SHELBYVILLE MANOR

Report ID: CCN 145441
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§ 1 Facility Identity

Facility	SHELBYVILLE MANOR
CCN	145441
Location	1111 WEST NORTH 12TH STREET, SHELBYVILLE, IL, 62565
Ownership type	Non profit - Corporation
Certified beds	109

§ 2 CMS Federal Record

Civil money penalties on file	$49,000
Deficiency citations — current cycle	19 (850% vs prior 24 months (2))
Deficiency citations — prior 24 months	2
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	3
Special Focus Facility status	Not listed
Abuse icon	**Yes — CMS abuse icon currently listed**

§ 3 Federal Penalties in Context

This facility — penalties on file	$49,000
IL state average	$105,530 (this facility is 0.5× the IL average)
National average	$31,239 (this facility is 1.6× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 19 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F604	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.	G	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	G	Standard survey
F600	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.	G	Complaint
F744	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.	E	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	E	Complaint
F921	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.	E	Complaint
F610	Respond appropriately to all alleged violations.	E	Complaint
F640	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.	E	Standard survey
F644	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.	E	Standard survey
F690	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.	E	Standard survey
F677	Provide care and assistance to perform activities of daily living for any resident who is unable.	D	Complaint
F689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	D	Complaint

F808	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.	D	Complaint
F609	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.	D	Complaint
F550	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.	D	Standard survey
F645	PASARR screening for Mental disorders or Intellectual Disabilities	D	Standard survey
F695	Provide safe and appropriate respiratory care for a resident when needed.	D	Standard survey
F697	Provide safe, appropriate pain management for a resident who requires such services.	D	Standard survey
F740	Ensure each resident must receive and the facility must provide necessary behavioral health care and services.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: UNLIMITED DEVELOPMENT, INC. (10 facilities); Owner on file: DAILEY, KAREN (individual)
Ownership chain	UNLIMITED DEVELOPMENT, INC. (10 facilities)
Penalties vs chain average	$49,000 vs $57,529 (0.9× the chain average)
Current deficiencies vs chain average	19 vs 9.4 (2.0× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	2 / 5 (state avg 2.6 · US avg 3)
Health inspection	2 / 5 (state avg 2.8 · US avg 2.8)
Staffing	3 / 5 (state avg 2.1 · US avg 2.9)
Quality measures (QM)	2 / 5 (state avg 3 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/145441
Snapshot SHA-256	a18710fdcb8c3b7663b315fade9f78b503d53975abe62e9acb1573828c5de926
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 145441.
3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash a18710fdcb8c.
4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).

This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at https://www.caregiverhelpnow.com/methodology; the Snapshot SHA-256 above pins this record to that methodology version.

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