STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
				A. BUIL	.DING		_	С	
		145935		B. WING	WING		06/21/2005		
NAME OF P	ROVIDER OR SUPPLIER					EET ADDRESS, CITY, STATE, ZIP			
PROVENA ST JOSEPH CENTER						9 EAST JEFFERSON STREET REEPORT, IL 61032			
(X4) ID		TEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF			(X5)
PREFIX TAG		MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)		PREFI) TAG	X .	(EACH CORRECTIVE ACTION REFERENCED TO THE APPRO			COMPLETION DATE
F9999	FINAL OBSERVAT	TIONS		F99	99				
	Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's con plan of care. Adequ nursing care and per	General Requirements for nal Care provide the necessary carain or maintain the highest I, mental, and psychologica sident, in accordance with aprehensive assessment a late and properly supervise ersonal care shall be provided meet the total nursing and	al nd ed						
	minimum the follow a 24-hour, seven da 3) Objective ob resident's condition emotional changes and determining ca	care shall include at a ring and shall be practiced ay a week basis: servations of changes in a including mental and in a a means for analyzing are required and the need folloation and treatment shall	or						
FORM CMS-2!	567(02-99) Previous Versions	s Obsolete Event ID: C	QIPM11	Fac	cility IE	D: IL6008973	If contin	uation sheet	Page 18 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 , ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145935	B. WIN			C 06/21/2005		
NAME OF PROVIDER OR SUPPLIER PROVENA ST JOSEPH CENTER				6	REET ADDRESS, CITY, STATE, ZIP CODE 59 EAST JEFFERSON STREET REEPORT, IL 61032	03/2	2000	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	resident's medical r Section 300.3240 A b) A facility employe aware of abuse or r	aff and recorded in the record.	F99	999				
	administrator. (Sectif) Resident as perpinvestigation of a reresident indicates, I that another resident is the perpetrator of condition shall be indetermine the most placement for the reof that resident as very section.	tion 3-610 of the Act) etrator of abuse. When an eport of suspected abuse of a based upon credible evidence, at of the long-term care facility of the abuse, that resident's ammediately evaluated to esuitable therapy and esident, considering the safety well as the safety of other oyees of the facility. (Section						
	by: Based on observation interview, the facility residents (R2, 3, 4) sexual abuse by (Roman respond to and relasexual abuse by Roman recommendations of the recommendations of the R1's probation incidents. This is for one (R1)	ion, record review, and y failed to keep 3 female free from 4 incidents of 1). Staff did not know how to by 3 witnessed incidents of 1, a registered sex offender, to not follow R1's care plan and of the psychologist; and did ation officer informed of the						
	residents in the faci	22, 3, 4). There are 82 female lility.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
	145935		B. WIN			C 06/21/2005		
NAME OF PROVIDER OR SUPPLIER PROVENA ST JOSEPH CENTER			•	6	REET ADDRESS, CITY, STATE, ZIP CODE 59 EAST JEFFERSON STREET REEPORT, IL 61032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From pa	ge 19	F99	999				
	sexual abuse of ina	ributed to a 4th incident of appropriate touching and to s (R2, R4) being visibly upset						
	Findings include:							
	Cerebral Vascular	o include Depression, Accident, and Transient n the Physician Order Sheet						
		a Set (MDS) dated 3/21/05 and im as independent in cognitive taking.						
	R1's nurses notes of incidents:	document the following						
	bath with him; 2) to	(R1) wanted CNA to get in uch her private parts; 3) tried CNA's private parts.						
	1/23/05 2000 'aski nurse's crotch.'	ing to "pet the kitty", grabbed						
	caught with his han groin area. R1 redi appropriate behavio	in dining room and was d in female resident (R3) rected and told that is not or. Will continue to monitor.' nade by E4 (nurse).						
	rubbing his hand or	rse noticed R1 touching and (R4's) leg. R4 looked very articulate her thoughts and						

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED C 06/21/2005	
	145935	B. WIN	NG _			
NAME OF PROVIDER OR SUPPLIER PROVENA ST JOSEPH CENTER			6	59 EAST JEFFERSON STREET		
(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE CROSS-	(X5) COMPLETION DATE
Continued From pa	ge 20	F99	999			
resident (R2) was well reached out and and grabbed (R2's) went immediately to do this to anyone a people in inappropriousle. (R1) did at these incidents were 03/10/05 'R1 is aler Occasional inappropet the kitty. Occasional other residents' 6/14/05 2:11 p.m. 'Gaide reported to nu fondling another residents'	wheeling herself past R1 and distopped (R2's) wheelchair right breast. Two nurses of (R1) and told him he can not nymore. That touching other riate place could get him into exhowledge this.' Both of re noted by E3(nurse). It, oriented, and pleasant. priate comments, I.E. let me ional episodes of touching 01/30/05 and 6/14/05. Dietary rise here that she (E9) saw R1 sident (R3) on A-wing Short.					
reported the incider E4 stated, "I don't r January. I know I'n to the front office. I or not." On 6/20/04 at 10 a. she report the incid to Administration. I aware of abuse, yo family, and doctor. had to report it. I the	nt of 1/30/05 to Administration. emember that far back in n to document it and pass it on can't recall if I passed it on m. E3 was asked why didn't ents of 02/01/05 and 02/26/05 E3 stated, "Now that I am u should notify the DON, To be honest, I didn't realize I ought that charting was					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa 02/26/05 11:54 a.m resident (R2) was w R1 reached out and and grabbed (R2's) went immediately to do this to anyone a people in inappropriation to these incidents wer 03/10/05 'R1 is aler Occasional inappropriate the kitty. Occas other residents' 6/14/05 2:11 p.m. '(aide reported to nu fondling another residents' On 6/20/05 at 12 p. reported the incider E4 stated, "I don't r January. I know I'n to the front office. I or not." On 6/20/04 at 10 a. she report the incider aware of abuse, yo family, and doctor. had to report it. I the	DENTIFICATION NUMBER: 145935 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 20 02/26/05 11:54 a.m 'Approximately 11:30 a.m. A resident (R2) was wheeling herself past R1 and R1 reached out and stopped (R2's) wheelchair and grabbed (R2's) right breast. 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F9999	dining room in his v R1 eats in the B dir the A dining room. head back and forth residents and notice vaginal area. When 1 was removing his area. R1 told E9 th in her lap". R3 did R3 had a clothing p under R3's clothing On 6/17/05 at 11:30 1 states, "I don't rer inappropriately but 1 was able to recall the year, the month and where they live of his roommate. R2's MDS dated 1/0 her as independent living. On 6/17/05 at 8:40 states, "I feel 'voide forgetting it. He (R1 R1 placed her hand does not happen ar and the aides." R1 R4's MDS dated 1/1 as independent for On 6/15/05 at 11:30	a.m. E9 states, "At p.m. I witnessed R1 in the A wheelchair sitting next to R3. sing room but went through E9 observed R3 shaking her h. E9 went over to the 2 and R1's hand rubbing R3's hand from R3's vaginal's at R3 had "food or something not have anything in her lap. rotector on. R1 had his hand protector in her vaginal area." D a.m. R1 was interviewed. R member touching the females I have been accused of it.". R the correct day of the week, number of children he has his birthday, and the name D4/05 and O4/01/05 assesses for cognitive skills for daily a.m. R2 was interviewed. R2 d'. I still have trouble) touched me on my breast. (I on her breast area). I hope it hymore. I told 3 people-nurse	F99	999			

AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		145935	B. WIN			06/21	C 1 /2005
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F9999	yes" when asked if inappropriately by a 8:35 a.m. R4 shoo ask how it made he inappropriately. R3's MDS dated 2/her as moderately i daily decision-maki On 6/17/05 at 8:50 answer any question 05 and 6/14/05. On 6/15/05 at 11:20 come regularly to contain the Police After calling the Police After	For yes and no." B a.m. R4 nodded her head " she had been touched a male resident. On 6/17/05 at k her head side to side when er feel when she was touched 12/05 and 5/04/05 assesses mpaired in cognitive skills for ng. a.m. R3 was unable to ons about the incidents of 1/30/ D a.m. E11 stated, "The Police heck that R1 is still here." E to verify this information. lice, E11 stated "They (Police) 1/03." E11 has never called cer regarding any incidents of ehaviors. p.m. Z1 stated, "I have not act with the facility. I talk with e not been notified of any of R	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F9999	possible position reresidents in public at R1's consultation in psychologist) states place, time and circ impaired staff are monitoring of R1 are particularly those thimpaired or disable themselves if R current cognitive at addressing his behas not so far progres what he is doing an inappropriate' On 6/15/05 at 9 a.n Director of Nurses) R1's incidents of in 30/05, 02/01/05, an us." E1 and E2 we	sident away from female	F99.	999			