

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047225		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/01/2025	
NAME OF PROVIDER OR SUPPLIER CENTRALIA MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1910 EAST MCCORD RTE 161 EAST , CENTRALIA, Illinois, 62801			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Annual Licensure and Certification survey						
S9999	Final Observations		S9999				
	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						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1 to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>These REQUIREMENTS were not met as evidenced by:</p> <p>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 2 (R17, R49) of 7 residents reviewed for falls in the sample of 40 .</p> <p>The findings include:</p> <p>1. R17's "face sheet" documents that R17 was admitted to the facility on 04/23/10 with diagnoses including Alzheimer's disease unspecified and Altered mental status, unspecified.</p> <p>R17's "Event report" dated 03/01/25 documents the resident was changing clothing with CAN (Certified Nursing Assistant), CNA states resident tripped on pants and fell backwards hitting head on floor." This document states that R17 received a laceration to the back of the head.</p> <p>R17's progress notes document on 03/01/25 at 9:02pm, "RN (Registered Nurse) heard screaming coming from unit. Upon entry into unit, CNA in hallway stating "resident fell" Upon entry into resident room, resident laying supine on floor with head towards bathroom sink. CNA witnessed fall with resident, no loss of consciousness noted. Blood noted behind head. RN and CNA assisted resident into a sitting position, pressure applied to head. Laceration to back of head noted. 911 called and pressured applied until arrival."</p> <p>R17's progress notes document on 03/02/25 at 2:14pm, "RN took call from (name) RN at (local hospital) with update on resident. CT of abdomen/pelvis, brain, and spine normal with no fractures noted. 3 staples to laceration to back of the head..."</p> <p>2. R49's "face sheet" documents an admission date of</p>		S9999				

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S9999	<p>Continued from page 2 02/22/25 with diagnoses including displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, difficulty in walking, not elsewhere classified, presence of left artificial hip joint.</p> <p>R49's "Event report" dated 03/25/25 documents "Fully dressed. Shoes on with walker at side. Found in floor on back against door. Asked if was hurt-denied. ROM in all extremities. All extremities equal in length with no rotation noted."</p> <p>R49's progress notes document on 03/26/2025 at 6:15am "Resident c/o pain to LLE, near hip and thigh. When assessed, she did not allow staff to move her much, continuously stating "wait, hold on." She says her leg "hurts like the dickens."</p> <p>Contacted MD to inquire about xrays, stated to send to ER (Emergency Room). (Power of Attorney) notified and in agreement. Resident also agreed. (Local hospital) ER contacted, (local ambulance service) to be transporting.</p> <p>R49's progress notes document on 04/02/2025 at 3:31pm "(Local Hospital) nurse called report... Resident is returning today, following a LT (Left) hip arthroplasty. Res is WBAT (Weight bearing as tolerated) to LLE (left lower extremity), max 2 assist ..."</p> <p>On 06/26/25 at 2:03pm , V2 (Director of Nursing) stated to her knowledge, falls with a major injury, such as a fracture should be reported to the state.</p> <p>On 06/24/25 at 9:36am, V1 (Administrator) stated she was not able to locate any reportable incidents from March 2025, which was prior to her employment at the facility.</p> <p style="text-align: center;">"B"</p>		S9999				