

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>ASL510466</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>11/04/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LODGE AT MANITO (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1303 S EAST AVENUE<br/>MANITO, IL 61546</b>                                  |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 000                                                            | Initial Comment<br><br>Annual Licensure Survey<br><br>295.1100 e)<br>295.2040 c)d)<br>295.3030 a)d)<br><br>Technical Infraction: 295.4000 a)b)<br>The establishment has been utilizing advanced<br>practice nurses for resident's physician<br>assessments. The regulations were reviewed<br>with the establishment who verbalized<br>understanding. It was determined a technical<br>infraction would be given surrounding this event.<br>While the surveyor was onsite, the establishment<br>has taken steps to correct the situation, including<br>prevention from reoccurrence, as listed in<br>295.1040 a) b). No violation imposed. | A 000                                                                         |                                                                                                                          |                          |                                                        |
| A1100                                                            | Section 295.1100 Alzheimer's and Related<br>Dementias Special Car<br><br>This Regulation is not met as evidenced by:<br>Type 1 Violation<br><br>Section 295.1100 Alzheimer's Disease and<br>Related Dementia Special Care Disclosure<br><br>An establishment that offers, advertises or<br>markets to provide care for persons with<br>Alzheimer's disease and related dementia's<br>through an Alzheimer's special care program<br>shall disclose to the Department and to a<br>potential or actual resident of the establishment<br>the following information in writing:<br><br>e) The establishment's minimum and maximum             | A1100                                                                         |                                                                                                                          |                          |                                                        |

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LODGE AT MANITO (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1303 S EAST AVENUE<br/>MANITO, IL 61546</b> |                                                                                                                          |                                                        |
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| A1100                                                            | <p>Continued From page 1</p> <p>staffing ratios, specifying the general licensed health care provider to resident ratio and the trainee health care provider to resident ratio;</p> <p>Based on interview and record review, the establishment failed to have the correct licensed health care provider ratios as stated in their undated Alzheimer's Disease Special Care Disclosure Components. This failure has the substantial probability to cause severe harm to a resident or residents.</p> <p>Findings include:</p> <p>The establishment's undated Alzheimer's Disease Special Care Disclosure documents there will be an LPN/Licensed Practical Nurse on the memory care unit from 7:00 am to 7:00 pm and from 7:00 pm to 7:00 am.</p> <p>On 11-4-25 at 1:50 pm, E1 Executive Director stated they have a nurse on premises from 7:00 am to 7:00 pm. After that, E2 Director of Nursing is on call if needed.</p> <p>The establishment provided resident roster documents there are 21 residents currently residing on the memory care unit.</p> | A1100                                                                                   |                                                                                                                          |                                                        |
| A2040                                                            | <p>Section 295.2040 Disaster Preparedness</p> <p>This Regulation is not met as evidenced by:<br/>Type 1 Violation</p> <p>Section 295.2040 Disaster Preparedness</p> <p>c) At least six drills shall be conducted per year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A2040                                                                                   |                                                                                                                          |                                                        |

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| A2040                                                            | <p>Continued From page 2</p> <p>on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to:</p> <ol style="list-style-type: none"> <li>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire fighting equipment in the facility;</li> <li>3) Evaluate the effectiveness of disaster plans, procedures and training.</li> <li>d) The establishment shall conduct a tornado drill on each shift during February of each year for employees.</li> </ol> <p>Based on interview and record review, the establishment failed to conduct disaster drills on a bimonthly basis and failed to conduct tornado drills in the month of February. This failure creates a substantial probability of severe harm or death to a resident or residents.</p> <p>Findings include:</p> <p>Fire drill documentation requested for the twelve months was requested. Fire drills were conducted on all three shifts in the months on January, March and October 2025. Tornado drills were completed in the month of March.</p> <p>On 11-4-25 at 2:00 pm, E1 Executive Director stated she is aware that drills are to be completed every other month. E1 stated the drills provided are the only one that she could find.</p> <p>The establishment provided Current Residents list documents there are currently 46 residents residing in the establishment.</p> | A2040                                                                                   |                                                                                                                          |                                                        |

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| A3030                                                            | Continued From page 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A3030                                                                                   |                                                                                                                          |                                                        |
| A3030                                                            | <p>Section 295.3030 Initial Health Eval for Dir Care and FS empl</p> <p>This Regulation is not met as evidenced by:<br/>Type 1 Violation</p> <p>Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees</p> <p>a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors.</p> <p>d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee.</p> <p>Based on interview and record review, the establishment failed to have initial health evaluations for direct care and food service employees conducted by a physician/advanced practice nurse for five of five employees (E2, E3, E4, E5 and E6) reviewed. This failure has the substantial probability to cause sever harm to a resident or residents.</p> <p>Findings include:</p> <p>E2 Director of Nursing was hired 10-20-22. E2's initial health evaluation was completed by therapy staff. E3's CNA/Certified Nursing Assistant health assessment dated 1-1-24, E4's LPN/Licensed Practical Nurse, health</p> | A3030                                                                                   |                                                                                                                          |                                                        |

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| A3030                                                            | Continued From page 4<br><br>assessment dated 7-9-25, E5's Dietary Staff health assessment dated 5-20-25 and E6's CNA health assessment dated 9-3-25 were all completed by therapy staff and not a physician or advanced practice nurse.<br><br>On 11-4-25, E1 Executive Director confirmed the above initial health evaluations were completed by therapy staff. E2 stated she was not aware the evaluations could not be completed by therapy staff. | A3030                                                                                   |                                                                                                                          |                                                        |