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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024	
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Manor Court of Carbondale		2940 W Westridge Place Carbondale, IL 62901		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)			
F 0550 Level of Harm - Minimal harm	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.			
or potential for actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 49907	
Residents Affected - Some	Based on interview and record review the facility failed to answer call lights for residents needing assistance in a timely manner to promote dignity for 4 of 9 residents (R3, R6, R10, and R12) reviewed for call light response in a sample of 13.			
	Findings include:			
	1. R10's face sheet documents an admitted [DATE] with diagnoses in part; urinary tract infection, type 2 diabetes mellitus without complications, other abnormalities of gait and mobility, weakness, cognitive communication deficit, pain in right hip, pain in left hip, pain in right leg, diarrhea, nausea, urge incontinence.			
	R10's MDS (Minimum Data Set) dated 08/20/2024, documents in Section C-Cognitive Patterns a BIMS (Brief Interview for Mental Status) score of 10, indicating R10 is moderately cognitively impaired. It is documented in Section GG-Functional Abilities and Goals that R10 has an impairment of upper and lower extremities on both sides. Section GG also documents that R10 is requires staff assistance for toileting hygiene, Showering/bathing, dressing, bed mobility and transfers.			
	R10's current care plan documents R10 is at risk for falls, with interventions including instruct resident to call for assistance before getting out of bed or transferring.			
	On 09/24/2024 at 01:28pm, R10 who was alert and oriented stated she feels like she always has to wait forever for staff to answer her light. Especially in the evening. R10 stated she does not receive timely incontinence care and now has a sore bottom.			
	On this document there are incider 09/13/2024 at 02:49pm for fifteen r forty-seven seconds, and one at 03	a reviewed for call light response times ints of R10's bedside call light being on minutes and forty-nine seconds, again 7:55pm that had a response time of on proom at 06:45pm with a response time	over fifteen minutes. On at 06:06pm for fifteen minutes and e hour and forty minutes. The call	
		admitted [DATE] with diagnoses in part; er amnesia, pain, dependence on supp		
	(continued on next page)			
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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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		STREET ADDRESS, CITY, STATE, ZI 2940 W Westridge Place	P CODE
		Carbondale, IL 62901	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		on)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(Each deficiency must be preceded by full regulatory or LSC identifying information)         (Each deficiency must be preceded by full regulatory or LSC identifying information)         R6's MDS (Minimum Data Set) dated 05/22/2024 documents in Section C-Cognitive Patterns, a BIN Interview for Mental Status) score of 12, indicating R6 is cognitively intact. In Section GG-Functiona and Goals it documents that R6 requires staff assistance with toileting hygiene, showering and bath dressing, personal hygiene, bed mobility and transfers. In Section H- Bladder and Bowel, it document R6 is incontinent of bladder and bowel.		-Cognitive Patterns, a BIMS (Brief In Section GG-Functional Abilities giene, showering and bathing, Ider and Bowel, it documents that cent illness/hospitalization with etting out of bed or transferring. n't easy to get help when you need ecalls recently she has been left in he uses her call light often, she hey answer pretty quickly, say they is listed on it for 09/13/2024 through the call light in R6's restroom. One som for ten minutes and fifty-three cerebral infarction, unspecified, r lack of coordination, weakness, the skin and subcutaneous tissue, igenic bowel, not elsewhere
	assistance with toileting hygiene, si and Bowel, it documents that R3 is R3's care plan documents she is at sided Hemiplegia and osteoarthritis before getting out of bed or transfe	howering and bathing, bed mobility and frequently incontinent of bladder and b t a risk for falling related to history of ce s with interventions including, instructin rring. It also documents R6 requires sta nd repositioning and should be turned a	d transfers. In Section H- Bladder bowel. erebrovascular accident with left g resident to call for assistance aff assistance with care and that

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ND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		STREET ADDRESS, CITY, STATE, ZI 2940 W Westridge Place Carbondale, IL 62901	P CODE
or information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey a	agency.
X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
<sup>=</sup> 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul> <li>On 09/19/2024, at 12:58pm, R3, will CNA assigned to their hallway on the in a timely manner, she stated offere either. R3 stated she was under the were not content, she stated that due come in and they do not. R3 stated they will go find someone rather that 4. R12's face sheet documents and trochanter of left femur, subsequent abnormalities of gait and mobility, pressed weakness (generalized), W</li> <li>R12's MDS (Minimum Data Set) has assessment summary dated 09/04/indicating R12 is cognitively intact.</li> <li>R12's care plan documents that shassistance with turning and repositive recent fracture.</li> <li>On 09/24/2024 at 1:20pm, R12 who basically useless. She stated you cowill be back and then they are not. toilet on multiple occasions becaus has also experienced issues with h</li> <li>On 09/19/2024 at 09:50am, V9 (Cemanner on the weekends they are on 09/24/2024 at 12:00pm, V2 (Dimanswered within 15 minutes, he state call lights to be answered within 5 minutes, he state call lights to be answered within 5 minutes, he state call lights to be answered within 5 minutes, he state call tight with a state of the state of th</li></ul>	no appeared alert and oriented stated s ne weekends. R3 stated there is never n times she is incontinent but does not e understanding that everyone should b bes not happen for her and she tries to call light response times are all over th they will come back, and then they do n use her light. admitted [DATE] with diagnoses in part t encounter for closed fracture with rou- vain, need for assistance with personal eakness, acute cystitis without hematu is not been completed due to being rec 2024, documents a BIMS (Brief Intervi- e is at risk for falls, is incontinent of box oning and is toe touch weight bearing of o appeared alert and oriented stated th an ring your call light and you will wait R12 stated she has taken herself to the e she cannot wait any longer. R12 state er call light being answered timely. rtified Nurse Aide) stated call lights rar- so short. rector of Nursing) stated his expectation ited anything over that makes him sad. ninutes. V2 stated he knows that it is a prevision date on 01/04 documents the president's request. Do not make him/r	sometimes they do not even have a anyone to take her to the bathroom receive timely incontinence care be checked every 2 hours if they hit her call light to get them to he place, she stated sometimes n't. R3 stated if she is not in bed, t; displaced fracture of greater tine healing, nausea, other care, chest pain, pain in left hip, ria. ently admitted . R12's MDS ew for Mental Status) score of 13, wel and bladder and requires staff on her left lower extremity due to e call lights in this facility are forever, someone will tell you they a bathroom or transferred off the ed she recalls that her roommate ely get answered in a timely in would be that call lights were V2 stated he expects bathroom n issue here and they are trying to following under procedure;

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NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		STREET ADDRESS, CITY, STATE, ZI 2940 W Westridge Place Carbondale, IL 62901	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0677	Provide care and assistance to perform activities of daily living for any resident who is unable.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 49907
Residents Affected - Some	Based on interview, observation, and record review, the facility failed to provide dependent residents with showers and timely ADL (Activities of Daily Living) assistance for 4 of 9 residents (R1, R3, R8, R10) reviewed for ADL assistance in the sample of 13.		
	Findings include:		
	documents the following diagnoses impairment of uncertain or unknown without current pathological fracture dementia in other diseases classifie	dmitted [DATE] and a discharge date of in part; functional urinary incontinence in etiology, altered mental status, unspe e, cognitive communication deficit, wea ed elsewhere, unspecified severity, with bance, and anxiety. R1's Face Sheet d	e, unspecified, mild cognitive ecified, age-related osteoporosis kness, disorientation, unspecified nout behavioral disturbance,
	R1 did not have a completed MDS due to only residing in the facility for 5 days.		
	R1's baseline care plan with a revision date of 09/16/2024, documents that R1 is inco requires assistance with toileting/incontinence and dressing. R1's bath days are Mono Friday. R1's care plan further documents that she is at increased risk for pressure ulc including Turning and Repositioning every two hours as tolerated. Assist with turning Provide incontinence care after each episode.		
	R1's progress notes document the	following:	
	09/14/2024 10:36 AM . POA concerned of un neat appearance of Res. This nurse advised POA to speak to management on Monday during business hours to voice concerns. POA agreed to do so. This nurse assured POA of speaking with CNA (Certified Nursing Assistant) staff to meet the needs of Res. POA voiced thanks for this nurse's care.		
	09/14/2024 10:47 AM This nurse spoke to CNA staff regarding POA concerns. CNA staff voiced understanding. This nurse et (and) other nurse assessed Res room et (and) res appearance. Room in neat et (and) clean condition. Res in clean bed with clean bedding. Res wearing clean clothing. Res does not appear soiled. Res smiling , stating I am fine.		
	A document in R1's medical record titled Point of Care History dated 9/11/2024-9/18/2024 documents that R1 only received a shower on 09/16/2024 (Monday) at 05:52pm.		
	On 09/18/2024 at 09:47am, V2 (Director of Nursing/DON) stated R1 had only been in the facility for 5 days and that her family just seemed like they were nit-picking everything.		
	stated she did not make it too far of	NA) stated she was not really sure of t f her hallway that day, she was giving d R1 on 09/13/2024 (Friday), she state d her hair.	showers and that kept her pretty
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		STREET ADDRESS, CITY, STATE, ZI 2940 W Westridge Place Carbondale, IL 62901	P CODE
For information on the nursing home's	plan to correct this deficiency, please cont	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul> <li>On 09/19/2024 at 12:46pm, R2 who R1 and felt that R1 was not propert for herself. R2 stated R1 did not reacoming from her side of the room a had her daughters visiting often.</li> <li>R3's face sheet documents an ac difficulty in walking, not elsewhere of hemiplegia, unspecified affecting le other asthma, flaccid neuropathic b classified.</li> <li>R3's MDS (Minimum Data Set) data 15, indicating R3 is cognitively intac an impairment of upper and lower et assistance with toileting hygiene, sl and Bowel, it documents that R3 is</li> <li>R3's Current Care Plan documents with left sided Hemiplegia and oster assistance before getting out of bed and that she is to be assisted with th hours.</li> <li>On 09/19/2024, at 12:58pm, R3, wh the bathroom in a timely manner, sl incontinence care either. R3 stated 2 hours if they were not continent, s get them to come in and they do no sometimes they will come in and tu</li> <li>R8's face sheet documents an ac mobility, unsteadiness on feet, wea hypertension, cellulitis of unspecifie disorder, Obstructive and reflux uro</li> <li>R8's MDS (Minimum Data Set) data 14, indicating R8 is cognitively intac requires assistance with toileting hy Section H- Bladder and Bowel, it do</li> </ul>	by was alert to person, place and time s y placed on their hallway, she needed ally get out of bed much, but that she d nd could not speak on whether or not s dmitted [DATE] with diagnoses in part; classified, other reduced mobility, other ft nondominant side, local infection of t ladder, not elsewhere classified, neuro ed 08/14/2024, documents a BIMS (Bri ct. In Section GG-Functional Abilities a extremities on one side. This section al howering and bathing, bed mobility and frequently incontinent of bladder and b she is at a risk for falling related to his oarthritis with interventions including, in d or transferring. It also documents R3 urning and repositioning and should be the stated often times she is incontinen she was under the understanding that she stated that does not happen for he ot. R3 stated call light response times a rn it off, say they will come back, and t dmitted [DATE] with diagnoses in part; kness, acute respiratory failure with hy d part of limb, depression, iron deficier spathy, benign prostatic hyperplasia, ur ed 07/24/2024, documents a BIMS (Bri ct. In Section GG-Functional Abilities a vgiene, showering and bathing, dressin bocuments that R8 is frequently incontinent for date of 08/28/2024, documents he continent care after each incontinent ep	tated she was in the same room as a lot and could not really speak up id not notice any undesirable odors she received care. R2 stated R1 cerebral infarction, unspecified, r lack of coordination, weakness, the skin and subcutaneous tissue, ogenic bowel, not elsewhere ef Interview for Mental Status) of nd Goals it documents that R3 has so documents that R3 requires d transfers. In Section H- Bladder bowel. tory of cerebrovascular accident nstructing resident to call for requires staff assistance with care e turned and repositioned every two here is never anyone to take her to t but does not receive timely everyone should be checked every r and she tries to hit her call light to tre all over the place, she stated hen they don't. other abnormalities of gait and percapnia, essential (primary) ncy anemia, generalized anxiety inary tract infection, nausea. lef Interview for Mental Status) of nd Goals it documents that R8 ig, bed mobility and transfers. In ent of bladder and bowel. is at risk for pressure ulcers with bisode. Cleanse area of MASD

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STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         146171         NAME OF PROVIDER OR SUPPLIER         Manor Court of Carbondale         For information on the nursing home's plan to correct this deficiency, please cor		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZII 2940 W Westridge Place Carbondale, IL 62901 tact the nursing home or the state survey a	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul> <li>was a little sicker than he is now ar receiving timely incontinence care a and the girls do their best, there jus pretty scarce for staff and then other any issues this past weekend, but or R8 stated he does have some sore summer, he stated that it has improvit would probably be healed by now A grievance dated 06/19/2024 by F documented corrective actions take by a delay in timely hygiene.</li> <li>4. R10's face sheet documents an a diabetes mellitus without complicat communication deficit, pain in right R10's MDS (Minimum Data Set) da Interview for Mental Status) score o in Section GG-Functional Abilities a both sides. Section GG also docum Showering/bathing, dressing, bed r</li> <li>R10's current care plan documents antifungal powder to groin twice da On 09/24/2024 at 01:28pm, R10 wi wait forever for staff to answer her incontinence care and now has a s</li> <li>On 09/19/2024 at 09:50am, V9 (CN better. V9 stated when she comes changed for a while. V9 stated sorr V9 stated they are always short on where it starts, they are usually shore everything on top of the normal care</li> </ul>	<ul> <li>8 documents that he was having issue an were to CNA's on the importance of admitted [DATE] with diagnoses in part ions, other abnormalities of gait and mo- hip, pain in left hip, pain in right leg, dia ted 08/20/2024, documents in Section of 10, indicating R10 is moderately cogrand Goals that R10 has an impairment tents that R10 is requires staff assistan nobility and transfers.</li> <li>R10 is at risk for pressure ulcers with i ily as needed. Provide incontinent care no appeared alert and oriented stated s light, especially in the evening. R10 stated the incontinence care provide on shift and starts getting people up, yo te of the more alert residents on R1's h weekends; this past weekend was prefer at that has to be provided. V9 stated that re basically full right now and some of t</li> </ul>	ated he was having issues R8 stated it has gotten a little better a stated weekends are usually er. R8 stated he didn't recall having the girls running all over the place. hey have been treating it all to the toilet or cleaned up timelier, as with the care given. The peri care and what can be caused t; urinary tract infection, type 2 obility, weakness, cognitive arrhea, nausea, urge incontinence. C-Cognitive Patterns a BIMS (Brief nitively impaired. It is documented of upper and lower extremities on the for toileting hygiene, interventions including applying e after each incontinent episode. she feels like she always has to ted she does not receive timely ed on the night shift could be ou can tell that they haven't been all have also complained about it. tty bad. V9 stated that Fridays are ady for appointments and at there are many times there are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
	D	STREET ADDRESS, CITY, STATE, ZI	
NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		2940 W Westridge Place Carbondale, IL 62901	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0725 Level of Harm - Minimal harm or	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.		
potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 49907
Residents Affected - Many		ew, the facility failed to provide a suffic are. This has the potential to affect all	
	Findings include:		
	difficulty in walking, not elsewhere o hemiplegia, unspecified affecting le other asthma, flaccid neuropathic b classified. R3's MDS (Minimum Data Set) date	admitted [DATE] with diagnoses in part classified, other reduced mobility, other ft nondominant side, local infection of t ladder, not elsewhere classified, neurc ed 08/14/2024, documents a BIMS (Bri	r lack of coordination, weakness, the skin and subcutaneous tissue, ogenic bowel, not elsewhere lef Interview for Mental Status) of
	an impairment of upper and lower e assistance with toileting hygiene, sl	ct. In Section GG-Functional Abilities a extremities on one side. This section al howering and bathing, bed mobility and frequently incontinent of bladder and b	so documents that R3 requires d transfers. In Section H- Bladder
	with left sided Hemiplegia and oste assistance before getting out of be	she is at a risk for falling related to his oarthritis with interventions including, in d or transferring. It also documents R6 turning and repositioning and should be	nstructing resident to call for requires staff assistance with care
	the bathroom in a timely manner, si incontinence care either. R3 stated 2 hours if they were not content, sh get them to come in and they do not	no appeared alert and oriented stated t he stated often times she is incontinen she was under the understanding that he stated that does not happen for her a ot. R3 stated call light response times a rn it off, say they will come back, and t	t but does not receive timely everyone should be checked ever and she tries to hit her call light to re all over the place, she stated
	mobility, unsteadiness on feet, wea hypertension, cellulitis of unspecifie	admitted [DATE] with diagnoses in part kness, acute respiratory failure with hy d part of limb, depression, iron deficien pathy, benign prostatic hyperplasia, uri	percapnia, essential (primary) ncy anemia, generalized anxiety
	GG-Functional Abilities and Goals i	ts a BIMS of 14, indicating R8 is cognit it documents that R8 requires assistand and transfers. In Section H- Bladder a id bowel.	ce with toileting hygiene, showerin
	(continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		
plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
<ul> <li>R8's Current care plan documents lincontinent care after each incontinet to bilateral buttocks and apply zinc.</li> <li>On 09/18/2024 at 10:47am, R8 statt was a little sicker than he is now an receiving timely incontinence care a and the girls do their best, there just pretty scarce for staff and then other any issues this past weekend, but we R8 stated he does have some sore summer, he stated that it has improvit would probably be healed by now</li> <li>R10's face sheet documents an a diabetes mellitus without complicatic communication deficit, pain in right</li> <li>R10's MDS (Minimum Data Set) dat Interview for Mental Status) score of in Section GG-Functional Abilities a both sides. Section GG also docum Showering/bathing, dressing, bed mer R10's current care plan documents for assistance before getting out of On 09/24/2024 at 01:28pm, R10 wh forever for staff to answer her light. incontinence care and now has a set A document titled, Incident list was On this document there are inciden 09/13/2024 at 02:49pm for fifteen mer forty-seven seconds, and one at 07 light was triggered from R10's bath seconds.</li> <li>R6's MDS (Minimum Data Set) date of the set of the seconds.</li> </ul>	he is at risk for pressure ulcers with intervention of the did have a grievance earlier this ind was pretty dependent on staff. R8 si and assistance with personal hygiene. It aren't many of them to go around. R4 er days they are tripping over each other when he was out and about, he did see ness/open areas to his buttocks, and the ved some. R8 stated if was able to ge r. admitted [DATE] with diagnoses in part ons, other abnormalities of gait and m hip, pain in left hip, pain in right leg, di ted 08/20/2024, documents in Section of 10, indicating R10 is moderately cog and Goals that R10 has an impairment tents that R10 is requires staff assistar nobility and transfers. R10 is at risk for falls, with intervention bed or transferring. no was alert and oriented stated she fe Especially in the evening. R10 stated ore bottom. reviewed for call light response times its of R10's bedside call light being on ninutes and forty-nine seconds, again a is55pm that had a response time of one room at 06:45pm with a response time of one	erventions including providing noisture associated skin damage) a summer about care. R8 stated he tated he was having issues R8 stated it has gotten a little better 3 stated weekends are usually er. R8 stated he didn't recall having a the girls running all over the place. hey have been treating it all t to the toilet or cleaned up timelier, t; urinary tract infection, type 2 obility, weakness, cognitive arrhea, nausea, urge incontinence. C-Cognitive Patterns a BIMS (Brief gnitively impaired. It is documented of upper and lower extremities on nee for toileting hygiene, hs including instruct resident to call els like she always has to wait she does not receive timely for 09/13/2024 through 09/17/2024. over fifteen minutes. On at 06:06pm for fifteen minutes and a hour and forty minutes. The call of thirteen minutes and forty-nine chronic obstructive pulmonary emental oxygen, unilateral primary
	IDENTIFICATION NUMBER: 146171 ER plan to correct this deficiency, please configure SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by R8's Current care plan documents lincontinent care after each incontin to bilateral buttocks and apply zinc On 09/18/2024 at 10:47am, R8 statt was a little sicker than he is now and receiving timely incontinence care at and the girls do their best, there juss pretty scarce for staff and then other any issues this past weekend, but w R8 stated he does have some sore summer, he stated that it has impro- it would probably be healed by now 3. R10's face sheet documents an at diabetes mellitus without complicatic communication deficit, pain in right R10's MDS (Minimum Data Set) data Interview for Mental Status) score of in Section GG-Functional Abilities at both sides. Section GG also docum Showering/bathing, dressing, bed m R10's current care plan documents for assistance before getting out of On 09/24/2024 at 01:28pm, R10 wh forever for staff to answer her light. incontinence care and now has a su A document titled, Incident list was On this document there are inciden 09/13/2024 at 02:49pm for fifteen m forty-seven seconds, and one at 07 light was triggered from R10's bath seconds. 4. R6's face sheet documents an ad disease, unspecified diarrhea, other osteoarthritis, unspecified knee. R6's MDS (Minimum Data Set) date	IDENTIFICATION NUMBER: 146171       A. Building B. Wing         146171       STREET ADDRESS, CITY, STATE, ZI 2940 W Westridge Place Carbondale, IL 62901         plan to correct this deficiency, please contact the nursing home or the state survey         SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informatif incontinent care plan documents he is at risk for pressure ulcers with inti incontinent care after each incontinent episode. Cleanse area of MASD (r to bilateral buttocks and apply zinc twice daily.         On 09/18/2024 at 10:47am, R8 stated he did have a grievance earlier this was a little sicker than he is now and was pretty dependent on staff. R8 st receiving timely incontinence care and assistance with personal hygiene. and the girls do their best, there just aren't many of them to go around. Rt pretty scarce for staff and then other days they are tripping over each oth any issues this past weekend, but when he was out and about, he did see R8 stated he does have some soreness/open areas to his buttocks, and t summer, he stated that it has improved some. R8 stated if was able to ge it would probably be healed by now.         3. R10's face sheet documents an admitted [DATE] with diagnoses in part diabetes mellitus without complications, other abnormalities of gait and m communication deficit, pain in right hip, pain in right leg, di R10's MDS (Minimum Data Set) dated 08/20/2024, documents in Section Interview for Mental Status) score of 10, indicating R10 is moderately cog in Section GG also documents R10 is at risk for falls, with intervention for assistance before getting out of bed or transferring.         On 09/24/2024 at 01:28pm, R10 who was alert and oriented stated she fe forever for staff to answer her light. Especially in the evening

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	D	STREET ADDRESS, CITY, STATE, ZI	
NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		2940 W Westridge Place Carbondale, IL 62901	
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<ul> <li>interventions including, instructing r</li> <li>On 09/24/2024 at 01:47pm, R6 who</li> <li>it. R6 stated she has a hard time re</li> <li>the bathroom for an extended period</li> <li>stated sometimes it seems like no o</li> <li>will be back and then don't come bathroom for an extended period</li> <li>stated sometimes it seems like no o</li> <li>will be back and then don't come bathroom for an extended period</li> <li>A document titled, Incident list was</li> <li>09/17/2024. On this document there at 03:53pm for thirty-two minutes at seconds.</li> <li>5. R12's face sheet documents an attrochanter of left femur, subsequen abnormalities of gait and mobility, pmuscle weakness (generalized), we</li> <li>R12's MDS (Minimum Data Set) ha assessment summary dated 09/04/ indicating R12 is cognitively intact.</li> <li>R12's care plan documents that she assistance with turning and repositir recent fracture.</li> <li>On 09/24/2024 at 1:20pm, R12 who basically useless. She stated you cwill be back and then they are not. toilet on multiple occasions becaus has also experienced issues with h</li> <li>6. On 09/24/2024 at 01:30pm, R13 months and his care has been okay taking yourself to the bathroom. R1</li> <li>his call light for help, and his call lig the staff always seems rushed, he aweekends are always pretty rough</li> <li>On 09/18/2024 at 09:47am, V2 (Dir</li> </ul>	reviewed with call light response times e are two incidents on 09/13/2024 for the nd forty seconds. Another one at 09:06 admitted [DATE] with diagnoses in part t encounter for closed fracture with rou- bain, need for assistance with personal eakness, acute cystitis without hematur s not been completed due to being rec 2024, documents a BIMS (Brief Intervi e is at risk for falls, is incontinent of box oning and is toe touch weight bearing of a appeared alert and oriented stated the an ring your call light and you will wait R12 stated she has taken herself to the e she cannot wait any longer. R12 state er call light being answered timely. who was alert and oriented stated that /. R13 stated you call for help and nob 3 stated he has had CNA's lecture him ht was still going off from when he trief stated he thinks there is not enough of	etting out of bed or transferring. n't easy to get help when you need ecalls recently she has been left in he uses her call light often, she hey answer pretty quickly, say they a listed on it for 09/13/2024 through he call light in R6's restroom. One som for ten minutes and fifty-three at; displaced fracture of greater time healing, nausea, other care, chest pain, pain in left hip, ria. eently admitted . R12's MDS ew for Mental Status) score of 13, wel and bladder and requires staff on her left lower extremity due to e call lights in this facility are forever, someone will tell you they e bathroom or transferred off the ed she recalls that her roommate the has been here for about 8 ody comes, then they yell at you for on not toileting himself and using d to get some help. R13 stated that them to go around. R13 stated the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	146171	B. Wing	09/24/2024	
NAME OF PROVIDER OR SUPPLIER Manor Court of Carbondale		STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W Westridge Place Carbondale, IL 62901		
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	· LSC identifying information)	
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the night shift could be better. V9 s that they haven't been changed for about it. V9 stated they are always Fridays are where it starts, they are and everything on top of the norma are only 3-4 aides to 4 hallways, th 2-3 aides on them due to the needs from the memory care unit; they are staff that will assist the CNA's in the where they can when they see we from the lighter halls will pitch in wh call lights rarely get answered in a On 09/19/2024 at 02:50pm, V11 (C He recalled the weekend before he longer than they should for assistan On 09/24/2024 at 02:37pm, V2 (DC shifts, he will reference a couple of CNA supervisors where they discus scheduling template and employee were excluding the memory care un During the course of this investigati were made from V1 (Administrator) CNA's and a spreadsheet that was 09/20/2024 a handwritten copy of ti documents were reviewed, none of able to provide any reproducible events	tified Nursing Assistant/CNA) stated the tated when she comes on shift and state a while. V9 stated some of the more all short on weekends; this past weekend e usually short and then they have to ge l care that has to be provided. V9 state at are basically full right now and some is of their residents. V9 stated no matter e basically their own entity and schedul e main part of the building, is sometime are drowning. V9 stated that the staff all here they can. But there are only so ma- timely manner on the weekends they all NA) stated the weekends are always a had worked on 09/13/24 and he was since, because staffing was not good. DN) stated if he is trying to determine w things. He has a text thread with the of ss call ins and schedule changes. V2 st timecards. V2 stated the scheduling te nit. Ton, several requests for a working CN/ and V2 (DON). On 09/19/2024 a copy identified by V1 as the time clock punc he CNA assignment schedule and CNA these documents correlate the same in idence that there was sufficient staffing rt dated 9/18/24 documents there are of	rts getting people up, you can tell lert residents have also complained was pretty bad. V9 stated that et people ready for appointments d that there are many times there of the hallways should really have the weshort they are no one floats led separately. V9 stated the only et she kitchen staff, they will help ll try to work together and the aides ny of us to go around. V9 stated re so short. It mess when it comes to staffing. Sure there were residents waiting that staffing was like for previous ther administrative staff and the tated he will also compare the implate and assignments provided A schedule for 09/12/24-09/17/24 of the scheduling template for thes were produced. On A time cards were produced. These nformation. The facility was not g for CNA's on the dates requested.	