STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF520107	A. BUILDING _____ B. WING _____	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY ASSISTED LIVING I	701 SOUTH LEWIS LANE CARBONDALE, IL 62901

(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 Annual Licensure Survey	A 000		
A4050	Seciton 295.4050 Tuberculin Skin Test Procedures This RULE: is not met as evidenced by: Violation Type 3 Section 295.4050 Tuberculin Skin Test Procedures Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). TITLE 77: PUBLIC HEALTH CHAPTER I: DEPARTMENT OF PUBLIC HEALTH SUBCHAPTER k: NOTIFIABLE DISEASES AND CONDITIONS CONTROL AND IMMUNIZATIONS PART 696 CONTROL OF TUBERCULOSIS CODE SECTION 696.140 SCREENING FOR LATENT TUBERCULOSIS INFECTION (LTBI) AND ACTIVE TUBERCULOSIS (TB) DISEASE Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease A TB screening test shall be used when screening persons for latent TB infection (LTBI). Persons who have signs and symptoms of active TB disease or a positive TB screening test result shall complete a diagnostic evaluation for active TB disease in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection and Guidelines for Health-Care Settings.	A4050		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A4050	Continued From Page 1 a) Screening for Latent TB Infection 1) Persons who are contacts to suspected or confirmed cases of active TB disease shall be evaluated in accordance with the CDC Guidelines for the Investigation of Contacts. 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. A) Health care workers and workers in other residential care settings shall have baseline (preplacement) TB symptom evaluation, TB test (Interferon Gamma Release Assay (IGRA) blood test or Mantoux Tuberculin Skin Test (TST)), and an individual risk assessment. Based on interview and record review, the Establishment failed to ensure employees received a TB two step upon hire. (E3 and E4) Findings include: The Establishment's Policy Manual, undated, documents, "Health Requirements: B. the Administrator and staff, including volunteers, will be free of communicable disease. All staff will be required to have a tuberculin skin test as a condition of employment or prior to commencement of volunteer service." The Establishment's staffing roster documents E3's/Kitchen (cook) hire date as 2/22/25. E3's personnel file has a documented one step TB completed on 2/18/25. There is no evidence of the second step being completed.	A4050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	SHF520107	A. BUILDING _____ B. WING _____	04/02/2025

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CENTURY ASSISTED LIVING I	701 SOUTH LEWIS LANE CARBONDALE, IL 62901

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A4050	Continued From Page 2 The Establishment's staffing roster documents E4's/CNA hire date as 11/5/24. E4's personnel file has a documented one step completed on 10/30/24 with instructions to return the following Friday. There is no evidence of a second TB test being completed. On 4/1/25 at 1:19 PM, E2/Director of Nurses stated that the employees are to receive a two step TB test upon hire and confirmed that E3 and E4 did not have their second steps completed.	A4050		