NEW BADEN, IL 62265** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) Z000 COMMENTS Z 000 Facility Reported Incident: Investigation of 10-10-22, 10-24-22, 1-6-23/IL157384: Z9999 FINDINGS Z9999 Statement of Licensure Violations: 350.620a) 350.700a) 350.1840a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350,700 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process.

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ordered.

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

b) Physicians shall write a diet order, in the medical record, for each resident indicating

whether the resident is to have a general or a

therapeutic diet. The diet shall be served as

Section 350.1840 Diet Orders

TITLE

Attachment A

Statement of Licensure Violations

(X8) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: **B. WING** IL6016075 03/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST ILLINOIS STREET **CLINTON MANOR LIVING CENTER-DD NEW BADEN, IL 62265** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) Z9999 Continued From page 1 Z9999 Based on observation, record review and interview, the facility failed to prevent choking incidents at day training site by their failure to ensure: -Day Training Staff followed physician's diet order, impacting one of one in the sample of six with an incident of choking during lunch (R2). -Day Training Staff follow eating recommendations documented in the Individual Service Plan (ISP), impacting one of one in the sample of six with an incident of choking during lunch (R2). - The facility followed their Accidents and Incidents Policy, impacting one of one individual in the sample of six who had incidents of choking during lunch (R2). Facility Accidents and Incidents-Investigation and Reporting Policy dated 7/17 includes, "2. The following data, as applicable, shall be included on the Report of Incident/Accident form: e. The name(s) of witnesses and their accounts of the accident or incident; f. The injured person's account of the accident or incident; k. Any corrective action taken; n. The signature and title of the person completing the report." 1. The 7/8/22 Individual Service Plan (ISP) identifies R2 as an individual who functions within the Moderate Range for Individuals with Intellectual Disabilities. R2's Physician Orders with a start date of 3/31/21 includes, "Consistent Carb Diet, Mechanical Soft

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Qualified Intellectual Disabilities

Professional/QIDP Supervisor): The last time this happened, I called and asked. They said that they had one, but he didn't use it that day."

Observation 3/13/23 at 11:26 am, while at Day Training, R2 was given a peanut butter and jelly sandwich cut up into bite size pieces, mashed potatoes and gravy, cooked mixed vegetables and mixed fruit. From 11:27 am-11:29 am, R2

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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	prevent R2 from chefood and sit with hi	noking? Z3 stated, "Cut up his m at his table."	7		3 H
	asked what does F from choking? E3 his food is dry, he s was asked is staff he eats? E3 stated	22 at 1:30 pm, E3 (QIDP) was 22 have in place to prevent him stated, "A coated spoon and if should have gravy on it." E3 supposed to be with R2 when d, "They probably should." E3 are supposed to pace R2 when			
	he eats? E3 stated		Ş		
# 1 # 4 # 4	Program Coordina	23 at 11:56 am, Z5 (DT tor) was asked if an lone regarding R2's choking ed, "No."	37		
	Program Coordina what happened the stated, "The food w to add more liquid have gravy and brohis food looks too the staff to do to pr stated, "Staff are to	23 at 11:56 am, Z5 (DT tor) was asked to describe etimes R2 had choked. Z5 was dry. We asked the facility or gravy to R2's food. We oth here; we add it if we think dry." Z5 was asked what are revent R2 from choking? Z5 o sit at the table and next to d how long has R2 been at this	9 9 1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		
经		stated, "Since 8/22."			
* * *	Trainer/Supervisor	22 at 1:28 pm, E2 (Nurse) confirmed that facility QIDP's do the investigation on choking	à		e ·
Illinois Dana	asked what does F from choking? E3	22 at 1:30 pm, E3 (QIDP) was R2 have in place to prevent him stated, "A coated spoon and if should have gravy on it." E3		19 49C	

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facility grounds the meat for the individuals that go to Day Training the day before, which made

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Investigating and Reporting Policy once the policy

The in-service training for Accidents and Incidents Investigating and Reporting policy will be completed by E1. The training will be

is reviewed and revised.

completed by 3/22/23.

(B)