

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145728	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Manor Court of Maryville		STREET ADDRESS, CITY, STATE, ZIP CODE 6955 State Route 162 Maryville, IL 62062	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to report an allegation of abuse for 1 of 2 residents (R2) reviewed for abuse in the sample of 9.</p> <p>Findings include:</p> <p>R2's Face Sheet documents she was admitted to the facility 5/4/23 with a pertinent medical diagnosis of Unspecified Dementia, unspecified Severity with Anxiety.</p> <p>R2's Minimum Data Set (MDS) documents (R2) has severe cognitive impairment, no verbal or physical impairment, no rejection and always incontinent of bowel and bladder.</p> <p>On 6/20/25 (R2) reported that Certified Nursing Assistant (CNA) V10 pushed her. The alleged abuse was investigated by facility staff and was unfounded.</p> <p>On 6/26/25 at 3:35 PM (V10) denied pushing (R2) and stated that (R2) pushed her instead.</p> <p>On 7/8/25 at 9:00 AM V1 Administrator stated he was out due to illness, and he was the only one with access to report the abuse. It was investigated but was not reported to Illinois Department of Public Health.</p> <p>The facility's policy on Abuse revised 08/16 documents if the matter involves alleged abuse or neglect of a resident or serious bodily injury the Administrator or designee shall provide the Illinois Department of Public Health with initial notice of the alleged abuse or serious bodily injury as soon as possible but not more than 2 hours after the matter becomes known or no later than 24 hours, if the allegation involves abuse and does not result in serious bodily injury.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to correctly transcribe and administer discharge orders regarding medications for 1 of 3 residents (R4) reviewed for medications in the sample of 9.</p> <p>The Past Non Compliance occurred 6/10/25 to 6/24/25.</p> <p>Findings include:</p> <p>R4 's Face sheet undated documents an admittance date of 5/27/25 with pertinent medical diagnoses of Osteomyelitis of vertebra Thoracic region, Chronic Systolic (congestive) heart failure (5/27/25) and Chronic Obstructive Pulmonary Disease, Unspecified (5/27/25).</p> <p>R4's Minimum Date Sheet (MDS) dated [DATE] documents R4 is cognitively intact, and the medications taken are in the class of antidepressant, anticoagulants, opioids, and antibiotics.</p> <p>R4's Hospital Medical discharge records from area hospital dated 5/8/25 -5/27/25 documents hospitalized problems as Chronic Midline Thoracic back pain, Bacteremia due to Enterococcus, Osteomyelitis of Thoracic Spine, Pacemaker Infection-(Pacemaker removed), Suspected Heparin Induced Thrombocytopenia (HIT) in hospitalized patient and Fall.</p> <p>R4's hospital medical discharge records dated 5/8/25-5/27/25 documents discharge medications as Albuterol, Ampicillin 100 Milligram/Milliliter injection, Breztri Aerosphere 160-9-4.8 Microgram actuation inhaler, Carvedilol 12.5 Milligram, Ceftriaxone, Cholecalciferol, Famotidine, Ferrous Sulfate, Fluticasone Propionate, Gabapentin, Hydrocortisone 1% cream, Hydroxyzine, Lidocaine 5%, Loraepam, Methocarbamol, Ondansetron, Oxycodone, Polyethylene Glycol, Rosvastatin, Sertraline, Trazadone and Warfarin. Discharge instructions included to stop medications Cyclobenzapine, Furosemide and Spironolactone. The medication Carvedilol was stopped due to low blood pressure but resumed 5/26; Spironolactone was placed on HOLD due to low Blood pressure initially and now to worsening of her renal function. This medication will be resumed as indicated by primary care physician and cardiologist. No reasoning was included for stopping the medication Furosemide.</p> <p>R4's Nurse Progress notes dated 5/27/25 documents R4 was admitted to the facility from a local hospital and was sent back out to an area hospital on 5/28/25 due to complaints of Shortness of Breath (SOB).</p> <p>R4's Hospital Medical discharge records from local hospital dated 5/28/25-6/10/25 documents hospitalized problems as Chronic Midline Thoracic back pain, Bacteremia due to Enterococcus, Osteomyelitis of Thoracic Spine, Pacemaker Infection- (Pacemaker removed), Suspected Heparin Induced Thrombocytopenia (HIT) in hospitalized patient and Fall.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's hospital discharge medications from area hospital dated 5/28/29-6/10/25 are documented as: Furosemide 40 Milligrams daily, Ampicillin Sodium 2 gram reconstituted solution, Carvedilol 3.125 Milligram tablet daily, Ceftriaxone 2 gram reconstituted solution, Saccharomyces Boulardii 250 Milligram capsule daily, spironolactone 25 Milligram Daily, Sertraline 100 Milligram Daily, 50 Milligram 50 Milligram at bedtime, Famotidine 40 Milligrams daily, Rosuvastatin 40 Milligram, Carvedilol 12.5 Milligram every 12 hours, Diphenhydramine 50 Milligram capsule, Budesonide-Glycopyr-formoterol 160-9-4.9 Micrograms Actuation HFA Aerosol Inhaler, Albuterol Sulfate 90 Micrograms / Actuation, Cyclobenzapine 10 Milligram tablet, Ampicillin 2 gram reconstituted solution, Fluticasone Propionate 50 Micrograms/ Actuation Suspension Spray, Warfarin 4 mg Daily, Hydrocortisone 1% cream, Lidocaine 5% adhesive patch every 12 hours, Polyethylene glycol 3350 17 gras daily, Ceftriaxone 2 gram reconstituted solution, Ferrous Sulfate 325 Milligram Daily, Gabapentin 300 Milligram capsule three times/day, Hydroxyzine 10 Milligram every 4 hours as needed, Ondansetron 4 Milligram tablet, disintegrating every 8 hours as needed. Lorazepam 0.5 Milligram (0.25 Milligram every 6 hours as needed, Oxycodone 15 Milligram (7.5 Milligram every 4 hours as needed). HOLD Budesonide-Glycol-Formoterol 160-9-4.8 Microgram/Actuation HFA Aerosol Inhaler until seen by Primary Care Provider (PCP); DISCONTINUE Warfarin 3 Milligram tablet Tuesday-Thursday, 4.5 Milligram Monday, Wednesday, Friday, Saturday, and Sunday.</p> <p>On 7/1/26 at 12:36 PM V2 Director of Nursing (DON) stated they did not have any medication errors in the past 3 months. She did review the orders after the family did complain about R4 not receiving the specific medication Furosemide and did not see the order.</p> <p>On 7/3/25 at 10:00 AM V20 Nurse Practitioner stated the doctor sees the residents first and the nurse practitioners come in next. They try to review medical records prior to seeing the resident but a lot of the times the medical records are not available. We do review the electronic records but that is only helpful if the information has been put into the system. That is what happened with R4. The hospital discharge medications were not entered into the system. She (V20) only became aware that the resident was not receiving Lasix after R4's son brought it to her attention. It was clearly an error. No harm was done, however, the potential for harm was present due to possible fluid overload. Fluid overload can cause lung and/or heart problems. (V20) Nurse Practitioner had not encountered this problem with the facility before and do believe staff do provide good care.</p> <p>On 7/3/25 at 11:30 AM R4's admission nurse (V22) Licensed Practical Nurse stated when a resident is admitted , the hospital records are reviewed with doctor or NP. The facility usually has 2 nurses review the orders to ensure all orders have been entered correctly. We also have another nurse that audit the case to ensure all medications are captured. Uncertain how all R4's medications were not transcribed.</p> <p>On 7/3/25 at 3:30 PM V23 Registered Nurse stated she is the auditing nurse that goes over all orders for admissions or re-admissions. V23 (RN) stated she was on vacation the day that R4 was re-admitted to the facility. It was her understanding that either the Director of Nursing or Assistant Director of Nursing would take care of auditing admissions or re-admissions. Upon her (V23's) return to work R4's was not included in the stack of admissions that needed to be reviewed.</p> <p>On 7/3/25 at 4:30 PM R3 Assistant Director of Nursing stated the facility already had a system in place where 2 nurses would go over the orders during admission and the auditing nurse would review all admissions the next day. That check and balance worked until the auditing nurse went on vacation and this case fell through the cracks. After I became aware of the problem, I agreed to audit the admissions or re-admissions in the absence of the auditing nurse.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/8/25 at 1:40 PM V1 Administrator stated the facility instituted a check and balance system to avoid any potential issues of missing medication with 2 nurses being involved in the admission process and the bridge nurse to audit admissions. We have added the Assistant Director of Nursing to that process to cover when the bridge nurse is off work. We did investigate the incident and initiated a Plan of Correction.</p> <p>The facility's policy Medication Administration Using eMAR revised 11/11 documents the objective it to provide the resident with those medications deemed necessary by the physician to improve and/or stabilize specified diagnosis of the resident.</p> <p>Prior to the survey date, the facility took the following actions to correct the noncompliance.</p> <p>This tag was corrected on 6/24/25 This Plan of Correction in response to the statement of deficiency demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of compliance with Federal Medicaid and Medicare requirements.</p> <p>The Following Plan of Corrections was developed to ensure future compliance with all medication orders upon admission.</p> <ol style="list-style-type: none"> 1) Two nurses will review the discharge orders for all new admissions and readmissions together going line by line of the discharge order summary sheet. 2) The RN Bridge nurse will review all admission and readmission orders within 48 hours of admission and correct any identified issues. 3) The ADON will be clearly designated to perform the reviews of the clinical records within 48 hours of admission if the RN Bridge nurse is unavailable for any reason. 4) The Licensed staff were inservice on 6/24/25 regardig the admission process, including two Licensed nurses to review all discharge orders from hospital. 5) The ADON will perform no less than two audits of the admissions and/or readmissions weekly for no less than 4 weeks. <p>The QAPI will include these audits when they meet monthly and determine if further interventions are necessary.</p>		