

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/09/2025
NAME OF PROVIDER OR SUPPLIER  Centralia Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  1910 East McCord Rte 161 East Centralia, IL 62801	

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 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>(continued on next page)</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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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to initiate cardiopulmonary resuscitation (CPR) timely for 1 of 3 (R1) residents reviewed for death in the sample of 11. This failure resulted in facility staff not initiating CPR for 10-15 minutes after finding R1, who had chosen to be a full code with full treatment, in bed with no pulse and no respirations. CPR was not initiated until V11 (RN/Registered Nurse) was told by oncoming staff that R1 was a full code. After CPR was initiated, R1 was transferred via ambulance to the local hospital and pronounced dead. This failure resulted in an Immediate Jeopardy, which was identified to have begun on [DATE] when facility staff failed to immediately initiate CPR after finding R1 with no pulse and no respirations. This failure resulted in R1 who was without pulse and respirations not receiving CPR for 10-20 minutes. After CPR was initiated R1 was transferred to the local hospital by emergency services and pronounced dead shortly after arrival at the hospital. V1 (Administrator) and V13 (Regional Nurse) were notified of the Immediate Jeopardy on [DATE] at 4:10 PM. This surveyor confirmed by interview and record review the Immediate Jeopardy was removed, and the deficient practice corrected on [DATE], prior to the start of the survey and was therefore Past Noncompliance. Findings Include: R1's undated Resident Face Sheet documents R1 was admitted to the facility on [DATE] with diagnoses that include atrial fibrillation, acute respiratory disease, diabetes, chronic obstructive pulmonary disease, heart failure, pleural effusion, chronic kidney disease, and hypertension. R1's MDS (Minimum Data Set) dated [DATE] documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R1 was cognitively intact. R1's POLST (Practitioner Order for Life-Sustaining Treatment) form dated [DATE] documents under Orders for Patient in Cardiac Arrest a check mark next to Yes CPR: Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. This same form documents under Orders for Patient Not in Cardiac Arrest a check mark next to, Full Treatment Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated. This indicates if R1 was found with no pulse and no respirations all treatments should be attempted to revive R1. R1's Physician Order Report dated [DATE] to [DATE] documents in bold print next to R1's name Full code. R1's current Care Plan documents the following header, Care Plan- (R1) (Full Code). R1's Vitals Report dated [DATE] documents the following vital signs 2:01 AM- blood pressure 137/75, oxygen saturation 96%, respirations 20 per minute, pulse 65 per minute; 2:47 AM - temperature 98.1 degrees Fahrenheit, pulse 74/per minute, respirations 20 per minute, blood pressure 112/54, oxygen saturation 98%. R1's Medication Administration History dated [DATE] documents R1's blood sugar was checked between 5 and 7 am with the result documented as 173. R1's Progress Notes document the following on [DATE]: 2:48 AM, Continues on droplet precautions r/t (related to) Covid-19. Lungs diminished, no cough or SOB (shortness of breath) at this time. Vitals obtained Q (every) 4 hours. Will continue to monitor. Signed by V11 (Registered Nurse/RN) 6:34 AM, CNA (Certified Nursing Assistant) came to signee stating resident not breathing and pulseless. CPR (cardiopulmonary resuscitation) initiated and 911 notified. Signed by V11 (RN) 6:35 AM, signee entered facility and was informed of resident's passing. Signee then alerted staff that resident was a full code, and that CPR was needed STAT. crash cart taken to resident's room. 911 called per floor nurse. Signed by V3 (Licensed Practical Nurse/LPN) 6:40 AM, (initials of ambulance service) here at this time x (times) 2 personnel. Attempted to reach both spouse, and daughter (name of daughter) with no answer. 6:50 AM, attempted to reach (V7/Physician) at this time with no answer. EMS (emergency medical services) leaving with compressions given. 7:10 AM, MD (physician) notified of resident condition. 7:30 AM, POA (power of attorney) notified of resident condition. 7:34 AM, Hospital called to notify resident expired. Time of death 0712 (7:12 AM). R1's local ambulance report documents on [DATE] at 6:36 AM the call was received, and the ambulance was dispatched to the facility and arrived at 6:41 AM. Under Patient Complaints the report documents Chief Complaint as Cardiac Arrest (Primary). Under Assessments and Comments the report documents R1 has no airway and no pulses. Under Narrative the report documents, Vehicle 44 dispatched Lights and Sirens to respond immediately to (initials of facility) for a male pt (patient) in arrest. Arrived on scene to find one staff member in pt's room performing CPR. Staff stated the pt was moving from his wheelchair to the bed and soon after went unresponsive. continued CPR for staff as EMS (Emergency Medical Services) placed pt on monitor showing asystole. Pt placed on EMS stretcher via 4-man sheet lift with stran x (times) 5 transfer initiated to (initials of local hospital) with radio</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Based on interview and record review the facility was unable to provide reproducible evidence annual training was completed for all staff. This failure has the potential to affect all 66 residents currently residing at the facility. Findings Include: The facility Resident Directory dated 9/3/2025 documents there are 66 residents currently residing at the facility. Review of the facility training/in-service records do not document specific annual training for all staff. On 9/8/25 at 12:18 PM, V1 (Administrator) notified this surveyor via email they were unable to locate documentation annual training had been completed for all staff. The facility Policy 1.10 on Inservice Training revised on 2/25/19 documents, Policy: The facility shall provide an on-going inservice program designed to cover job skill, training, and on-going education. The Administrator shall coordinate inservice training and provide appropriate documentation to indicate time, program content, and personnel attending. Purpose: 1. To enhance the training capabilities of all personnel. 2. To provide continuing education opportunities and promote job satisfaction</p>		

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<p>F 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>Based on interview and record review the facility failed to ensure staff were trained on effective communications. This has the potential to affect all 66 residents currently residing at the facility. Findings Include: The facility Resident Directory dated 9/3/2025 documents there are 66 residents currently residing at the facility. Review of the facility training/in-service records do not document effective communication training for staff. On 9/8/25 at 12:18 PM, V1 (Administrator) notified this surveyor via email they were unable to locate documentation effective communication training had been completed for all staff. The facility Policy 1.10 on Inservice Training revised 2/25/19 documents, Policy: The facility shall provide an on-going inservice program designed to cover job skill, training, and on-going education. The Administrator shall coordinate inservice training and provide appropriate documentation to indicate time, program content, and personnel attending. Purpose: 1. To enhance the training capabilities of all personnel. 2. To provide continuing education opportunities and promote job satisfaction</p>		

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F 0942  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.  Based on interview and record review the facility failed to ensure all staff were trained on resident rights. This has the potential to affect all 66 residents residing at the facility. Findings Include: The facility Resident Directory dated 9/3/2025 documents there are 66 residents currently residing at the facility. Review of the facility training/in-service records do not document staff were trained on resident rights. On 9/8/25 at 12:18 PM, V1 (Administrator) notified this surveyor via email they were unable to locate documentation staff had been trained on resident rights. The facility Policy 1.10 on Inservice Training revised 2/25/19 documents, Policy: The facility shall provide an on-going inservice program designed to cover job skill, training, and on-going education. The Administrator shall coordinate inservice training and provide appropriate documentation to indicate time, program content, and personnel attending. Purpose: 1. To enhance the training capabilities of all personnel. 2. To provide continuing education opportunities and promote job satisfaction		

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide training in compliance and ethics.</p> <p>Based on interview and record review the facility was unable to provide reproducible evidence staff were trained on compliance and ethics. This failure has the potential to affect all 66 residents residing at the facility. Findings Include:The facility Resident Directory dated 9/3/2025 documents there are 66 residents currently residing at the facility. Review of the facility training/in-service records do not document specific compliance and ethics training for all staff. On 9/8/25 at 12:18 PM, V1 (Administrator) notified this surveyor via email they were unable to locate documentation compliance and ethics training had been completed for all staff. The facility Policy 1.10 on Inservice Training revised 2/25/19 documents, Policy: The facility shall provide an on-going inservice program designed to cover job skill, training, and on-going education. The Administrator shall coordinate inservice training and provide appropriate documentation to indicate time, program content, and personnel attending. Purpose: 1. To enhance the training capabilities of all personnel. 2. To provide continuing education opportunities and promote job satisfaction</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on interview and record review the facility failed to ensure required in-service training for CNA's (Certified Nursing Assistants) was completed. This has the potential to affect all 66 residents currently residing at the facility. Findings Include: The facility Resident Directory dated 9/3/2025 documents there are 66 residents currently residing at the facility. Review of the facility training/in-service records do not document specific the required annual in-service training for CNA's was completed. On 9/8/25 at 12:18 PM, V1 (Administrator) notified this surveyor via email they were unable to locate documentation the required CNA training had been completed. The facility Policy 1.10 on Inservice Training revised 2/25/19 documents, Policy: The facility shall provide an on-going inservice program designed to cover job skill, training, and on-going education. The Administrator shall coordinate inservice training and provide appropriate documentation to indicate time, program content, and personnel attending. Purpose: 1. To enhance the training capabilities of all personnel. 2. To provide continuing education opportunities and promote job satisfaction</p>		

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<p>F 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>Based on interview and record review the facility failed to ensure staff were trained on behavioral health services. This failure has the potential to affect all 66 residents currently residing at the facility. Findings Include: The facility Resident Directory dated 9/3/2025 documents there are 66 residents currently residing at the facility. Review of the facility training/in-service records do not document behavioral health services training for all staff. On 9/8/25 at 12:18 PM, V1 (Administrator) notified this surveyor via email they were unable to locate staff were trained on behavioral health services. The facility Policy 1.10 on Inservice Training revised 2/25/19 documents, Policy: The facility shall provide an on-going inservice program designed to cover job skill, training, and on-going education. The Administrator shall coordinate inservice training and provide appropriate documentation to indicate time, program content, and personnel attending. Purpose: 1. To enhance the training capabilities of all personnel. 2. To provide continuing education opportunities and promote job satisfaction</p>		