

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER Manor Court of Peoria		STREET ADDRESS, CITY, STATE, ZIP CODE 6900 North Stalworth Peoria, IL 61615	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>Based on record review and interview, the facility failed to provide R1's medical record to the Power of Attorney (POA) in a timely manner after a request was made for one (R1) of four residents reviewed for medical records requests in a sample of five. Findings include: The facility's Resident Rights Policy, dated 11/28/2017, documents Right to access/Purchase Copies of records. The resident has the right to access personal and medical records pertaining to him or herself. The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holiday); and the facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and two working days advance notice to the facility. R1's Illinois Statutory Short Form Power of Attorney for Health Care, dated 3/2/2004, documents V3 as R1's Power of Attorney. A written correspondence dated 10/14/25 at 8:33 AM from V3/R1's POA to V8/Business Office Manager documents Please provide an updated final billing statement through (R1's) last date of service to reflect the total amount due. Additionally, we request copies of all admission documentation, care plans, and the complete medical chart for our records. Thank you for your assistance. V8/Business Office Manager forwarded this same written correspondence to V2/DON (Director of Nursing) on 10/14/25 at 9:37 AM. A written correspondence dated 10/21/25 at 10:53 AM from V8/Business Office Manager to V3/R1's POA documents I gave your e (electronical) mail to (V2/DON) to get all that info for you. On 10/26/25 at 11:26 AM V3/R1's POA stated she had requested medical records via email to V8/Business Office Manager on 10/14/25. On 10/21/25 V3 stated V8 responded via email on 10/21/25 stating V8 had forwarded V3's request to V2/DON, and that V2 would get all the medical records requested for V3. V3 stated, I still have not received any of (R1's) medical records I have requested. On 10/29/25 at 12:50 PM V1/Administrator verified V3/R1's POA has not yet received medical records for R1 as requested. V1 stated, Our facility policy wasn't followed by (V8/Business Office Manager) and should have been. (V17/Medical Records) and I should have also been made aware of (V3) requesting (R1's) medical records not just (V2/DON). (V3) should have received (R1's) requested medical records within two business days of the request.</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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