

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Manor Court of Freeport		STREET ADDRESS, CITY, STATE, ZIP CODE 2170 West Navajo Drive Freeport, IL 61032	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41639</p> <p>Based on observation, interview, and record review, the facility failed to provide a call light to a resident, and failed to provide supervision to a resident while up in her wheelchair. This applies to 1 of 3 residents (R2) reviewed for safety and supervision in the sample of 6.</p> <p>The findings include:</p> <p>R2's electronic face sheet printed on 2/26/25 showed R2 has diagnoses including, but not limited to dementia with behaviors, hypertension, osteopenia, anxiety disorder, and pain.</p> <p>R2's facility assessment, dated 1/3/25, showed R2 has severe cognitive impairment and requires substantial/maximum staff assistance for transfers.</p> <p>The facility's accident/incident report showed R2 has experienced 9 falls within the past 6 months.</p> <p>R2's care plan, dated 7/8/24, showed, Resident at risk for falling related to need for safety reminders, occasional incontinence and generalized muscle weakness .alternate call light .when (R2) becomes agitated, remove from immediate area to a space that is quiet and calms her down, encourage (R2) to remain in a common area where staff are present to deter falls, staff to not leave her unattended, keep bed in lowest position .</p> <p>R2's nursing progress notes, dated 1/11/25 at 1:33PM, showed, Resident found lying on the floor next to her (reclining chair) in her room. aides report resident had been in room about 5 minutes prior to fall. No injuries noted. Vital signs within normal limits. No new complaints of pain or discomfort. Resident has been restless all day and was 1:1 supervision with nurses and activity from 0900-1130</p> <p>On 2/26/25 at 10:15AM, R2 was laying in her bed, alert and oriented to person only. R2 stated she does not have a call light and doesn't know what she would do if she needed help. R2's call light was detached from the wall unit and no call light could be found around or near R2's bed.</p> <p>(continued on next page)</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/26/25 at 10:22AM, V6 (Certified Nursing Assistant) stated, (R2) does not use a call light so she does not need one in her room. (R2) has had recent falls and that staff are to keep an eye on her and make sure she is not left alone in her room when she is up in her chair. This intervention has been in place for a while for (R2) as she gets very agitated and restless and can easily fall out of her chair. She has a history of putting herself on the floor so that is why we keep an eye on her when she is up in her chair.</p> <p>On 2/26/25 at 11:18AM, V2 (Interim Director of Nursing) stated, (R2) has an alternate call light that is a pad she is able to push. I don't think she understands what it is for, but she is able to use it. I was not aware that she did not have her call light in her room. There is no reason why she wouldn't have a call light. Even if she pulled on it and it came out of the wall system, it would still alert staff. This is a concern because if she doesn't have a call light then she has no way to alert staff if she needs assistance. (R2) has a care plan intervention not to be left alone in her room due to her placing herself on the floor and being restless and agitated. Staff were not following her care plan on 1/11/25 otherwise she wouldn't have fallen onto the floor. If staff are not following a residents fall prevention measures, they are putting residents at increased risk of falls and injuries.</p> <p>The facility's policy titled, Call Lights, with a revision date of 01/04, showed, Objectives: to respond to residents request and needs .Equipment: functioning call light .Procedure .7. If call light is defective, report immediately to maintenance .</p> <p>As of 2/26/25, the facility was unable to provide a fall policy per surveyor's request. V2 stated the facility does not have a designated fall policy.</p>