

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047944		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/20/2026	
NAME OF PROVIDER OR SUPPLIER PITTSFIELD MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 610 LOWRY STREET , PITTSFIELD, Illinois, 62363			
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S0000	Initial Comments		S0000			01/29/2026	
	Annual Health Survey						
S9999	Final Observations		S9999			01/29/2026	
	Statement of Licensure Violations:						
	300.610a)						
	300.1210b)2)						
	300.1210c)						
	Section 300.610 Resident Care Policies						
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.						
	Section 300.1210 General Requirements for Nursing and Personal Care						
	b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:						
	2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a dependent resident received passive range of motion as recommended by therapy after being discharged from therapy and failed to ensure restorative services were provided for 3 of 3 (R11, R30, R31) residents reviewed for range of motion in a sample of 49. This failure resulted in R31 having a decline in condition and becoming dependent on staff for activities of daily living. Findings include: 1. R31's Face Sheet, dated 1/15/2026, documents R31 was admitted on 09/24/2025 with diagnosis of Muscle wasting and atrophy, not elsewhere classified, multiple sites, Type 2 diabetes mellitus with diabetic neuropathy, unspecified, Muscle weakness. R31's Care Plan, not dated, does not address contractures to R31's hand and knees. R31's Minimum Data Set, dated 10/1/2025, documents R31's short- and long-term memory is ok and R31 is independent with cognitive skills for daily decision making. It also documents upon admission, R31 was setup assist with eating and oral hygiene, no functional imitation with range of motion to upper and lower extremities and partial/moderate assist with upper body dressing, putting on and taking off shoes. Section O: Restorative Nursing Programs: ROM (Range of Motion) documents 0 for passive and active range of motion. R31's Minimum Data Set (MDS), dated 12/12/2025, documents R31's short- and long-term memory is ok. It also documents R31 is independent with cognitive skills for daily decision making and dependent on staff for activities of daily living. Section O: Restorative Nursing Programs: ROM (Range of Motion) documents 0 for passive and active range of motion.		S9999				

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S9999	Continued from page 2 R31's General Order, dated 10/17/2025, documents Palm Guard to left hand due to contracture. R31's Point of Care History Restorative Nursing does not address range of motion. On 1/13/2025 at 10:00 AM, R31 was observed lying in bed, hands closed tight. No palm guards in place. The palm guard was observed on the chair next to the bed. R31 attempted to open hands without success. At 12:15 PM, R31 was observed in the dining room, hands closed. No palm guard in place. No staff was seen performing ROM or any exercises with R31 during this observation/investigation. On 1/14/2025 from 10:00 AM to 1:00 PM, with benefit of 15minutes to 30-minute observations, the palm guards were not in place. No range of motion observed. No staff was seen performing ROM or any exercises with R31 during this observation/investigation. On 1/15/2025 at 9:33 AM, observed R31 sitting in a wheelchair. Palm Protectors in place to both hands. On 1/13/2025 at 10:00 AM, R31 stated her hands are contracted. R31 stated initially, she was able to utilize her 3 fingers on her hand, but now she is not able use any. R31 stated she is not able to open her hand on her own. R31 stated she does not currently receive therapy and has not had anyone perform range of motion on her hands or knees. R31 stated she previously was able to use the sit to stand but now cannot because her hands are more contracted. R31 stated because of the contractures she is not able to hold on to the handles of the sit to stand and has to use the full body lift. R31 stated she was able to use the bathroom but now is not able to because she can't use the stand-up lift. R31 stated she has to be fed because she can't hold the utensils. 1/13/2025 at 10:30 AM, V9, Licensed Practical Nurse (LPN), stated R31's hands and legs are contracted. V9 stated R31 is to have palm protectors in place every day. V9 stated the circular padding between R31's knees are to be in place at all times. V9 stated R31 has had a decline. V9 stated R31's level of care needs has increased. V9 stated R31 is now dependent on staff for all activities of daily living (ADLs). On 1/15/2025 at 9:40 AM V16, Certified Nurse Aide, CNA, stated that R31 is to have palm guards in place to both hands every day because she is not able to open her hands. V16 stated R31 has had a decline. V16 stated R31 used the sit to stand when first coming to the		S9999				

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S9999	Continued from page 3 facility. V16 stated she has since changed to the full body lift because of her hands are not able to hold onto the bar. V16 stated she does not perform range of motion every day. V16 stated therapy performs the range of motion. On 1/15/2025 at 9:55 AM, V36, Physician, stated R31 is to have palm protectors in her hands every day. V36 stated R31's hands and knees are contracted. V36 stated R31 now has a circular pillow in place to R31's knees. V36 stated this was put in place after R31 obtained a pressure ulcer. On 1/20/2026 at 1:57 PM, V36 stated upon admission R31 had contractures to her hands and knees. V36 stated he would expect the facility to provide range of motion to R31's hands and knees. V36 stated he is aware of the resident's decline. V36 stated the lack of range of motion contributed to R31's contractures worsening. V36 stated if a person has a contracture and range of motion is not performed, the contracture will get worse. V36 stated R31 is to have her palm protectors in both hands every day. V36 stated he is surprised and would have thought range of motion was being completed. V36 stated he was notified of the wound to R31's knees caused by the pressure of the knees pressing together. V36 stated he would have expected the facility to put appropriate interventions in place to prevent the pressure ulcer from occurring. 2. R30 's Face sheet, dated 1/15/26, documents R30 was admitted to the facility 04/02/2020, with diagnosis of Unspecified protein-calorie malnutrition, Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety Admission, Pneumonitis due to inhalation of food and vomit, Ocular pain, unspecified eye, Fever, unspecified Alzheimer's disease with late onset, Cystic fibrosis, unspecified, Pressure ulcer of sacral region, stage 2(History Of) Dysphagia, oral phase, and Pain in left knee. R30's Care Plan, dated 6/28/2024, documents Problem: R30 is at risk for contractures related to decreased mobility. 4/12/2025 Approach: Donn Palmer guards in AM and doff palmer guards around supper time. 6/28/2024 Approach: PROM Program: Encourage (R30) to participate in PROM exercises. R30's Therapy Recommendation/Communication, dated 3/27/2025, documents R30 is at risk for further contractures to both hands. Recommends bilateral palmer guards.			S9999			

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S9999	Continued from page 4 R30's Physician Orders, dated 05/12/2025, documents Apply palmar guards in the AM & off before bed to maintain skin integrity due to hand contractures. R30's Point of Care History Restorative Nursing Passive Range of Motion, documents nothing from 12/4/2025 to 1/1/2026, 1/4/2025, and 1/6/2026 to 1/14/2026. R30's Point of Care History Restorative Nursing Splint Assistance last documented Splints in place 12/3/2025 and nothing after. On 1/12/2025 at 9:30 AM observed R30 in bed with hands closed tight. Unable to open hands upon command. No palm guards in place. at 12:15 PM observed sitting in reclining wheelchair in dining room no palm protectors in place. No staff was seen performing ROM or any exercises with R30 during this observation/investigation. On 1/13/2025 1010 AM, R30 was observed in reclining wheelchair, hands closed tightly. No palm guard in place. 12:00 PM in dining room. No palm guard in place. No staff was seen performing ROM or any exercises with R30 during this observation/investigation. On 1/14/2025 9:30 AM to 10:10 AM, R30 was observed sitting in reclining wheelchair hands closed tightly. No palm guard in place. At 12:30 PM in dining room. No palm guard in place. 1:20 PM sitting in wheelchair next to bed. No palm guard in place. 2:50 PM lying in bed. No palm guard in place. On 1/15/2025 at 9:25 AM, R30 was lying in bed with palm protectors in both hands. On 1/15/2025 at 9:30 AM, V16, CNA, stated R30 cannot open hand independently and is to have the palm protectors in her hand every day. V16 stated they do not do complete range of motion daily and V14, Physical Therapy, performs the range of motion. On 1/15/2025 at 9:40 AM V36, CNA, stated V16 does the range of motion. V36 stated R30's hands are contracted and is supposed to have the palm protector and range of motion daily. 3. R11's Facesheet, dated 1/13/26, documents R11 was admitted to the facility on 3/7/25 with diagnosis of Cerebra infarction/Cerebral Vascular Accident (CVA), Hemiplegia, affecting left nondominant side, Dysphagia, Depression, Spondylosis without myelopathy or radiculopathy, cervical region, Benign prostatic			S9999			

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S9999	Continued from page 5 hyperplasia, Occlusion and stenosis of right carotid artery, Type 2 Diabetes Mellitus (DM), Anxiety disorder, Hypertension, Atherosclerotic heart disease (ASHD), and a pulmonary embolism (PE). R11's Care Plan, dated 3/7/25, documents R11's Resident Care Information: Supportive Devices/Special Equipment: uses a long-handled grabber tool, wheelchair with left foot pedal on at all times, encourage physical improvement by encouraging participation in the AJ's fitness program. 3/14/25: R11 has a history of left sided CVA. Interventions: Encourage R11 to participate in ADL's (activities of daily living), encourage R11 to participate in group exercise class. 4/29/25: R11 is at risk for decrease in cardiovascular tolerance. Interventions: Encourage R11 to preform exercises given by therapy to improve functional status this quarter, encourage R11 to utilize NuStep on level 2 for approximately 15 minutes several times each week. 3/11/25: R11 has a risk for decline in transferring related to history of left sided CVA with weakness and contracture. Interventions: Encourage R11 to call for assistance before attempting to transfer, use assistive devices as needed: walker, wheelchair. R11's MDS, dated 12/22/25, documents R11 has a severe cognitive impairment and requires partial/moderate assistance from staff for ADLs and transfers. Section O: Restorative Nursing Programs: ROM (Range of Motion) - at least 15 minutes per day for 7 calendar days. Transfer - at least 15 minutes per day for 7 calendar days. Dressing and/or Grooming - at least 15 minutes per day for 7 calendar days. On 1/12/26 at 10:30 AM, R11 was seen sitting in his wheelchair in his room. R11's left side was flaccid from a CVA with his left hand slightly contracted. R11 stated no one does anything with his left arm or leg. No staff was seen performing ROM or any exercises with R11 during this observation/investigation. On 1/13/26 at 10:05 AM, R11 stated he has not had anyone do ROM with him and no one does any exercise with him today or any day. No staff was seen performing ROM or any exercises with R11 during this observation/investigation. On 1/14/26 at 9:05 AM, when R11 was asked about his left hand being contracted, R11 stated, "They do nothing with my arm. No one comes to do exercises or anything with me. I do my own at night. I fill a water bottle and use it for a weight." When asked if they have ever put a folded washcloth or anything in his hand to keep it from contracting, R11 stated "They did		S9999				

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S9999	Continued from page 6 it once at night and it came out while I was sleeping and no one has done it since." No staff was seen performing ROM or any exercises with R11 during this observation/investigation. On 1/14/26 at 10:02 AM, when asked about who does ROM for residents, V20, Certified Nursing Assistant (CNA), stated, "We don't do any ROM with the residents. The Fitness Center/Therapy staff is the ones who does the ROM and exercises with the residents." On 1/15/26 at 10:10 AM, V25, Occupational Therapist (OT), stated, "The floor CNAs and/or the Restorative CNA, are responsible for ROM and exercises for the residents. We give them a Restorative Program to follow for a resident, and it is their responsibility to keep that program going with the resident. On 1/15/26 at 10:13 AM, V25, OT, stated she worked with R11 from March to May 2025 for transfers, ROM, and restorative program. V25 stated R11's insurance only gave him six visits, so he wasn't with them long. V25 stated R11 has a Restorative Program, and the CNAs/Restorative CNA should be doing Passive ROM (PROM), weightlifting for his good arm, and the (brand name) machine with him. R11's Therapy Recommendation/Communication Record, dated 4/24/25, documents, "Adaptive Equipment: Manual Stand Aid. Suggested Nursing Restorative Program: AROM (Active ROM) to be done. Summary recommendations to provide as the resident tolerates: Encourage resident to utilize (Brand name exercise machine) on level 2 for 15 minutes 3-5 times a week." R11's Exercise Program Record, dated 5/5/25, documents "Free Weights/Other Exercises: RUE (right upper extremity) shoulder, elbow, wrist - weight 3, 10-15 reps, 2-3 sets. LUE (left upper extremity) PROM shoulder, elbow, wrist, and fingers - 10 reps 1-2 sets - move within available range." The Facility's "Nursing Rehab Policies", dated 11/2006, documents, "It is the policy of the facility to provide a program to assist the resident to achieve and maintain the maximum level of function physically, mentally and socially. Procedure: Restorative nursing care shall be a part of every resident's individual care plan. The purpose of the program is to assist the resident to achieve and maintain the maximum level of function physically, mentally and socially. The nursing personnel shall receive special instruction, demonstrations and supervision in rehabilitation techniques. They include the following: 1. Good body			S9999			

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S9999	Continued from page 7 mechanics: Body mechanics are the efficient use of the head, trunk and extremities. When one learns to apply the principles of good body mechanics, one is better able to work without undue fatigue and muscle strain. 2. Positioning and Turning: This includes maintaining good body alignment in standing, sitting and lying position. Turning indicated by condition of resident and condition of resident's skin. 3. ROM Technique: Residents shall be assisted in maintaining maximum range of motion." (B)			S9999			