

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Manor Court of Clinton		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Park Lane West Clinton, IL 61727	

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 0680</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>49492</p> <p>Based on observation, interview, and record review, the facility failed to provide the services of a clinically qualified Director of Activities. This failure has the potential to affect all 77 residents residing in the facility.</p> <p>Findings include:</p> <p>On 02/18/25 at 10:52 AM V5 states V5 is the Director of Activities and is required to manage all aspects of the activity department. This includes completing and implementing the facility activity calendar as well as scheduling staff. V5 states V5 is not certified and must enroll to begin the certification course. V5 states V5 is unsure when that will occur.</p> <p>On 02/18/25 at 11:00 AM V5, Activity Director, was actively managing activity personnel and directing the activity staff and coordination of the activities.</p> <p>On 02/19/25 at 10:58 AM V1 states V5 is the Activity Director and is not certified.</p> <p>The resident census report indicates 77 residents reside in the facility.</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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