

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHF520108	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/24/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CENTURY ASSISTED LIVING II

703 LEWIS LAND
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 Complaint Investigation 2555367/IL194609 Violation 295.4060g)6) cited.	A 000		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Violation Type 2 Section 295.4060 Alzheimer's and Dementia Programs g) If an establishment accepts any individuals with cognitive impairments that prevent them from safely evacuating the establishment independently, sufficient staff members shall be present and awake 24 hours a day to assist in evacuation. 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; These requirements were not met as evidence by: Based on interview and record review, the establishment failed to ensure to have enough staff to meet the the scheduled and unscheduled needs of the resident population. This failure resulted in the building being left unattended for	A4060		

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

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER CENTURY ASSISTED LIVING I I		STREET ADDRESS, CITY, STATE, ZIP CODE 703 LEWIS LAND 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
A4060	Continued From page 1 brief periods of time; leaving residents unsupervised and has the substantial probability of harm to the residents residing at the Establishment. Findings include: The Establishment is Licensed for Specialized Memory Care and has a "sister" facility that is located across the parking lot from each other. This Establishment is identified as Building B or (II) and the "sister" Establishment is identified as Building A or (I). The Establishment's Special Care Unit for Dementia and Alzheimer's Care Disclosure, dated 10/2007 documents "Philosophy, It is the philosophy of the (Establishment's) Alzheimer's Program to utilize techniques to ensure or resident live in an environment that promotes respect, dignity and individuality, to promote independence at their highest level of functioning wit flexibility and creative problem solving, and to ensure the resident's safety through monitoring and offering a secured environment. (Establishment) Alzheimer's program will respect each resident as an individual, provide the personalize care at the level each resident requires and offer support and reassurance that each one deserves. Our goal is the assure family members that their loved ones life will be full, rewarding and, above all, safe." The Establishment's minimum staff to resident ratio for Building A (I) disclosed is 1 staff to 12 residents. The Establishment's minimum staff to resident ratio for Building B (II) disclosed is 1 staff to 14 residents.	A4060		

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A4060	Continued From page 2 The Establishments Resident Roster for Building A (1) documents 10 residents (R1-R10) who are all have cognitive impairments who depend on staff for mobility to include two residents (R2 and R3) identified as requiring hooyer lifts for transfers that require two staff. The Establishments Resident Roster for Building B (II) documents 8 residents (R1-R8) that reside on that building who all are identified as having cognitive impairments and depend on staff supervision. The Establishment's staffing schedule documents staff are shared between the two buildings. The Establishment's working schedule for June 14th 2025 night shift, documents two staff members scheduled for both buildings (one for house A (1) and one for house B (II) and one of those staff members is marked (CI) Call in 11-7. The schedule documents a staff member stayed over until 1:00 AM leaving one staff member to provide care for both buildings from 1:00 AM until 6:00 AM. Further review of the staffing schedule documents three nights that were staffed with one staff member in each building June 19th, 20th and 21st. 2025. On 6/23/25 at 9:00 AM, E6/Caregiver stated that she herself has worked on the night shift when there was only one staff on duty in each building, E6 stated that she has had to seek assistance from the staff in building II (B) that left building II without supervision which isn't safe. On 6/23/25 at 10:35 AM E2/Director of Nurses stated, "Normally the night shift is scheduled with	A4060		

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A4060	Continued From page 3 three staff members; one for each building and one float to go in between to assist when needed; however we recently had several employees terminate and there have been days that only one caregiver was on duty in each house during the night shift." E2 further stated, "On June 14th, there was a call in, the second shift staff member stayed over until 1:00 AM but had to leave for an emergency, leaving the one staff member to provide care for the residents on both buildings, leaving one building unsupervised while he was attending to the residents in the other building."	A4060		