

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Manor Court of Princeton		STREET ADDRESS, CITY, STATE, ZIP CODE 140 North Sixth Street Princeton, IL 61356	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review the facility failed to notify local police and a resident's physician of an allegation of sexual abuse for one of eight residents (R1) reviewed for abuse. Findings include: The facility's Abuse Prohibition and Reporting policy dated 11/28/19 documents the following under Procedure: Prevention of Abuse; 4. The administration shall immediately contact local law enforcement authorities in the following situations: Sexual abuse by a staff member, another resident, or a visitor. This policy also documents under Abuse or neglect examination and protection: 1. The shift nurse on duty who is first made aware of any alleged abuse or neglect concerning any resident shall immediately examine the resident. and 7. The shift nurse shall call the resident's attending physician. On 1/8/25 at approximately 10:00am, V1 Administrator provided a document titled Regulatory Timeline - Allegation of Abuse. The Timeline documents the following: The facility received a concern involving (R1) on 12/27/25 at 1:15pm. The nurse (V6 RN/Registered Nurse) was approached by (R1's) HCPOA/Health Care Power of Attorney) and informed of a man that had touched (R1's) breast. The Timeline documents the investigation of the allegation was completed on 12/29/25. On 1/7/26 at approximately 12:30pm V1 Administrator stated she was notified on 12/27/25 of an allegation of sexual abuse by a resident by V6 RN/Registered Nurse on duty. V1 stated V6 reported R1's HCPOA had approached her and reported R1 just told her someone had touched her breast during the night. On 1/7/26 at 3:05pm V6 RN stated, while on duty on 12/27/25, R1's HCPOA reported R1 told her a man touched her breast in the middle of the night on 12/27/25. V6 denied notifying R1's physician nor the local police department of the allegation. V6 stated she just reported it to administration and that was the extent of her responsibility for the event. On 1/8/26 at approximately 1:30pm V1 verified the facility did not notify R1's physician or the local police department of the allegation of sexual abuse reported by R1's HCPOA.</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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