STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 490	Continued From page 53	F 490		

3. In addition, the facility allowed 4 registered sex offenders to reside in multiple resident rooms with roommates on both halls of the facility. R4 was in a multiple resident room from 01-12-06 until 06-12-06. R5 was in a multiple resident room from 05-11-06 until 06-12-06. R13 was in a multiple resident room from 04-04-06 until 06-26-06 when he was arrested and taken to jail. R15 was in a multiple resident room from 03-03-05 until 06-09-06.

4. Also, the facility sexual abuse policy documents that police shall be immediately notified. The facility staff did not notify local police of the sexual assaults against R11 and R 12 by R13. This was verified by E2 on 06-15-06 at 1:10pm.

This Immediate Jeopardy was identified on 05-26 -06 at 3:50 PM. The Immediate Jeopardy was determined to have begun on 05-15-06 when the facility failed to assure that the residents had an environment that was free from resident to resident sexual assault, did not conduct an investigation, and did not implement preventive measures to protect the 45 in-house residents from actual and potential sexual assault. Administrative staff's failure to appropriately implement and follow the facility's abuse policies caused staff to not protect all 45 residents in the facility.

The Immediate Jeopardy was removed on 06-12-06 when the final registered sex offender R5 was moved to his own private room. The surveyor confirmed that the facility took the following actions to remove the Immediate Jeopardy:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 490	Continued From page 54 A. R13 was removed from the facility on 05-26-06 at approximately 1 PM. At that time R13 was arrested and taken to the Saline County Detention Center. B. On 05-26-06 at 5:30 PM licensed nursing staff were in-serviced on completing the every 15 minute checks with the signature log in the Specialized Monitoring book. Remaining registered sex offenders (R4, R15, and R16) were placed on one-to one monitoring. C. On 05-30-06 by 12 PM, the remaining three registered sex offenders and the one identified offender had been moved into one 4-bed room. D. On 05-30-06 at 2 PM staff were in-serviced by E2, regarding abuse, response to abuse allegations and/or observations, reporting and notification of appropriate administrative staff. Licensed nursing personnel were separately in-serviced on notification and follow-up policy/ procedure along with how to conduct a physical assessment and preservation of evidence in all cases of abuse. One licensed nurse was not present for the in-service and will be in-serviced upon her return to work on 06-02-06. E. Care plans for registered sex offenders and identified offender have been updated to encompass areas of concern. Assessments have been reviewed and updated as necessary also. F. Any sexual offender and identified offenders will have their plan of care and potential issues/ problems along with behavioral interventions discussed quarterly at the Quality Assurance meeting. G. Policy and procedures are currently being reviewed and will be re-written as necessary to meet both the Federal and State regulations and guidelines.	F 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F 490	Continued From page 55 H. On 06-12-06, the facility completed the process of placing R4, R5, and R15 into private rooms.	F 490		
F9999	FINAL OBSERVATIONS Licensure Violations 300.110a) 300.690a)1) 300.690b)2) 300.695a)3) 300.695b)3 300.1210a) 300.3240a)b)c)d)f) Section 300.110 General Requirements a) This Part applies to the operator/licensee of facilities, or distinct parts thereof, that are to be licensed and classified to provide intermediate care or skilled nursing care. Any license issued and in effect prior to March 1, 1980, pursuant to the Nursing homes, sheltered care homes, and homes for the aged Act (ILL. Rev. Stat. 1977, ch. 1111/2, par. 35.16 et seq.) shall remain valid and subject to the terms and conditions of the Nursing Home Care Act (the Act) (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 4151-101 et seq.) and all regulations promulgated there under until the expiration date shown on the face of such license . Section 300.690 Serious Incidents and Accidents a) The facility shall notify the Department of any incident or accident which has, or is likely to have, a significant effect on the health, safety, or	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 56	F9999		

welfare of a resident or residents. Incidents and accidents requiring the services of a physician, hospital, police or fire department, coroner, or other service provider on an emergency basis shall be reported to the Department.
1) Notification shall be made by a phone call to the Regional Office within 24 hours of each serious incident or accident. If the facility is unable to contact the Regional Office, notification shall be made by a phone call to the Department's toll-free complaint registry number.
2) A narrative summary of each accident or incident occurrence shall be sent to the Department within seven days of the occurrence.
b) A descriptive summary of each incident or accident shall be recorded in the progress notes or nurse's notes for each resident involved.

Section 300.695 Contacting Local Law Enforcement

a)3) Sexual abuse - sexual penetration, intentional sexual touching or fondling, or sexual exploitation (i.e., use of an individual for another person's sexual gratification, arousal, advantage, or profit).

b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations:
3) Sexual abuse of a resident by a staff member, another resident, or a visitor;

Section 300.1210 General Requirements for Nursing and Personal Care

a) The facility must provide the necessary care and services to attain or maintain the highest

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C **06/15/2006**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	**1000 WEST SLOAN STREET** **HARRISBURG, IL 62946**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 57	F9999		

practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)
b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)
c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)
d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)
f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	**1000 WEST SLOAN STREET HARRISBURG, IL 62946**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 58 These REGULATIONS were not met as evidenced by: Based on interview, facility data review, and Marion Regional Office, Long Term Care incident report review, the facility failed to investigate two (2) incidents of resident-to-resident sexual assault against R11 and R12 by R13, who is a registered sex offender. The facility staff failed to report, per facility policy, incidents of alleged sexual assault against R11 and R12 and the facility failed to report to the Illinois Department of Public Health all alleged allegations of sexual abuse when the facility became aware of such allegations. The facility administrative staff had knowledge of resident-to-resident sexual assault of R11 and R12 by R13. The facility staff did not follow their policies and procedures to notify the Administrator and Director of Nurses, did not conduct investigations of these two incidents and administrative staff, E3, Assistant Director of Nursing (ADON) gave direction to staff not to chart an incident of sexual assault and advised staff to pretend it never happened. The facility failed to notify the local police after administration had knowledge of the two (2) incidents of resident-to-resident sexual assault against R11 and R12 by R13. These failures resulted in 45 in-house residents being put at risk due to no preventative measures being utilized to prevent and protect these residents from actual and potential sexual assault . The facility failure to protect residents after allegations of sexual assault of R12 allowed for the second incident with R11. The facility also has three (3) additional registered sex offenders, R4, R5 and R15 who do not reside in private	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	**1000 WEST SLOAN STREET HARRISBURG, IL 62946**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 59	F9999		

rooms.

The findings include:

1. Review of the abuse policies and procedures for this facility document that "Any disturbances between residents will be immediately reported to the supervisor, Adm. (Administrator), and D.O.N. (Director of Nursing). The alleged sexually abused resident shall be assessed immediately with immediate notification of the family and the physician. The investigation protocol documents that the facility staff shall investigate any occurrence, notify Public Health within 24 hours of reporting, and submit a written report within 5 business days. During the survey, the facility staff was questioned on abuse and it was found that there were two (2) incidents of resident to resident sexual assault that the facility administrative/supervisory staff knew about. The facility was aware of the following alleged allegations of sexual assault and did not do an investigation.

2. R13 is a 76 year old male resident who has resided in the facility since 04-04-06 according to his admission record. He was released from a state prison on 03-31-06 for sexual exploitation, exposing organs, and aggravated criminal sexual abuse with a victim under 13 years of age according to the Illinois sex offenders website. This website also identifies R13 as a sexual predator. R13's most recent Minimum Data Set dated 04-16-06 documents that R13 has no memory problems, no decision making problems, no moods or behavioral symptoms other than wandering that occurred 1 to 3 days before the assessment was done, and has no physical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 60	F9999		

functioning/activities of daily living deficits.

According to the facility resident room list dated 05-24-06 and verified by E3, Assistant Director of Nursing during the initial tour of the facility on 05-24-06, the following registered sex offenders and convicted felony offender resided in the following rooms. R13, a registered sex offender, resided in room 101 with R17, R18, and R12. R14, identified felony offender, R4, a registered sex offender, and R5, a registered sex offender, all resided in room 212 which is the last room on that hallway. R15, a registered sex offender, resided in room 105 with his wife, R19. This room is in the back area of the hallway.

R13 was a resident of this facility from 04-04-06 until 05-26-06 when he was arrested by the Illinois State Police for resident to resident sexual assault of 2 residents. The Illinois Department of Public Health did not have any knowledge that R 13, a registered sex offender, was a resident in this facility until 05-22-06 when the regional office received a letter concerning R13. There was no prior notification.

R5 was admitted to the facility on 05-11-06 and is a registered sex offender according to his medical record. The Illinois Department of Public Health did not have any knowledge that R13 was a resident in this facility until 05-22-06 when the regional office received a letter concerning R5. There was no prior notification.

2. The facility failed to comply with 2-201.6d of Public Act 094-0752, in that they failed to provide a private room for 4 of 4 residents (R4, R5, R13, and R15), who are registered sex offenders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 61	F9999		

3. The facility failed to comply with 2-201.5c of Public Act 094-0752, in that they failed to immediately fax the resident's name and criminal history information after learning that they are registered sex offenders and/or identified offenders to the Illinois Department of Public Health for 2 of 4 residents (R13, & R5) who are registered sex offenders.

4. E8, Licensed Practical Nurse (LPN), was interviewed on 05-24-06 at 12:15 PM. E8 stated that approximately two weeks ago at 7 AM, she was receiving report from E10, Licensed Practical Nurse who worked the 11 PM to 7 AM shift. In report, E10 told E8 that E11 and E12, Certified Nurses Aides, had caught R13 putting his penis in R12's mouth. E10 told E8 that E11 and E12 stopped him and came to her. At that point, E10 asked E8 to inform E3, Assistant Director of Nursing, when she arrived for work. E10 also asked E8 to ask E3 if they should chart this incident and how to chart it. As they were discussing this, the phone rang and it was E3. E 10 answered the phone and E8 went into the medication room to get the medication cart ready. After her conversation on the telephone, E10 told E8 that E3 said, "Do not chart anything, we are to pretend it never happened." After a few minutes E8 asked again what E3 had said and E10 repeated exactly what she had said before. E8 checked the communication book and R12's and R13's charts and found that nothing had been documented. When E3 arrived at the facility, E3 told E8 to "Act like it never happened and not to chart anything or notify any doctor or family regarding the incident."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	**1000 WEST SLOAN STREET HARRISBURG, IL 62946**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 62 5. During an interview with E10, LPN, at 10:00 AM on 05-25-06, E10 stated that she thought someone may have told her that R13 had his pants down and was found standing by R12's bed and it may have been E11. E10 also stated that she thinks she did call E3 about this and that E3 stated she would take care of this. E10 stated that she would not document anything that she did not see herself and did not document this because she did not see the incident herself. E 10 did not notify E1 and E2 as the facility policy dictates. E10 also did not assess R12 after this incident nor did she call R12's family and physician. 6. During an interview with E14, LPN, on 05-25-06, E14 stated he was assigned to watch R13 on 05-21-06. E14 was standing next to R13, who was sitting in a wheeled, cushioned, reclining chair. R13 was covered with a blanket, took his hand out from under the blanket and reached up and grazed E14's genital area with his open hand . E14 jumped back and asked R13 what he was doing. R13 stated he was trying to fix his cover. E14 reported this to E13 who told him that residents do that sometimes. An interview with E 13 verified this information. E13 did not document this incident in R13's chart nor did she chart this behavior in the behavior book. E13 did not report this to administrative staff so that this information could be added to the investigation of R13's sexual assault investigation which was started after the survey started. 7. E11, CNA, was interviewed on 05-26-06 at 8: 45 and stated the following. On the morning of 05-15-06 at 5:15 AM, E11 was pushing a resident in a wheeled, reclining cushioned chair up to the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 63	F9999		

dining room. As they went by R12's room, E11 looked in the room and noticed R13 standing beside R12's bed. R13 had his pants down past his hips and his penis in his hand trying to put his penis in R12's mouth. R12 appeared to be terrified and was trying to push him away the best he could. E11 told R13 to get to his side of the room. R13 went back to his side of the room and went to bed. E11 immediately told E10 who told him she would call E3. E11 did see her talking to someone on the phone. E11 stated that he and E12, CNA, charted this behavior in the behavior book. E11 stated that he believes R13's penis was erect.

8. E3, Assistant Director of Nursing (ADON), stated during an interview on 05-26-06 at 1 PM that she did not know that there was an incident on 05-15-06 where R13 was found trying to put his erect penis in R12's mouth. She also stated that she did not receive a call from E10 the morning of 05-15-06.

9. R12 has diagnoses that includes Senile Dementia, Depression and Other Malaise and Fatigue according to his physician order sheet dated 04-27-06. R12's most recent Minimum Data Set dated 05-15-06, documents that R12 has long and short term memory problems, moderately impaired for making daily decisions, has no behaviors, and receives all nutrition through a feeding tube. On 05-26-06 at 2:05 PM, an attempt was made to interview R12. R12 was very confused and could not answer any questions. The fact that R12 is confused was verified by E3 on 05-24-06 at 10 AM.

10. Z2, physician for R13, was interviewed on 05

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999		F9999		

Continued From page 64

-25-06 at 1:40 PM and stated that the facility Quality Assurance (QA) committee met on 05-11-06 and discussed R13. At that meeting they decided to discharge him because he was a risk. Z2 stated that he had received a call from the facility on 05-17-06 that R13 had been harassing some of the other residents and there were concerns about his behavior.

11. The facility failed to notify R12's power of attorney for health care of the 05-11-06 incident of the sexual assault until 06-07-06 at 1:00 PM according to the nurses' notes for R12. These notes dated 06-07-06 at 1:00 PM document, " notified (Z5) of alleged incident that had occurred with (R13). Informed her that res (resident) was OK. She stated if he was OK she would call back later D/T (due to) death in family." This note was signed by E3.

12. E3, ADON, stated during an interview on 05-26-05 at 1 PM, that R13 was discussed at the QA committee because he appeared to be sneaky. She stated that R13 would go to the bathroom, start to his room, and then go back to the bathroom, again and again.

The facility did not investigate this incident of sexual assault which resulted in no added precautions being used to protect R12 and the other residents in the facility from R13.

13. A late entry nurses' note for 05-18-06, 4:40 PM documents that it was reported to E3, Assistant Director of Nurses, that E7, Activities Director, saw R13 attempting to expose himself to R11. E7 interrupted him, redirected him, and escorted him to his room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145978	A. BUILDING ______ B. WING ______	C 06/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISBURG CARE CENTER	1000 WEST SLOAN STREET HARRISBURG, IL 62946

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	Continued From page 65 E7 was interviewed on 05-24-06 at 11 AM and also wrote a statement that on 05-18-06 at approximately 2 PM she noticed R13 coming out the of west wing bathroom. R13 saw E7 and went back in the bathroom. At that same time, R 11 was in her wheelchair sitting in the hall across from the bathroom. E9, Certified Nursing Assistant, moved R11 to the west wing TV area. R11 was facing the hallway. R13 came out of the bathroom and started toward the TV area with his hands on his sweat pant waist starting to pull them down. E7 started down the west wing hall and observed R13 with his pants down, penis in his hand, and was standing about one foot from R11's face. E7 stopped R13 from getting closer to R11. R13 was questioned on 05-26-06 at 12:12 PM in the social service office and denied doing anything improper. R13 stated that R11 asked him to help her get out of her wheelchair. R11, however, cannot communicate due to physical and cognitive impairments. R11's clinical record indicates the following: R11 is an 88 year old resident with diagnosis that includes Mental Retardation, Diabetes, Agitation, Blindness, and Deafness according to the physician's order sheet dated 04-27-06. R11's most recent Minimum Data Set dated 03-27-06 documents that she has long and short term memory loss and is severely impaired for making daily decisions. This Minimum Data Set also documents that she cannot make self understood, cannot understand others, and is totally dependent on staff for dressing, eating, toilet use, personal hygiene and bathing. She is	F9999		