STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145837	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pittsfield Manor	610 Lowry Street Pittsfield, IL 62363

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from theft for 2 of 2 residents (R1, R2) reviewed for misappropriation of property in the sample of 5.Findings include: 1. R1's undated face documents R1 admitted to the facility on [DATE]. R1's face sheet documents diagnoses of: Type 2 Diabetes Mellitus with other circulation complications, low back pain, unspecified pain left hip. R1's Minimum Data Set (MDS), dated [DATE], documents R1 has moderate cognitive impairment with a Brief Interview of Mental Statis (BIMS) of 12. On 6/2/2026 at 9:39AM, R1 was sitting in her room in her wheelchair. R1 stated she had had her debit card stolen. R1 stated one night, in middle of night, a Certified Nursing Assistant (CNA) was in her room looking around and when R1 asked her what she was doing she told R1 she was looking for her ear bud. R1 stated a few days later, R1 noticed her debit card was missing. R1 stated she reported the incident and the facility took care of it. R1 stated she had 2 purchases on her bank statement that she did not make. R1 stated one was at local gas station and other was where someone had been playing games on the computer. R1 stated she had never had anything stolen at the facility before and she has no concerns and feels safe. R1 stated her debit card had been used to make the two transactions. R1's bank statement, print date 11/19/2025 at 15:49, documents 2 transactions on 11/16/2025. First transaction dated 11/16/2025 at 9:34 PM at (gas) station, for $41.00 with second transaction dated 11/16/2025 at 10:05PM (online) https for $29.99. The facility final report provided to IDPH, dated 11/22/2025, documents on 11/19/25, R1 reported that her debit card was missing, when she contacted the bank, she realized that there were 2 charges that she had not made. R1's roommate, R2, also reported missing cash from her wallet during the investigation. Administrator began her investigation. All proper notifications were made. All residents were interviewed, and no other residents had any missing items. With the help of the County police department, cameras from the local gas station were viewed, and we were able to identify the possible suspect based on their vehicle. On 11/20/25, V8, County Deputy, met with V6, CNA/Certified Nursing Assistant, to discuss the missing items. The report documented V6 denied having took them. Per policy, V6 was put on suspension pending final investigation. V6 has since been terminated, and the States Attorney will take the investigation further. 2. R2's undated face sheet documents R2 was admitted to the facility on [DATE]. R2 face sheet documents diagnoses of: Pneumonia, unspecified organism, trans ischemic attack, unspecified severity without behavioral disturbances, mood disorder and anxiety, unsteadiness on feet, dyspnea, lack of coordination. On 6/2/2026 at 9:30AM, R1 stated $20 was stolen from her roommate's billfold.On 6/2/2026 at 9;31AM, V2, Director of Nursing/DON, stated R1 had reported to staff about debit card missing and staff reported to V1, Administrator. V2 stated she was notified by V1 and assisted with the investigation. V2 stated staffing schedules were pulled for last couple of days on the night shift. V2 stated as part of investigation, residents and staff were interviewed. V2 stated the (local) County sheriff's department was notified. V2 stated after obtaining R1's bank statement, the police had the camera footage pulled from the local gas station and V6's car was observed at the gas station at time of charge. V2 stated the officer came to the facility and interviewed V6. V2 stated V6 denied all allegations and was on suspension pending discharge. V2 stated V6 had been employed at (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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the facility less than 20 days. V2 stated V6 called in while on suspension stating V6 was going to quit. V2 stated termination was done with no intent to ever rehire. V2 stated R2 was R1's roommate and was in hospital and family reported $20 missing from R2's billfold. On 6/2/2026 at 2:17PM, V2, DON, stated R1 is alert and orientated x3. V2 stated R2's cognitive status had changed after her hospital admission. V2 stated when R2 returned to the facility from the hospital, she was placed on hospice and did expire at the facility.V2 stated she would expect residents at the facility no to have misappropriation of property/theft and the facility to follow its policy.The facility abuse prohibition and reporting policy, revised 11/28/19, documents 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. The policy documents Misappropriation of Resident Property: 1. No person shall misappropriate or steal any resident property. Any person who becomes aware of any alleged misappropriation or theft of resident property shall report the inicident ot the administrator immediately. 2. The administrator or designee shall investigate the alleged misappropriation or theft of resident property. 3. The administrator or designee shall be responsible for supervising the investigation and reporting the results of the investigation to IDPH. 4. The administrator or designee shall notify the resident's representative and or responsible part of the alleged misappropriation or theft and the results of the facility's investigation of the incident.