

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 09/24/2025
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)
F 0550 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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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F 0550 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to answer alternative call lights for residents needing assistance in a timely manner to promote dignity for 5 residents of 13 residents (R1, R2, R4, R6, and R7) reviewed for call light response in a sample of 13. This failure resulted in R1, R2 and R4 having bowel and bladder accidents which lead to feelings of humiliation, embarrassment and shame. Findings include: 1. R1's Face Sheet dated 09/23/25 documents an admission date of 08/21/25 with diagnoses in part of fusion of the spine lumbar region, muscle weakness, other rupture of muscle, spinal stenosis lumbar region, other specified local infection of the skin and subcutaneous tissue, anxiety, rheumatoid arthritis, overactive bladder, and unspecified injury at unspecified level of cervical spinal cord. R1's MDS (Minimum Data Set) dated 08/28/25 documents in Section C a BIMS (Brief Interview for Mental Status) score of 14 which indicates R1 is cognitively intact. Section GG documents toileting as set-up and clean up help. R1's Care plan documents a problem area of R1 is at risk for falling r/t (Related to) HTN (Hypertension), depression, anemia, spinal stenosis an approach for this problem documents- therapy to use 2 assist with transfer to the toilet as tolerated and instruct R1 to call for assist before getting out of bed or transferring. Another Problem area documents Resident care information with an approach of - bowel and bladder continent and safe resident handling procedures transfer method sit to stand level of assistance x2 assist. On 09/22/25 at 9:32AM, R1 stated that the call light system on her hall has been down almost since she was admitted to the facility. R1 said they gave her a bike horn to be able to get a hold of staff when she needs help. R1 said she thinks that staff can hear the horn most of the time. R1 said that other times she doesn't know if they can hear it. R1 said one time it took them 45 minutes to answer her horn. R1 said that she has pissed all over herself a couple of times and she was so embarrassed that she must sit and lay in her own piss until someone finally comes and helped her get cleaned up. R1 said her roommate has jingle bells and when she needs something she will ring them, and staff doesn't hear her. R1 said that she will then honk her horn for her roommate so she can get help. R1 stated that staff told me that I don't need to honk my horn for my roommate that she has her own bells and needs to use them. R1 said that she tried to tell staff that her roommate has been ringing her jingle bells and no one was coming to help her. R1 said they have tried several different devices to be able to call for help and the horn seems to be the one that works the best. R1 stated her being at the end of the hall that it is harder for staff to hear her horn. 2. R2's Face Sheet dated 09/23/25 documents an admission date of 09/05/25 with diagnoses in part of aftercare following joint replacement surgery to right knee, paroxysmal atrial fibrillation, muscle spasm of calf, muscle weakness, chronic kidney disease, overactive bladder, irritable bowel syndrome, and type 2 diabetes mellitus. R2's MDS dated [DATE] documents in Section C a BIMS score of 15 which indicates R2 is cognitively intact. Section GG documents toileting as supervision or touching assistance. R2's Care Plan documents a problem area of Resident Care Information with an approach of - continent of bowel and bladder, safe resident handling procedure transfer method stand aid level of assist: assist x1. On 09/22/25 at 12:45PM, R2 stated that the call light system has been down since she was admitted. R2 said that they give residents, bells, horns and whistles to use when they need help, and it is a joke. R2 said that staff is so loud or playing music and don't hear when we are using out devices to get help. R2 said she has a horn, and her roommate has bells, but it doesn't matter which one you have they don't hear any of them. R2 said she was supposed to wait for help from staff and she would honk her horn, and no one would come and answer her horn. R2 said she had had several accidents where she urinated on herself waiting on someone to come help. R2 said it was humiliating she said that she is [AGE] years old, and she does not want to be urinating all over herself if she doesn't have to. R2 said she did have to sit in her own urine for a while as she waited for a staff member to figure out who was honking or when they finally heard that she was honking for help. R2 said she finally got tired of waiting on staff to answer her horn and she just started taking herself to the bathroom instead of waiting on someone to help her. R2 said she has been working with therapy and she was supposed to be waiting on staff to assist her to the bathroom, but now she just does it on her own instead of waiting and urinating on herself. R2 said that this call system they have in place right now is a joke and they need to get the other system working so they can figure out who needs help and when they need help. 3. R4's Face Sheet dated 09/23/25 documents an admission date of 06/18/25 with diagnoses in part of periprosthetic fracture around other internal prosthetic joint aftercare following joint replacement surgery, muscle weakness, other</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a functional call system for the 32 residents living on the 300, 400, and 500 halls. The findings include: 1. On 09/22/25 at 9:32AM, R1 stated that the call light system on her hall has been down almost since she was admitted to the facility. R1 said they gave her a bike horn to be able to get a hold of staff when she needs help. R1 said she thinks that staff can hear the horn most of the time. R1 said that other times she doesn't know if they can hear it. R1 said one time it took them 45 minutes to answer her horn. R1's MDS (Minimum Data Set) dated 08/28/25 documents in Section C a BIMS (Brief Interview for Mental Status) score of 14 which indicates R1 is cognitively intact. 2. On 09/22/25 at 12:45PM, R2 stated that the call light system has been down since she was admitted. R2 said that they give the residents, bells, horns and whistles to use when they need help, and it is a joke. R2 said that staff is so loud or playing music and don't hear when we are using out devices to get help. R2 said she has a horn, and her roommate has bells, but it doesn't matter which one you have they don't hear any of them. R2 said that this call system they have in place right now is a joke and they need to get the other system working so they can figure out who needs help and when they need help. R2's MDS dated [DATE] documents in Section C a BIMS score of 15 which indicates R2 is cognitively intact. 3. On 09/22/25 at 11:55AM, R3 stated that the call light system has been down since she was admitted to the facility. R3 said that staff gave them things like bells, whistles and horns to try and get staffs attention when they need something. R3 said that staff has a hard time trying to figure out who's whistle is going off. R3 said that staff will walk up and down the halls trying to figure out who is whistling, honking or ringing for help and they have several halls to go down to figure that out. R3's MDS dated [DATE] documents in Section C a BIMS score of 14 which indicates R3 is cognitively intact. 4. On 09/22/25 at 9:31AM, R4 stated that she has bells she is supposed to jingle when she needs help. R4 stated that staff doesn't really hear the bells when she is ringing them, and she has her roommate will honk her horn just so she can get someone to come take her to the bathroom or when she needs a bed pan. R4's MDS dated [DATE] documents in Section C a BIMS score of 11 which indicates R4 has moderately impaired cognition. 5. On 09/22/25 at 9:49AM, R6 stated that she has a whistle to blow on when she needs assistance. R6 stated she gets winded because she must keep blowing in the whistle until staff finally comes in and helps her. R6 stated is takes staff a while to come when she is blowing her whistle, because there are several residents that have whistles, and staff must try and figure out what hall and which residents whistle is being blown on. R6's MDS dated [DATE] documents in Section C a BIMS score of 15 which indicates R6 is cognitively intact. 6. On 09/23/25 at 8:57AM, R11 who was alert and oriented stated that when she needs assistance to go to the bathroom, she will just wheel over to the hallway and find a staff member. R11 stated that she didn't have a whistle, bells, or horn. R11 stated that she just must look for someone. R11 stated that she uses to hit the button on that white cord on the wall when she needed help, but it stopped working. On 09/23/25 at 8:58AM there were no whistles, bells, or horns observed in R11's room, that could be seen in plain sight. On 09/23/25 at 3:28PM observed V2 (Director of Nursing/DON) in R11's room looking for R11's alternative call light. V2 found R11's whistle in a bin on resident bedside table covered up under papers. On 09/23/25 at 3:32PM, R11 stated that she doesn't like to use the whistle it is too loud, she will just go and get someone in the hallway when she needs help. 7. On 09/23/25 at 2:10PM observed R12 laying in bed. R12 had no bells, no whistle, and no horn next to her while she was laying in bed. Observed a bedside table next to the empty bed in R12's room that had bells laying on the table out of reach of the resident. On 09/22/25 at 2:34PM observed bells jingling from the nurses' station unable to locate if the jingling was coming from 400 hall or 500 hall. Observed staff going down the halls trying to figure out who was jingling the bells. During observation another resident was sitting by the nurses' station singing which was making it harder to hear the ring from the bells. On 09/22/25 at 2:36PM, V6 (Certified Nurse Assistant/CNA) stated that she usually works 300, 400, and 500 halls. V6 stated that she thinks the call light system for 300, 400, and 500 halls went out around the end of August. V6 stated that it is hard to figure out which hall the resident is whistling, honking or jingling the bells from. V6 said they go down every hall trying to figure out who needs help. V6 said the residents know to keep honking their horns, blowing their whistles, and jingling their bells until we figure out who it is. V6 said even from the nurses' station which is located between all the halls it is hard to figure out which direction the sound is coming from especially if they have staff and residents talking at the nurse's station. V6 said it is especially hard to hear</p>		