

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014385	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER PARKWAY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.690a) 300.690b) 300.690c) Section 300.690 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. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

01/31/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014385	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER PARKWAY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These REQUIREMENTS were not met as evidenced by: Based on interview and record review, the facility failed to notify the Regional Office at IDPH (Illinois Department of Public Health) of a Reportable Incident with serious injuries in 1 (R35) of 2 residents reviewed for falls in the sample of 41. The findings include: R35's face sheet documents that R35 was admitted to the facility on 3/17/22 with diagnoses including multiple fractures of pelvis with stable disruption of pelvic ring, subsequent encounter for fracture with routine healing, chronic obstructive pulmonary disease, unspecified, other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage. R35's "Event Report" dated 9/9/23 at 11:55pm, documents that R35 was observed laying supine next to bed, bare footed, adequate lighting, call light on bed side table next to bed. Room free of clutter. Res (resident) states she did not hit her head. No visible injuries noted at this time. Resident states she was trying to move the privacy curtain to go to the bathroom when she slid and fell to floor. R35 complained of LLE (Left Lower Extremity) pain. R35's Nurse Progress Note dated 9/10/24 at 6:22am by V9 (LPN/Licensed Practical Nurse) documents left femur, left hip and pelvis x-ray	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014385	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/12/2024
NAME OF PROVIDER OR SUPPLIER PARKWAY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 2 ordered due to pain. A Nurse Progress note by V9 dated 9/10/23 at 9:35am documents "Resident complained of pain post fall this nurse asked resident if she would like to go to the hospital for further eval and informed resident that this nurse did get x-rays ordered and resident stated, 'I'll think about it.' Gave resident a few minutes to decide and she has requested to go to the ER (emergency room)." R35's local hospital records dated 9/10/23 documents that R35 had a CT (Computerized Tomography) of abdomen pelvis with contrast dated 9/10/24 with an impression of "There are mildly displaced acute fractures involving the left superior and inferior pubic rami. No sacral fracture is identified. Sacroiliac joints are intact. Symphysis pubis is intact. The upper femurs and hip joints are intact. There is no extraperitoneal pelvic hematoma. No peripheral soft tissue hematoma." On 1/11/24 at 2:00pm, V1 (Administrator) said that she did not report it to IDPH (Illinois Department of Public Health). (C)	S9999			