

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Manor Court of Rochelle		STREET ADDRESS, CITY, STATE, ZIP CODE 2203 Flagg Road Rochelle, IL 61068	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35119</p> <p>Based on observation, interview, and record review the facility failed to ensure resident safety by not implementing fall interventions for 1 of 3 residents (R2) reviewed for safety in the sample of 4.</p> <p>The findings include:</p> <p>On 12/11/24 at 10:55 AM, R2 was sitting in her wheelchair at the bedside. R2 had a golf ball size, scabbed over hematoma on her forehead above her left eye that was dark purple with yellowing edges. Under R2's left eye was yellow bruising. R2 had a brace on her left wrist and her hand, and fingers were purple. R2 said she was on the toilet in the bathroom and tried to wipe and fell on the floor. R2 said no one was in the bathroom when it happened. R2 said they sent her to the hospital, and she did not break anything or need stitches. R2 said they told her all the bruising was from the blood thinner she was on. R2 said this was the second time she fell in the bathroom.</p> <p>On 12/11/24 at 10:42 AM, V3 Certified Nursing Assistant (CNA) said R2 fell in the bathroom recently. The CNA had stepped out of the bathroom to get clothes and R2 fell .</p> <p>On 12/11/24 at 11:44 AM, V6 CNA said he had walked R2 to the bathroom and situated her on the toilet and had stepped out to pull down her bedding and within seconds he turned around and R2 was face down on the floor. V6 said R2 had blood coming from her head and was complaining her left arm was sore. V6 said he called for the nurse and R2 was sent out. V6 said R2 is a fall risk and is not supposed to be left alone in the bathroom.</p> <p>On 12/11/24 at 11:25 AM, V1 Administrator said R2 was in the bathroom, V6 stepped out, and R2 fell and sustained a hematoma to her forehead and a left wrist injury. V1 said V6 should not have left R2 alone in the bathroom and had received disciplinary action.</p> <p>R2's Care Plan shows R2 has a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and has an intervention dated 10/7/24 Do not leave in bathroom alone.</p> <p>R2's Admission Fall Risk assessment dated [DATE] shows R2 is at High Risk for falls.</p> <p>On 12/11/24 at 12:45 PM, V1 said the facility did not have a policy on falls or fall prevention.</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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