STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145598	A. Building B. Wing	06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seminary Manor	2345 North Seminary Street Galesburg, IL 61401

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review the facility failed to notify the Health Care Power of Attorney of a change of condition for one (R1) of three residents reviewed for notification of changes. Findings include:On 6/20/26 at 10:15 AM V4 (R1's Health Care Power of Attorney) stated that he was not notified of R1's wounds on his heels. I had to find them myself on 5/13/26 when I was clipping his toenails. Someone should have called me and let me know that he had wounds. R1's Medical Record documents that R1 had bogginess (physical finding where tissue feels soft, spongy, or mushy upon palpation) noted to his left heel on 4/17/26.R1's Medical Record documents that he had an intact blister to his right heel discovered on 4/25/26. R1's notes included physician notification and new treatment orders for each wound.R1's Medical Record did not contain any documentation that V4 (R1's Health Care Power of Attorney) was notified of either wound finding (4/17/26 and 4/25/26.) On 6/22/26 at 9:00 AM V2 (Director of Nursing) confirmed that R1's Medical Record did not contain any documentation that V4 (R1's Health Care Power of Attorney) was notified that he had wounds. If they (nurses) did not document it, then it was not done. It should be documented in his notes and his Power of Attorneys should always be notified of wounds.The Facility's Change in a Resident's Condition policy dated 07/1998 documents Unless otherwise instructed by the resident the nurse will notify the resident's representative when b. there is a significant change in the resident's physical, mental or psychosocial status. Except in medical emergencies, notification will be made within twenty four hours of a change occurring the resident's condition or status.

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