| | | AND HUMAN SERVICES | | | | | APPROVED 0938-0391 |
|---------------|---|--|------------------|-----|--|------------------------|--------------------|
| STATEMEN | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SU COMPLE | JRVEY |
| | | 145770 | B. WIN | IG | | | C 0/2006 |
| NAME OF F | ROVIDER OR SUPPLIER | | | STR | REET ADDRESS, CITY, STATE, ZIP CODE | 10/2 | 0/2000 |
| CARROL | L CO GOOD SAMAR | ITAN CTR | | | 006 NORTH LOWDEN P.O. BOX 111 IOUNT CARROLL, IL 61053 | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | IV | PROVIDER'S PLAN OF CORREC | TION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREF TAG | | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | | COMPLÉTION DATE |
| F 000 | INITIAL COMMEN | TS | F | 000 | | | |
| | Incident Report Inv | estigation of 9/28/06/ IL25221 | | | | | |
| F 225 SS=D | A Partial Extended 483.13(c)(1)(ii)-(iii), TREATMENT OF F | | F2 | 225 | | | 10/28/06 |
| | been found guilty o mistreating residen had a finding enter registry concerning of residents or misa and report any kno court of law agains indicate unfitness for | ot employ individuals who have f abusing, neglecting, or ts by a court of law; or have ed into the State nurse aide abuse, neglect, mistreatment appropriation of their property; wledge it has of actions by a t an employee, which would or service as a nurse aide or o the State nurse aide registry ties. | | | | | |
| | involving mistreatm including injuries of misappropriation of reported immediate facility and to other State law through e | nsure that all alleged violations nent, neglect, or abuse, f unknown source and f resident property are ely to the administrator of the officials in accordance with established procedures ate survey and certification | | | | | |
| | violations are thoro | ave evidence that all alleged ughly investigated, and must ential abuse while the rogress. | | | | | |
| | to the administrator representative and | | | | | | |
| LABORATOR | Y DIRECTOR'S OR PROVID | DER/SUPPLIER REPRESENTATIVE'S SIG | NATURE | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/07/2007

| CENTE | | AND HUMAN SERVICES | (X2) M | MUL | TIPLE CONSTRUCTION | FORM | 03/07/2007 APPROVED 0938-0391 JRVEY | |
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| AND PLAN C | OF CORRECTION | DENTIFICATION NUMBER: | A. BU | | | COMPLETED | | |
| | | 145770 | B. WI | NG | | | C 0/2006 | |
| NAME OF F | PROVIDER OR SUPPLIER | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| CARROL | L CO GOOD SAMAR | ITAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | ΞIX | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE | |
| F 225 | survey and certifica days of the incident verified appropriate taken. | ige 1 ation agency) within 5 working t, and if the alleged violation is a corrective action must be NT is not met as evidenced | F | 22 | 5 | | | |
| | Based on interview failed to conduct a investigation of an sexual behavior inv This is for 2 (R1, R sample. | and record review the facility thorough and systematic incident of inappropriate rolving 2 residents, R1 and R2. 2) of 3 residents in the | | | | | | |
| | was observed in the female resident on his wheel chair sitti With one hand, R2 R1's pants and his R2 was removed fr at the time of the in R2's room number number is 108, whi 103. Neither room on nurses station. There are 6 alert fe 100 wing. Review of the 9/28 incident sh residents had been 10/10/06, to see if t threatened by inapp | des: d confused male resident who e room of R1, a confused 9/28/06 at 2:30 PM. R2 was in ng at the side of R2's bed. was attempting to pull down other hand was up R1's shirt. om R1's room. Both residents cident lived on the 100 hall. was 103 and R1's room ch is 2 doors away from room can be visualized from the male residents residing on the of the facility investigation of nows that none of those interviewed prior to hey had observed or been propriate sexual behavior of 3:15 PM, E4(Social Service | | | | | | |

If continuation sheet Page 2 of 17

| | | AND HUMAN SERVICES | | | | FORM | 03/07/2007 APPROVED 0938-0391 |
|--------------------------|--|--|-------------------|------|---|-------------------------------|-------------------------------------|
| STATEMEN | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N A. BU | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| | | 145770 | B. WII | NG _ | | – C – 10/20/2006 | |
| NAME OF F | PROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROL | L CO GOOD SAMAR | ITAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | IX | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 225 F 324 SS=J | Director) provided a interviewed followin Two of the resident interviewed by E4 of able to give the dat Two other alert fem residing on the 100 all. E4 said that she residents when she 483.25(h)(2) ACCII The facility must en receives adequate devices to prevent This REQUIREMEN by: Based on interview failed to supervise female resident by sexually inappropri monitoring a reside staff were made aw These failures resu- her shirt and pulling Immediate Jeoparci at 9:00 AM. The Im determined to have AM. While the imm 10/20/06, the faciliti a severity level 2. A monitor and evalua facility's revised po | a list of 5 residents she by the incident on 9/28/06. Is (R8, R9) were not until after 10/10/06. E4 was not es of the other interviews. hale residents (R5, R7) wing, were not interviewed at a randomly interviewed the would see them. DENTS hsure that each resident supervision and assistance accidents. NT is not met as evidenced and record review the facility R2 to assure the safety of a not identifying a resident's ate behavior and not ent's (R2) whereabouts after vare of an incident on 9/28/06. Ited in R2 touching R1 under g her pants down. An ly was identified on 10/19/06 mediate Jeopardy was a begun on 9/28/06 at 11:30 ediacy was removed on y remains out of compliance at Additional time is needed to the the effectiveness of the licies and procedures to hentation. This is for 1(R2) of ample. | | 324 | 5 | | 11/14/06 |

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| | | AND HUMAN SERVICES | | | | FORM | 03/07/2007 APPROVED 0938-0391 |
|--------------------------|--|---|--|------|---|------------------------------------|-------------------------------------|
| STATEMEN | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED C | |
| | | 145770 | B. WI | NG _ | | | 0/2006 |
| NAME OF F | PROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROI | L CO GOOD SAMAR | ITAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | IX | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| F 324 | R2 is an 84 year old diagnosis of Depre- the October 2006 F 7/26/06 Minimum D resident is moderat for daily decision m supervision. The M short term memory 7/26/06 MDS he ha On 10/10/06 at 9:30 Assistant - CNA) sa 9/28/2006. She sa refused to go to the made a sexual com piece of I have said that R2 kept re to other residents a going up and down trying to go into the E5 said the behavin nurse (E8) and the (E9). E5 said that s doors of all female she observed that I about 2:30 PM on S was seated in his w his chair alarm was E5 observed R2 att pants with one han R1's shirt. E5 attem room. R2 was resis the room to make it E5 summoned assis helped her remove that R2 kept saying On 10/10/06 at 9:55 | age 3 d male resident with the ssive Disorder, according to Physician Order Sheet. R2's Data Set(MDS) shows that the rely impaired in cognitive skills taking and that he requires MDS also shows that R2 has deficit. According to his as no range of motion limits. D AM, E5 (Certified Nursing aid that R2 was "acting up" on id that at about 11:30 AM R2 e dining room for lunch. R2 ment to E5, "I'm hot, I need a n't had any in a long time". E5 epeating the sexual comment and staff. E5 said that R2 kept the halls in his wheel chair, rooms of female residents. or was reported to the charge nurse caring for the resident he was told by E8 to shut the residents rooms. E5 said that R2 was not in his room at D/28. R2 was in R1's room. He wheel chair next to R1's bed, a still intact and not alarming. tempting to pull down R1's d, and his other hand was up opted to remove R2 from R1's stive, grabbing onto things in a difficult for E5 to remove him. stance. E3(Activity Director) R2 from R1's room. E5 said p T'm hot, I have a date". | F | 324 | | | |

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BU | | TIPLE CONSTRUCTION | (X3) DATE SU COMPLE | TED | |
| | | 145770 | B. WI | NG _ | | C 10/20/2006 | | |
| NAME OF PR | OVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | | |
| CARROLL | CO GOOD SAMARI | TAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE | |
| | outside of the facilit room before. R3 ha room. R3 refused to According to E3, R3 that earlier in the da inappropriately to h On 10-10-06 at 8:30 asked what the faci behavior of R2 and residents after the i that a yellow strip h door to prevent unv Evaluation was ord was completed. The not been returned t On 10/10/06 at 9:00 moves about the bu inappropriate outbu E6 said that R2 cor things to female sta not been inappropri On 10/10/06 at 9:10 the day of the incide (#103) was on the s has since been mon that since the incide E7 is uncertain if R3 Sheet. On 10/10/06 at 9:15 Director) said that t been Care Planned does not have the a has a bed alarm, so | R2 from when they both lived R2 from when they both lived ry. R2 had never gone to R3's rid always visited R2 in his p allow R2 into her room. 3 had told an Activity Assistant ay R2 had spoken er and she was upset by it. 0 AM, E1(Administrator) was lity had done to monitor the protect the other female ncident on 9/28/06. E1 said has been placed across R1's vanted visitors. A Psychiatric ered by R2's physician and e results of the evaluation has | F | 324 | | | | |

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| | | AND HUMAN SERVICES | | | | FORM | 03/07/2007 APPROVED 0938-0391 | |
|--------------------------|---|---|-------------------|------|---|------------------------|-------------------------------------|--|
| STATEMEN | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BU | | TIPLE CONSTRUCTION | (X3) DATE SU COMPLE | JRVEY TED | |
| | | 145770 | B. WI | NG _ | | C 10/20/2006 | | |
| NAME OF F | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | | |
| CARROL | L CO GOOD SAMAR | ITAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE | |
| F 324 | under close superv inappropriate 1:1's Interdisciplinary Pro at 9:35 PM docume up in hall walking w On 10/10/06 at 10:0 Nursing-DON) said room 210 (a differe after the incident of reason it took 8 day is that the Interdisc what interventions a was asked how the physically inapprop said that when he is with a bed alarm. H low bed without ass wheel chair he has that he is trying to g R2's Care Plan data sexual expression v as the problem. The is expressing sexual his room. If resider room, do 1:1 super others. Review of the Certi documentation sho continues inapprop 9/30/06 a female C ready for bed. R2 a going to bed with h 6AM-2PM shift, R2 married. E6 said th won't do anything w | ision. When his behavior is are initiated. The ogress Notes dated 10/07/06 ented that R2 is out of bed and | F | 324 | | | | |

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| | | I AND HUMAN SERVICES | | | | FORM | 03/07/2007 APPROVED 0938-0391 |
|--------------------------|--|---|-------------------|--|--|-----------------|-------------------------------------|
| | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | JRVEY TED |
| | | 145770 | B. WI | NG _ | | C 10/20/2006 | |
| NAME OF F | PROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROI | L CO GOOD SAMAR | ITAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETION DATE |
| F 324 | trying to get into a f 10/5/06 at 12:00 Al the Bathroom. He I was looking to hav the 2PM - 10 PM sl CNA was assisting grabbing at the CN CNA wrote "whene go get help he wou get me". On 10/8/0 by the nurses static and said that he ne off". When R2 was asked the nurse an R2 said "I'm all hot down". On 10/10 CNA wrote "Aide as bathroom(R2) gra inappropriate area. stop. After assistin grabbed aideand on the bed with him resident up for the without any clothes screw her". Accord Documentation Not Also documented is knows she's here, v R2 put his hand on "creeping fingers u resident that wasn' said who would find AM the Activity Aid R2. He reached ou attempting to touch | rge 6 remale resident's room. On M R2 was out of bed going to asked the CNA "Where is R3? ve relations". On 10/7/06 on hift it is documented that the R2 back into bed. R2 began A and would not let go. The ver I could get my arms free to Id try to get out of the bed and 06 at 12:30 AM R2 was seated on. R2 was talking about R3 eded to find R3 to "cool him taken back to his room he d CNA to go to bed with him. and need to be cooled /06 on the 10PM - 6AM shift a ssisted resident to the abbed aide in a very The aide told the resident attempted to pull aide down I". On 10/11/06 aide woke day, resident was in bed on. He told the CNA "I gotta fing to the Behavior tes R2 "Kept on saying that". Is that the resident said "he where is she". On 10/12/06 the CNAs knee and started p aides leg. CNA put k on his lap and told the t nice. Resident smiled and d out". On 10/16/06 at 11:30 e was doing a 1:1 visit with at to the activity aide her inappropriately. | F | 324 | | | |

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SU COMPLE | TED |
| | | 145770 | B. WI | NG _ | | | C 0/2006 |
| NAME OF P | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROL | L CO GOOD SAMAR | TAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | ILD BE | (X5) COMPLETION DATE |
| F 324 | a "safe zone". The the nurse's station. physically inapprop in this area. If he re be initiated. On 10/19/06 at 11:3 policies or procedu and resident to resi or physical inapprop said that there are in On 10/19/06 at 11:3 staff had received a inappropriate reside 9/28/06 incident. E Plan was revised th was no other forma 2. On 10/19/06 R1 reviewed. The Cer Documentation for shift says that the ri- me because I said of your underwear to resident wanted me the front". On 9/5/0 state that on the 6A CNA caring for him Review of R13's Ca ineffective coping; o Listed in the approa saying inappropriat clearly say this is no | safe zone is the area around When R2 is verbally or riate he would be asked to sit efused, 1:1 monitoring would 30 AM, E1 was asked for the res on 1:1 resident monitoring dent abuse regarding verbal priate sexual behavior. E1 no such policies. 30 AM, E1 was asked if the any in-services on ent behaviors since the 1 stated that after R2's Care he staff had to read it. There 1 in-servicing done. 3's medical record was tified Nursing Assistant(CNA) 8/08/06 on the 6AM-2:30PM esident "threw his walker at no, I could look from the back to see if you made a mess, a to feel his underwear from 06 R13's Documentation notes M-2PM shift R13 said to the , "I'm hornygive me a kiss". are Plan lists as a problem boccasional verbal abuse. aches it is said "if resident is e sexual comments to staff, ot acceptable. | F | 324 | | | |
| | clearly say this is n Review of the Beha that here are no tra | ot acceptable. | | | | | |

Facility ID: IL6001515

If continuation sheet Page 8 of 17

| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING DAME OF PROVIDER OR SUPPLIER CARROLL CO GOOD SAMARITAN CTR CARROLL CO GOOD SAMARITAN CTR COMPLETED C C C C C C C C C C C C C | OF HEALTH AND HUMAN SERVICES MEDICARE & MEDICAID SERVICES | | PRINTED: 03/07/2007 FORM APPROVED OMB NO. 0938-0391 |
|---|--|---|---|
| 145770 B. WING 10/20/200 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORTH LOWDEN P.O. BOX 111 CARROLL CO GOOD SAMARITAN CTR MOUNT CARROLL, IL 61053 61053 | CTION DENTIFICATION NUMBER: | | |
| CARROLL CO GOOD SAMARITAN CTR 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | 145770 ^E | | 10/20/2006 |
| CARROLL CO GOOD SAMARITAN CTR MOUNT CARROLL, IL 61053 | OR SUPPLIER | TREET ADDRESS, CITY, STATE, ZIP CODE | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION | DOD SAMARITAN CTR | | |
| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM | CH DEFICIENCY MUST BE PRECEDED BY FULL | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR | ULD BE COMPLÉTION |
| F 324 Continued From page 8 said that if a resident does not display a particular behavior for a period of time, the Behavior Tracking Sheet is stopped. F 324 On 10/19/06 at 10:00 E1(Administrator) said that the inappropriate sexual comments made by R13 were only to the staff, to her knowledge he never spoke to any residents in such a manner. F E 1 was informed of the Immediate Jeopardy on 10/19/06 at 8:30 AM. The surveyor confirmed the facility took the following actions to remove the immediacy of the situation: 1. All residents were reassessed for behaviors (to include physical aggression, wandering, sexual inappropriateness), verbal abuse, social inappropriateness) on 10/20/06. This was accomplished through staff interviews and chart reviews. Behavior tracking sheets and care plans were updated/changed as needed. 2. A one-to-one procedure is put into place. All staff will be given a copy of the procedure with the paychecks on Monday, October 23, 2006. 3. The staff will be in-serviced on the procedure to follow when a resident exhibits a change in behavior. The inservice will be provided by Stacy Brenton, LCSW, MSW, on Tuesday, October 24, 2006 at 10:00 AM and 2:00 PM. The Front line staff will the charge nurse. The Front line staff will the charge nurse. The Front line staff will be provided by Stacy Brenton, LCSW, MSW, on Tuesday, October 24, 2006 at 0:00 Coursentation Notebook and will communicate behavior change to the SSD (Social Service Director). The Charge nurses will be in-serviced on the new algorithm to follow when new behaviors can orded in a resident. 4. Staff will be in-serviced on how to deal with resident behaviors to include physical aggression, verbal abuse, sexual | at if a resident does not display a particular or for a period of time, the Behavior ng Sheet is stopped. 19/06 at 10:00 E1(Administrator) said that ppropriate sexual comments made by R13 nly to the staff, to her knowledge he never to any residents in such a manner. s informed of the Immediate Jeopardy on 06 at 8:30 AM. The surveyor confirmed ility took the following actions to remove nediacy of the situation: esidents were reassessed for behaviors ude physical aggression, wandering, inappropriateness, verbal abuse, social opriateness) on 10/20/06. This was plished through staff interviews and chart s. Behavior tracking sheets and care were updated/changed as needed. ne-to-one procedure is put into place. All II be given a copy of the procedure with rchecks on Monday, October 23, 2006. staff will be in-serviced on the procedure when a resident exhibits a change in or. The inservice will be provided by Stacy n, LCSW, MSW, on Tuesday, October 24, t 10:00 AM and 2:00 PM. The Front line II alert the charge nurse. The Front line II alert the charge nurse. The Front line II then document on the Behavior centation Sheet or the Behavior Coupon in navior Documentation Notebook and will unicate behavior change to the SSD Service Director). The Charge nurses will erviced on the new algorithm to follow new behaviors are noted in a resident. f will be in-serviced on how to deal with th behaviors (to include physical | | |

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|--------------------------|--|---|-------------------------|---|-------------------------------|-------------------------------------|--|
| | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
| | | 145770 | B. WING _ | | C 10/20/2006 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | ST | REET ADDRESS, CITY, STATE, ZIP CODE | | | |
| CARROL | L CO GOOD SAMAR | ITAN CTR | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE | |
| F 324 | inappropriateness, provided by Stacy I Tuesday, October 2 PM. The in-service departments. 5. The administrate trainer program (re- procedures) to the evening shift on 10. will then train their on to the next shift. to be passed along throughout the wee 10-22-06). All staff administrator via ce the nurses station) occur between now training on Tuesday 6. All staff were ins care plan on 10-18 signed off that they plan changes. 7. Beginning on 10 completed for all in that the one-to-one followed. Audits wi administrator on a reported to the Qua | age 9 etc.). The in-service is to be Brenton, LCSW, MSW, on 24, 2006 at 10:00 AM and 2:00 a is mandatory for all staff in all or will provide a train the garding new policies and charge nurses on the day and /20/06. The charge nurses staff and pass the information The information will continue through shift report through shift report the instructed to call the ell phone (number posted at for any and all incidents that / (10/20/06) and the inservice y, October 24, 2006. structed on changes to R2's -06 and 10-19-06. All staff read and understand the care //20/06 audits will be cidents that occur to ensure procedure and algorithm are Il be completed by the weekly basis. Findings will be ality Assurance team at their r further recommendations. | F 324 | | | | |
| F9999 | FINAL OBSERVAT | IONS | F9999 | | | | |
| | Licensure Violation | 3 | | | | | |
| | 300.1210a) | | | | | | |
| | 300.1210b)6) 300.3240a) | | | | | | |
| | 300.3240f) | | | | | | |
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| CENTE | RS FOR MEDICARE | AND HUMAN SERVICES & MEDICAID SERVICES | | | | FORM OMB NO. | 03/07/2007 APPROVED 0938-0391 |
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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N A. BU | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED C | |
| | | 145770 | B. WI | NG _ | | |)/2006 |
| NAME OF F | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROL | L CO GOOD SAMAR | TAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAC | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| F9999 | Section 300.1210 C Nursing and Person a) The facility must and services to atta practicable physica well-being of the re each resident's com plan of care. Adequ nursing care and per to each resident to personal care need b) General nursing minimum the follow a 24-hour, seven da 6) All necessary pro- assure that the resi as free of accident nursing personnel st that each resident re and assistance to p Section 300.3240 A a) An owner, licens or agent of a facility resident. f) Resident as perp investigation of a re resident indicates, f that another resident is the perpetrator of condition shall be in determine the most placement for the re of that resident as very | General Requirements for hal Care provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with hyprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and s of the resident. care shall include at a ing and shall be practiced on ay a week basis ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents | F9 | 999 | | | |

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| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) N A. BU | | TIPLE CONSTRUCTION | (X3) DATE SU COMPLE | TED |
| | | 145770 | B. WI | NG _ | | | C 0/2006 |
| NAME OF P | ROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| F9999 | Continued From pa | ige 11 | F9 | 999 | 9 | | |
| | These requirement by the following: | s were not met as evidenced | | | | | |
| | failed to supervise female resident by sexually inappropria monitoring a reside staff were made aw These failures resu | | | | | | |
| | diagnosis of Depres the October 2006 F 7/26/06 Minimum D resident is moderat for daily decision m supervision. The M short term memory 7/26/06 MDS he ha | d male resident with the ssive Disorder, according to Physician Order Sheet. R2's Data Set (MDS) shows that the rely impaired in cognitive skills taking and that he requires MDS also shows that R2 has deficit. According to his as no range of motion limits. | | | | | |
| | Assistant-CNA) sai 9/28/06. She said to refused to go to the made a sexual com- piece of I have said that R2 kept re- to other residents a going up and down trying to go into the E5 said the behavior nurse (E8) and the (E9). E5 said that s | d that R2 was "acting up" on that at about 11:30 AM R2 e dining room for lunch. R2 ment to E5, "I'm hot, I need a n't had any in a long time." E5 epeating the sexual comment and staff. E5 said that R2 kept the halls in his wheel chair, rooms of female residents. or was reported to the charge nurse caring for the resident he was told by E8 to shut the residents' rooms. E5 said that | | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) N A. BU | | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
| 145770 | | B. WI | NG _ | | C 10/20/2006 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROLL CO GOOD SAMARITAN CTR | | | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| F9999 | about 2:30 PM on 9 was seated in his w his chair alarm was E5 observed R2 att pants with one ham R1's shirt. E5 atterr room. R2 was resis the room to make it E5 summoned assi helped her remove that R2 kept saying On 10/10/06 at 9:58 (time unknown), R2 is a good friend of F outside of the facilit room before. R3 ha room. R3 refused to According to E3, R3 that earlier in the da inappropriately to h On 10-10-06 at 8:3 asked what the faci behavior of R2 and residents after the i that a yellow strip h door to prevent unv Evaluation was ord was completed. Th have not been return On 10/10/06 at 9:00 moves about the bu inappropriate outbu E6 said that R2 cor things to female sta | R2 was not in his room at R2 was not in his room at P/28. R2 was in R1's room. He wheel chair next to R1's bed, a still intact and not alarming. the protect the other female not provide to remove R2 from R1's stive, grabbing onto things in a difficult for E5 to remove him. stance. E3 (Activity Director) R2 from R1's room. E5 said "I'm hot, I have a date." 5 AM E3 said that same day 2 had gone to R3's room. R3 R2 from when they both lived by R2 had never gone to R3's a dalways visited R2 in his b allow R2 into her room. 3 had told an Activity Assistant ay R2 had spoken er and she was upset by it. 0 AM, E1 (Administrator) was ility had done to monitor the protect the other female ncident on 9/28/06. E1 said as been placed across R1's vanted visitors. A Psychiatric ered by R2's physician and e results of the evaluation | F9 | 999 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
| | | 145770 | B. WI | NG _ | | C 10/20/2006 | |
| NAME OF F | ROVIDER OR SUPPLIER | | | | TREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORTH LOWDEN P.O. BOX 111 | | |
| CARROL | L CO GOOD SAMAR | ITAN CTR | | | MOUNT CARROLL, IL 61053 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | IX | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| F9999 | Continued From pa | ige 13 | F9 | 999 | 9 | | |
| | the day of the incid (#103) was on the shas since been mo that since the incide E7 is uncertain if R Sheet. On 10/10/06 at 9:19 Director) said that the been Care Planned does not have the a has a bed alarm, so are aware of it. Wh | D AM, E7 (CNA) said that on ent (9/28/06) R2's room same wing as R1's (#108). He ved to the 200 wing. E7 said ent the staff watch him closely. 2 has a Behavior Tracking 5 AM, E4 (Social Service he incident on 9/28/06 has a for. When R2 is in bed he ability to transfer himself. He o if he gets out of bed the staff hen R2 is out of bed he is | | | | | |
| | inappropriate 1:1's Interdisciplinary Pro | ogress Notes dated 10/07/06 ented that R2 is out of bed and | | | | | |
| | Nursing-DON) said room 210 (a differe after the incident of reason it took 8 day is that the Interdisc what interventions was asked how the physically inapprop said that when he i with a bed alarm. H low bed without ass wheel chair he has that he is trying to g R2's Care Plan dat sexual expression | 00 AM E2, (Director of that R2 was not moved to nt hall) until 10/6/06 (8 days 9/28/06). She said that the ys to move R2 to another hall iplinary Team was deciding should be implemented. E2 ey are certain that R2 won't be vriate with other residents. E2 s in bed, he is in a low bed He is unable to get out of the sistance. When R2 is in his a personal alarm to alert staff get out of his wheel chair. ed 9/28/06 lists inappropriate with other residents and staff e interventions are: if resident | | | | | |

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) M A. BUI | | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
| | | 145770 | B. WI | ۱G _ | | C 10/20/2006 | |
| NAME OF P | ROVIDER OR SUPPLIER | | | | REET ADDRESS, CITY, STATE, ZIP CODE | | |
| CARROL | L CO GOOD SAMAR | TAN CTR | | | 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053 | | |
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| F9999 | Continued From pa | ge 14 al desires, offer him privacy in | F99 | 999 | | | |
| | his room. If resider | nt refuses private time in his vision to ensure the safety of | | | | | |
| | documentation sho | fied Nursing Assistant ws that since 9/29/06 R2 riate behavior with female | | | | | |
| | in getting ready for she was going to be | female CNA was assisting R2 bed. R2 asked the CNA if ed with him. On 10/1/06 on R2 asked E6 (CNA) if she | | | | | |
| | was married. E6 sa "well I won't do any | thing with you now." On 1 - 2PM shift E6 documented | | | | | |
| | room. On 10/5/06 a bed going to the Ba | to get into a female resident's at 12:00 AM R2 was out of athroom. He asked the CNA s looking to have relations". | | | | | |
| | On 10/7/06 on the 2 documented that the | 2PM - 10 PM shift it is e CNA was assisting R2 back o grabbing at the CNA and | | | | | |
| | could get my arms try to get out of the | he CNA wrote "whenever I free to go get help he would bed and get me." On 10/8/06 | | | | | |
| | station. R2 was tal he needed to find R | s seated by the nurses king about R3 and said that R3 to "cool him off." When R2 his room he asked the nurse | | | | | |
| | and CNA to go to b hot and need to be | ed with him. R2 said "I'm all cooled down" On 10/10/06 I shift a CNA wrote "Aide | | | | | |
| | aide in a very inapp the resident to stop | o the bathroom(R2) grabbed propriate area. The aide told . After assisting R2 to bed, | | | | | |
| | aide down on the b aide woke resident | ed aideand attempted to pull ed with him." On 10/11/06 up for the day, resident was in thes on. He told the CNA "I | | | | | |

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| gott Doc Also knov R2 "cre resi resi saic AM R2. atte On sinc a "s the phy in th be i On polit and or p saic On staf inap 9/28 Plar was 2. 0 revi Doc shift | cumentation Not b documented is ws she's here, w put his hand on eeping fingers up dents hand back dent that wasn't d who would find the Activity Aide He reached ou empting to touch 10/19/06 E2 (Di ce 10/10/06 the l cafe zone." The nurse's station. sically inapprophis area. If he re- nitiated. 10/19/06 at 11:3 cies or procedur I resident to reside bysical inapprophysical inapprophysical inapprophysical that there are r 10/19/06 at 11:3 f had received a popropriate reside 8/06 incident. E n was revised th s no other forma On 10/19/06 R13 ewed. The Cert cumentation for 8 t says that the re- | ge 15 ccording to the Behavior es R2 "Kept on saying that." that the resident said "he where is she." On 10/12/06 the CNA's knee and started o aides leg. CNA put k on his lap and told the nice. Resident smiled and l out." On 10/16/06 at 11:30 e was doing a 1:1 visit with t to the activity aide her inappropriately. rector of Nursing) said that Interdisciplinary Team created safe zone is the area around When R2 is verbally or riate he would be asked to sit efused, 1:1 monitoring would 80 AM, E1 was asked for the res on 1:1 resident monitoring dent abuse regarding verbal priate sexual behavior. E1 no such policies. 80 AM, E1 was asked if the my in-services on ent behaviors since the 1 stated that after R2's Care e staff had to read it. There I in-servicing done. 3's medical record was tified Nursing Assistant(CNA) 8/08/06 on the 6AM-2:30PM esident "threw his walker at no, I could look from the back | F9 | 999 | | | |

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| F9999 | of your underwear resident wanted me the front." On 9/5/0 state that on the 6A CNA caring for him Review of R13's Ca ineffective coping; Listed in the approa saying inappropriat clearly say this is n Review of the Beha that here are no tra (Director of Nursing said that if a reside behavior for a perio Tracking Sheet is s On 10/19/06 at 100 that the inappropria R13 were only to th | to see if you made a mess, to see if you made a mess, to feel his underwear from 06 R13's Documentation notes M-2PM shift R13 said to the , "I'm hornygive me a kiss." are Plan lists as a problem occasional verbal abuse. aches it is said "if resident is e sexual comments to staff, ot acceptable. avior Tracking Sheets shows cking sheets for R13. E2 g) at 10:00 AM on 10/19/06 int does not display a particular of time, the Behavior | F9 | 99 | | | |

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