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 12/18/2025

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 Original Complaint Investigation IL199084 295.2000c)3)4) 295.4010d)e)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements c) A person shall not be accepted for residency if: 3) The person requires total assistance with 2 or more activities of daily living; 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; Violation Type 2 Based on observation, interview, and record review the establishment failed to ensure residents in the establishment met required criteria to remain in the establishment for three (R1, R3, and R5) of five residents reviewed for activities of daily living in the sample of five. This failure has the substantial probability of harm to a resident or residents. Findings include: The establishments undated Alzheimer's Disclosure Statement documents "No person shall be admitted or retained if the assisted living or shared housing establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which	A2000		

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A2000	Continued From page 1	A2000		

the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. No person shall be accepted for residency or remain in residence if the person's mental or physical condition has so deteriorated to render residency in such a program to be detrimental to the health, welfare or safety of the person or of other residents of the establishment."

The Level of Care Determination Form with Service Plan documents "Total Physical Assistance = Resident unable to participate, Staff physically completes the Task."

1. The Level of Care Determination with Service Plan for R1 dated 10/14/25 documents R1 requires total physical assistance for dressing, bathing, and grooming. Requires two staff member assist with bathing and extensive physical assist of two staff members for transfers.

On 12/17/25 at 10:45 am and 10:54 am E3 CNA/Certified Nursing Assistant and E4 RA/Resident Assistant stated R1 and R5 require total assist of two with transfers and total care with most of her ADL's (activities of daily living).

On 12/17/25 at 10:45 am and 12:10 pm R1 sat in a high back reclining wheelchair in the dining area. At 12:50 pm, E3 CNA/Certified Nursing Assistant and E4 RA/Resident Assistant pushed R1's wheelchair into the bathroom, placed a transfer belt on R1, and physically lifted R1 up from the wheelchair to stand, turned R1, pulled down R1's soiled incontinent brief and pants, and sat R1 onto the toilet. E3 CNA and E4 RA provided cleansing, applied clean brief, stood R1 up via transfer belt, pulled up R1's brief and

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A2000	Continued From page 2	A2000		

pants, turned R1 and lifted R1 up onto the high back reclining wheelchair. E4 RA pushed R1's wheelchair into R1's living room and E3 CNA and E4 RA grabbed the transfer belt around R1's waste and lifted R1 from the wheelchair, turned R1 and sat R1 into the recliner. E3 CNA and E4 RA removed the transfer belt and then lifted R1 under the arms and under the legs to position R1 up and back into the recliner.

2. The Level of Care Determination with Service Plan for R3 dated 12/17/25 documents R3 requires total physical assistance with dressing and bathing. R3 requires extensive physical assistance with transfers and requires full assistance by staff for continuous Oxygen administration and switching from concentrator to tank.

On 12/17/25 at 11:19 am E6 RA stated sometimes R3 does need extra assist and assist of two for transfers at times.

3. The Level of Care Determination with Service Plan for R5 dated 10/27/25 documents R5 requires total physical assistance with dressing, bathing, and grooming. R5 requires extensive physical assistance with two staff members for transfers.

On 12/17/25 at 10:45 am and 10:54 am, E3 CNA and E4 RA respectively stated R5 requires two assist with most cares and transfers.

On 12/18/25 at 2:30 pm, E2 HWD/Health and Wellness Director confirmed R1, R3, and R5 Level of Care Determination with Service Plan document R1, R3, and R5 require total assist with some cares and transfers.

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A4010	Continued From page 3	A4010		
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). Violation Type 3 Based on observation, interview, and record review the establishment failed to ensure Service Plans were revised to include fall interventions for two (R1 and R4) of three residents reviewed for falls in the sample of five. Findings include: The establishments Fall Policy dated 2025 documents the purpose "to develop, implement, observe and evaluate an interdisciplinary approach and manage strategies and interventions that foster resident independence and quality of life." If a fall occurs the Nurse is to update the resident's service plan with the new fall intervention.	A4010		

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A4010	Continued From page 4 1. The Fall Reports for R1 dated 7/12/25 at 2:11 am and 7/26/25 at 9:20 pm document R1 had unwitnessed falls and was found on the floor. The current Service Plan for R1 does not include any fall interventions to prevent recurrent falls. 2. The Fall Reports for R4 document R4 had falls on 7/22/25 at 10:15 pm, 8/12/25 at 5:00 pm, 9/10/25 at 7:16 pm, 10/23/25 at 10:28 pm, and 11/24/25 at 6:00 pm. The current Service Plan for R4 dated 9/20/25 includes two fall interventions for R4 to be assisted to the bathroom and to keep area around recliner free from clutter/hazards. On 12/18/25 at 10:10 am E2 HWD/Health and Wellness Director stated she updates the resident Service Plans annually and with significant change in condition. E2 confirmed when a resident falls the fall intervention should be added to the residents Service Plan. E2 HWD also confirmed fall interventions were not updated on R1 and R4's service plans and do not include all interventions currently in place.	A4010		