STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145666	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centralia Manor	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure privacy was maintained for 1 (R1) of 3 residents reviewed for privacy in the sample of 6. Findings included:R1's Face Sheet documented an admission date to the facility on 7/26/2023 with the following diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, depression, unspecified, generalized anxiety disorder, other insomnia, and rapid eye movement sleep behavior disorder. R1's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview Mental Score (BIMS) of 04 documenting R1 had severe cognitive impairment. Section I Active Diagnoses documented R1 has non-Alzheimer's dementia, anxiety, depression and psychotic disorder. R1's Care Plan documented a focus area of behavioral symptoms of depression and dementia without behavioral disturbances. R1 care plan documents R1 has delusions and becomes upset after family visits. R1 packs her belongings throughout the day and evening waiting for family to pick her up. In the past R1 has hid in her own and other resident's closets, bathrooms, and under beds stating that someone is going to kidnap her or she has been raped, hears gunshots, and thinks others are out to kidnap her with interventions that included reassure R1 that staff is here to make sure she is safe. On 5/12/2026 at 10:07 AM, V4 (Certified Nursing Assistant/CNA) stated she had recorded a video of R1 about a month ago when she was lying on her closet floor, sleeping. V4 stated, R1 is a relative of hers and she did not realize until just now that she should not have posted the video to her snap chat. V4 stated, she had been working with V12 (CNA) when they went to check on R1 around 6:00PM because she had not been out of her room in a while. V4 stated, she had been recording with her phone when she entered the room and when pulling back the closet door showing R1 lying on the floor covered up with a blanket then she stopped recording. V4 stated, she did not post the video until a week (around 5/1/2026) or so later when she was looking back over her memories in her phone. On 5/12/2026 at 11:01 AM this surveyor viewed V4's recording of opening a closet door and R1 lying on her closet floor covered up with a blanket posted to V4's social media account. This post contained the facility name with a recorded date 2 weeks prior from memories in V4's phone to posting the video. On 5/13/2026 at 12:02 PM, V1 (Administration) stated her expectation for all staff is to follow the policy and procedure for residents' privacy. The facility's Resident Rights Policy (revised 11/28/2017) documented under Privacy and Confidentiality: The resident has a right to personal privacy and confidentiality of his or her personal and medical records. The facility must respect the residents right to personal privacy,.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145666	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Centralia Manor	1910 East McCord Rte 161 East Centralia, IL 62801

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents were free from abuse by a staff member for 1 (R1) of 3 residents reviewed for abuse in the sample of 6. Findings included:R1's Face Sheet documented an admission date to the facility on 7/26/2023 with the following diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, depression, unspecified, generalized anxiety disorder, other insomnia, and rapid eye movement sleep behavior disorder. R1's Minimum Data Set (MDS) dated [DATE] documented a Brief Interview Mental Score (BIMS) of 04 documenting R1 had severe cognitive impairment. Section I Active Diagnoses documented R1 has non-Alzheimer's dementia, anxiety, depression and psychotic disorder. R1's Care Plan documented a focus area of behavioral symptoms of depression and dementia without behavioral disturbances. R1 care plan documents R1 has delusions and becomes upset after family visits. R1 packs her belongings throughout the day and evening waiting for family to pick her up. In the past R1 has hid in her own and other resident's closets, bathrooms, and under beds stating that someone is going to kidnap her or she has been raped, hears gunshots, and thinks others are out to kidnap her with interventions that included reassure R1 that staff is here to make sure she is safe. On 5/12/2026 at 10:07 AM, V4 (Certified Nursing Assistant/CNA) stated she had recorded a video of R1 about a month ago when she was lying on her closet floor, sleeping. V4 stated, R1 is a relative of hers and she did not realize until just now that she should not have posted the video to her snap chat. V4 stated, she had been working with V12 (CNA) when they went to check on R1 around 6:00PM because she had not been out of her room in a while. V4 stated, she had been recording with her phone when she entered the room and when pulling back the closet door showing R1 lying on the floor covered up with a blanket then she stopped recording. V4 stated, she did not post the video until a week (around 5/1/2026) or so later when she was looking back over her memories in her phone. On 5/12/2026 at 11:01 AM this surveyor viewed V4's recording of opening a closet door and R1 lying on her closet floor covered up with a blanket posted to V4's social media account. This post contained the facility name with a recorded date 2 weeks prior from memories in V4's phone to posting the video. On 5/12/2026 at 10:22 AM, V1 (Administration) she had not been aware of the incident of V4 recording R1 in her closet and posting it to social media. V1 stated she will start an investigation immediately. The Facility's Initial Reportable Event dated 5/12/2026 documented in part: R1 an [AGE] year-old female had been recorded sleeping on her closet floor by V4 (CNA) about a month ago. Notification of family/physician made. V4 contacted and suspended pending further investigation. Final follow up report to follow. The facility's Abuse Policy (revised 11/28/2019) documented under Policy: The facility actively prohibits resident abuse including neglect, corporal punishment, involuntary seclusion, misappropriation of property, injuries of unknown source, exploitation and use of any physical or chemical restraint not required to treat resident's symptoms. Under Purpose: to protect residents from any kind of abuse such as verbal, sexual, mental, physical, including corporal punishment, involuntary seclusion, misappropriation of property, injuries of unknown source, exploitation and use of any physical or chemical restraint not required to treat resident's symptoms.