

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/10/2025
NAME OF PROVIDER OR SUPPLIER  Fireside House of Centralia		STREET ADDRESS, CITY, STATE, ZIP CODE  1030 Martin Luther King Blvd 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure two staff were available when using a mechanical lift for 1 of 3 (R8) residents reviewed for accidents in the sample of 14.</p> <p>Findings Include:</p> <p>R8's admission Record with a print date of 7/9/25 documents R8 was admitted to the facility on [DATE] with diagnoses that include dementia, muscle weakness, and vision loss.</p> <p>R8's Minimum Data Set (MDS) dated [DATE] documents R8 has a BIMS score of 09, indicating a moderate cognitive deficit. This same MDS documents R8 is dependent on staff for transfers.</p> <p>R8's current Care Plan documents a Focus area of Risk for falls. This Focus area includes the intervention mechanical lift for transfers. There are no dates documented on this Care Plan.</p> <p>R8's Order Summary Report dated 7/9/25 includes the following physician order, Mechanical Lift for transfers every shift, with a start date of 10/05/2019.</p> <p>On 7/8/25 at 7:05 PM, V4 (Certified Nursing Assistant/CNA) was in R8's room transferring R8 from chair to bed using a mechanical lift. V4 was attempting the transfer without assistance of another staff. V4 had R8 in the lift and in the air when this surveyor started the observation. V4 wheeled the lift to the bed and started to lower R8 onto the bed. V4 had to stop and raise R8 up again because she was high enough her head was too close to the head of the bed. V4 adjusted the lift and began lowering R8 to the bed again. V4 stopped the lift and had to adjust R8 to the center of the bed because she was too close to the edge. V4 then lowered R8 to the bed. V20 (Licensed Practical Nurse/LPN) was in the hallway preparing medications to administer to other residents, throughout this observation.</p> <p>On 7/8/25 at 7:16 PM, V4 (CNA) stated she came to work at 6 am and was supposed to leave at 6 PM. V4 stated they had other CNA's not show up for work tonight and she would be leaving as soon as she got the residents settled for the night. V4 stated there were two other CNA's working on her hall and one CNA working on the other hall. V4 stated three CNA's is enough to meet the needs of the residents after they are all in bed. V4 stated she transferred R8 using a mechanical lift without the assistance of another CNA. V4 stated she did that because the other CNA's were providing care to other residents and they didn't have enough staff to meet the needs of the residents right now.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/8/25 at 7:08 PM, V20 (LPN) stated she had three CNA's working with her. V20 stated that is enough to meet the needs of the residents, sometimes.</p> <p>On 7/9/25 at 2:58 PM, R8 stated she guessed they used a mechanical lift to transfer her. R8 stated she wasn't sure how many staff were present when they did it. R8 stated she had never been hurt or fallen during a transfer.</p> <p>On 7/9/25 at 3:05 PM, V3 (Assistant Director of Nursing) stated they have enough staff as long as they don't call in. After this surveyor reviewed the observation of V4 transferring R8 without assistance of another staff, V3 stated she would expect the nurse to stop administering medications and assist with the transfer.</p> <p>The facility Safe Lifting and Movement of Residents policy dated July 2017 documents, In order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure supplements were available for 4 of 6 (R1, R2, R10, and R14) residents reviewed for nutrition in the sample of 14.</p> <p>Findings Include:</p> <p>1. R1's admission Record with a print date of 7/9/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include diabetes, dementia, and vitamin deficiency.</p> <p>R1's MDS (Minimum Data Set) dated 3/26/25 documents a BIMS score of 05, indicating R1 has a severe cognitive deficit.</p> <p>R1's current Care Plan documents a Focus area of, Actual alteration in nutrition or hydration status r/t (related to) Vitamin D deficiency, hypomagnesium, n/v (nausea/vomiting), GERD (gastroesophageal reflux disease). 3/2025 weight loss. This same Focus area include the intervention of, Supplements as ordered: 7/4/2025- Boost 90 ml (milliliters) TID (three times daily).</p> <p>R1's Order Summary Report dated 7/9/25 includes a physician order for, Boost three times a day for weight loss give 90 cc (cubic centimeters), with a start date of 7/4/25.</p> <p>R1's Medication Administration Record (MAR) dated 6/1/25 to 6/30/25 documents a physician order for Boost three times a day for weight loss give 90 cc Start Date 04/08/2025. This same MAR indicates the Boost was not administered as ordered on 6/15, 6/16, 6/17, 6/23, and 6/24/25.</p> <p>2. R2's admission Record with a print date of 7/9/25 documents R2 was admitted to the facility on [DATE] with diagnoses that include diabetes, dementia, vitamin deficiency, and GERD.</p> <p>R2's current undated Care Plan documents a Focus area of, Potential for/actual alteration in nutrition or hydration status r/t (related to) COPD (chronic obstructive pulmonary disease), dehydration risk, low protein, magnesium deficit, heartburn, vitamin deficiency, hyperlipidemia, GERD. This same Focus area includes the intervention, Supplements as ordered 5/19/25 House supplement 2.0 4 x (times) day for weight loss, give 120 cc QID (4 times daily).</p> <p>R2's Order Audit Report dated 7/10/25 documents a physician order for, House 2.0 Supplement four times a day for weight loss give 120 cc qid, with a start date of 5/19/25.</p> <p>R2's MAR dated 6/1/25 to 6/30/25 includes a physician order for House 2.0 Supplement four times a day for weight loss give 120 cc qid (four times daily). This same MAR indicates the house supplement was not administered three times on 6/14 and 6/15, four times on 6/16, 6/23, and 6/24 and twice on 6/17 and 6/26/25.</p> <p>3. R10's admission Record with a print date of 7/9/25 documents R10 was admitted to the facility on [DATE] with diagnoses that include muscle weakness, vitamin deficiency, GERD, and major depressive disorder.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R10's Order Summary Report dated 7/9/25 documents a physician order for, House 2.0 Supplement four times a day for wt (weight) loss give 120 cc po (by mouth) qid, with a start date of 8/6/24.</p> <p>R10's MAR dated 6/1/25 to 6/30/25 documents a physician order for, House 2.0 Supplement four times a day for wt loss give 120 cc po qid. Start Date 08/08/2024. This same MAR indicates R10 was not administered the house supplement four times on 6/15, 6/16, 6/23, 6/24, twice on 6/17, 6/26, and once on 6/25/25.</p> <p>4. R14's admission Record with a print date of 7/9/25 documents R14 was admitted to the facility on [DATE] with diagnoses that include diabetes, heart disease, muscle weakness, and vitamin deficiency.</p> <p>R14's Order Summary Report dated 7/9/25 documents a physician order for, House 2.0 Supplement two times a day for Weight loss Give 120 cc, with a start date of 3/8/25.</p> <p>R14's MAR dated 6/1/25 to 6/30/25 documents a physician order for House 2.0 supplement two times a day for Weight loss Give 120 cc. Start Date 03/09/2025. This MAR indicates R14 was not administered the supplement on 6/14, 6/15, 6/16, 6/23, and 6/24/25; and was only administered the supplement once on 6/17 and 6/26/25.</p> <p>On 7/8/25 at 2:52 PM, V9 (LPN/Licensed Practical Nurse) stated they have dietary supplements right now but they were out of them a while back. V9 stated the MAR's will reflect when the residents didn't get the supplements as ordered. V9 stated she wasn't aware of any significant weight loss.</p> <p>On 7/8/25 at 6:27 PM, V29 (anonymous) stated they didn't have dietary supplements a few weeks ago for about a week. V29 stated there were no significant weight loss issues related to not having the supplements.</p> <p>On 7/9/25 at 3:17 PM, V24 (LPN) stated she was the interim Assistant Director until this week. V24 stated in June she made an order for the supplements and it didn't get delivered. V24 stated she called the supplier and they said it didn't get shipped due to a billing issue and they were dealing with the owner on it. V24 stated they bought the boost at a local store but couldn't get the House Supplement locally. V24 stated it was resolved at this time.</p> <p>On 7/9/25 at 3:31 PM, V1 (Administrator) stated she knew they were out of the supplement but it was only a short time.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure sufficient staff to meet the needs of the residents timely. This has the potential to affect all 54 residents currently residing at the facility.</p> <p>Findings Include:</p> <p>The Midnight Census Report dated 7/2/25 documents there are 54 residents residing at the facility.</p> <p>R8's admission Record with a print date of 7/9/25 documents R8 was admitted to the facility on [DATE] with diagnoses that include dementia, muscle weakness, and vision loss.</p> <p>R8's Minimum Data Set (MDS) dated [DATE] documents R8 has a BIMS score of 09, indicating a moderate cognitive deficit. This same MDS documents R8 is dependent on staff for transfers.</p> <p>R8's current Care Plan documents a Focus area of Risk for falls. This Focus area includes the intervention mechanical lift for transfers. There are no dates documented on this Care Plan.</p> <p>R8's Order Summary Report dated 7/9/25 includes the following physician order, Mechanical Lift for transfers every shift, with a start date of 10/05/2019.</p> <p>On 7/8/25 at 7:05 PM, V4 (Certified Nursing Assistant/CNA) was in R8's room transferring R8 from chair to bed using a mechanical lift. V4 was attempting the transfer without assistance of another staff. V4 had R8 in the lift and in the air when this surveyor started the observation. V4 wheeled the lift to the bed and started to lower R8 onto the bed. V4 had to stop and raise R8 up again because she was high enough her head was too close to the head of the bed. V4 adjusted the lift and began lowering R8 to the bed again. V4 stopped the lift and had to adjust R8 to the center of the bed because she was too close to the edge. V4 then lowered R8 to the bed. V20 (Licensed Practical Nurse/LPN) was in the hallway preparing medications to administer to other residents, throughout this observation.</p> <p>On 7/8/25 at 7:16 PM, V4 (CNA) stated she came to work at 6 am and was supposed to leave at 6 PM. V4 stated they had other CNA's not show up for work tonight and she would be leaving as soon as she got the residents settled for the night. V4 stated there were two other CNA's working on her hall and one CNA working on the other hall. V4 stated three CNA's is enough to meet the needs of the residents after they are all in bed. V4 stated she transferred R8 using a mechanical lift without the assistance of another CNA. V4 stated she did that because the other CNA's were providing care to other residents and they didn't have enough staff to meet the needs of the residents right now.</p> <p>On 7/9/25 at 2:58 PM, R8 stated she guessed they used a mechanical lift to transfer her. R8 stated she wasn't sure how many staff were present when they did it. R8 stated she had never been [NAME] or fallen during a transfer.</p> <p>On 7/8/25 at 7:08 PM, V20 (LPN) stated she had three CNA's working with her. V20 stated that is enough to meet the needs of the residents, sometimes.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/8/25 at 6:27 PM, V29 (Anonymous) stated three CNA's didn't show up for work for evening/night shift on 7/8/25. V29 stated they have two CNA's and a nurse on one unit with 35 residents and two CNA's and a nurse on the other unit with 17 residents. V29 stated they typically have three to four CNA's on the unit with 35 residents.</p> <p>On 7/9/25 at 11:29 AM, V23 (CNA) stated she worked on the evening of 7/8/25 from 2 to 10 PM. V23 stated they had three people who didn't show up for work. V23 stated they pulled a CNA off the side she works on to cover the other side. V23 stated that left one nurse and one CNA for her side. When asked if that was enough to meet the needs of the residents, V23 stated it wasn't. V23 stated call lights didn't get answered timely, incontinence care wasn't provided timely, and behavior monitoring is also affected.</p> <p>On 7/9/25 at 3:05 PM, V3 (Assistant Director of Nursing) stated they have enough staff as long as they don't call in. After this surveyor reviewed the observation of V4 transferring R8 without assistance of another staff, V3 stated she would expect the nurse to stop administering medications and assist with the transfer.</p> <p>On 7/9/25 at 3:31 PM, V1 (Administrator) stated she was not made aware they were short staffed last night. V1 stated three to four CNA's in the facility on night shift is enough to meet the needs of the residents.</p> <p>The facility Staffing Policy dated October 2017 documents, Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment.</p>		