STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510466	A. BUILDING: _____ B. WING _____	C 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LODGE AT MANITO (THE)	1303 S EAST AVENUE MANITO, IL 61546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comment Facility Reported Incident IL185205	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). Type 3 Violation Based on interview and record review, the establishment failed to review a service plan yearly for R1 and failed to review and revise a resident's service plan after several falls for R2, two out of three residents reviewed for service plans in a sample of three. Findings include: R1's record documents R1's service plan is dated 11-22-23. R1's service plan has not been reviewed annually. R2's progress notes document R2 moved into the	A4010		

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A4010	Continued From page 1 establishment on 9-19-24. R2's record documents R2 had falls on 9-19-24, 10-15-24, 11-27-24, 12-1-24, 12-19-24 and 1-2-25 with some minor injuries. R2's service plan dated 9-20-24 documents that R2 is at risk for falls and to obtain a physical therapy evaluation. There are no other interventions to R2's service plan to help prevent further falls. The establishment's "Fall Policy" revised 6-21-21 documents "Following any falls, the facility staff completes an Occurrence Report. Details of the fall will be recorded, and potential causal factors identified and investigated. Interventions will be implemented and Service Plan Updated. On 2-3-25 at 12:15 pm, E2 (Director of Nursing) verified R1's service plan is overdue. E2 verified there were no new interventions to R2's service plan to help prevent further falls.	A4010		