STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 226	Continued From page 19 door. Per E-11, she had also observed E-14 (Certified Nurse Aide) use a bed sheet to tie R-2 in bed at night on more than 1 occasion. E-11 said that she did not report either incident to a supervisor. Per interview with E-10 (Certified Nurse Aide) on 1-10-06 at 2:10PM,. E-10 said that she had observed E-14 put R-2 in the linen closet and close the door at approximately 7:30 PM on 1-1-06; then later open the door and take R-2 to bed. Per E-10 she watched E-14 use a bed sheet to tie R-2 to the bed. Per E-10 the incidents were not reported and she did not know why she did not report it. She said "I think I was in shock." Per interview with E-7 (Certified Nurse Aide) on 1 -9-06 at 3:20PM, E-7 said that she had not observed anyone putting R-2 in the linen room but had seen R-2 as well as R-1 tied in their beds at night. Per E-7 about 3 weeks ago she had seen both residents tied in their beds and knew that E-14 had been responsible for tieing them in because E-14 had taken her to the residents' rooms and showed her what she had done and how to do it. Per E-7 she did not report what she had seen. Per review of the facility nursing schedule dated December 18 to December 31, E-5 was allowed to continue working on 12-26, 12-27,12-28, and 12-31 after she had been named as the person responsible for putting R-2 into the linen closet on 12-25-05. E-14 was allowed to continue working on 12-26, 12-27, 12-28, 12-30-05, and 1-1-06.	F 226		
F9999	FINAL OBSERVATIONS STATE LICENSURE VIOLATIONS:	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 20 300.680a) 300.682a)b)c)d)e)f)g)h)i)j) 300.3240a)b)e) Section 300.680 Restraints a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. These policies shall be developed by the medical advisory committee or the advisory physician with participation by nursing and administrative personnel. c) Physical restraints shall not be used on a resident for the purpose of discipline or convenience. Section 300.682 Nonemergency Use of Physical	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 21 Restraints a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on: 1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective; 2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being; 3) consultation with appropriate health professionals, such as rehabilitation nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and 4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act) b) A physical restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106(c) of the Act) Informed consent includes information about potential negative	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 22 outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact. c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the physical restraint is used. d) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than 5 days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing. e) A physical restraint may be applied only by staff trained in the application of the particular type of restraint. (Section 2-106(d) Act) f) Whenever a period of use of a physical restraint is initiated, the resident shall be advised of his or her right to have a person or	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 23	F9999		

organization of his or her choosing, including the Guardianship and Advocacy Commission, notified of the use of the physical restraint. A period of use is initiated when a physical restraint is applied to a resident for the first time under a new or renewed informed consent for the use of physical restraints. A recipient who is under guardianship may request that a person or organization of his or her choosing be notified of the physical restraint, whether or not the guardian approves the notice. If the resident so chooses, the facility shall make the notification within 24 hours, including any information about the period of time that the physical restraint is to be used. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact the resident to determine the circumstances of the restraint and whether further action is warranted. (Section 2-106(e) of the Act) If the resident requests that the Guardianship and Advocacy Commission be contacted, the facility shall provide the following information in writing to the Guardianship and Advocacy Commission:

1) the reason the physical restraint was needed;

2) the type of physical restraint that was used;

3) the interventions utilized or considered prior to physical restraint and the impact of these interventions;

4) the length of time the physical restraint was to be applied; and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 24 5) the name and title of the facility person who should be contacted for further information. h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate. j) No form of seclusion shall be permitted. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (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) e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 25 immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) These REGULATIONS are not met as evidenced by: Based on written staff statements, interviews, and record review, the facility used improper restraints for staff convenience causing possible mental abuse. These included involuntary seclusion and using bed sheets to tie residents to the beds for 2 of 2 wandering residents from the sample. The residents were R-1 and R-2. These staff actions occurred on 12-25 05, 1-1-06, and other times in the month of December for which staff could not remember exact dates. The facility also failed to promptly report and properly investigate an allegation of abuse for 2 of 2 residents on the sample. This failure to thoroughly investigate the allegation of abuse allowed the same abuse to re-occur to R-2 on 1-1-06. Findings Include. R-2 is a self ambulatory female with a medical diagnoses of Alzheimer's Disease per the physician's order sheet that was dated for the month of December, 2005. Per interview with E-8 (laundry aide) on 1-10-06 at 9:15AM, E-8 saw R-2 in the clean linen room on 12-25-05 between 3PM and 4PM. The bottom of the dutch style	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 26	F9999		

door was closed and locked. The top portion of the door was open, making R-2 visible from the hall. E-8 said that she unlocked the door allowing R-2 to leave the room. Per E-8 she saw R-2 back in the clean linen room 2 more times during the work shift of 2PM to 10PM. E-8 did not open the door for R-2 on the other 2 occasions. E-8 made a third trip to deliver clean laundry delivery to the wing between 8:30PM and 9PM. Per E-8 she saw E-5 (Certified Nursing Assistant/ CNA) putting R-2 into the clean linen room and E -5 told E-8 that she had been putting R-2 back into the room and closing the door to keep R-2 from wandering to the doors and causing the alarms to go off. E-8 said that she did not report the incident to administration. E-8 said that she saw R-2 in the clean linen room again on 1-1-06 with the bottom of the door closed and locked between 8:30PM and 9PM. E-8 said she heard a CNA (did not know the CNA's name) say "R-2 is still in the closet." E-8 did not know how long R-2 had been locked in the linen room. E-8 said that 2 staff then released R-2 and took her to bed. E-8 said that the second incident caused her concern for R-2 and she talked to another staff member (E-4 Hab Tech) who encouraged her to tell her supervisor about it. E-8 said that she did not go to a supervisor but intended to do so, but before she could make the call the next day E-1 (Administrator) called her and requested a statement about what she had witnessed.

An interview was done with E-9 (Activity Aide) on 1-10-06 at 11:50AM. E-9 observed R-2 in the clean linen room the first time between 1:30PM and 2PM. on 12-25-05. Per E-9, the lower portion of the door was shut and R-2 was standing inside of the room looking out at the hall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 27 . E-9 said that there were 3 CNA's and a nurse standing at the nurses station across the hall from the linen room. E-9 knew E-5 (CNA) and E-6 (LPN) but did not know the other 2 CNA's. E-9 said that she told the group that "R-2 is in the linen room." Per E-9 none of the staff responded to the information. E-9 said that she opened the door and R-2 left the linen room. E-9 said she went back by the linen room about 15 minutes later and saw both sections of the door were closed. Per E-9 it was unusual for the top of the door to be closed, so she opened the top section and saw R-2 standing at the door looking at her. E-9 said no nursing staff were in the area at that time so E-9 did not get R-2 out of the room but did open the top section of the door. E-9 went on with her work and returned to the area at approximately 3:45PM and saw E-6 leaning over the closed bottom portion of the door saying to R-2 "I want a cheeseburger and fries." E-9 did not intervene. At 4PM R-2 was still in the linen room and had thrown linen on the floor off the shelves. E-9 told E-6 again that R-2 was still in the linen room. E-6 responded by telling R-2 to pick up the linen. E-9 told E-6 that if the laundry supervisor caught R-2 in the room E-6 would be in trouble. E-6 said "well, you don't hear the alarms going off do you?" E-6 did not remove R-2 from the linen room at that time. Per E-9 R-2 was in the closet for staff convenience. Per E-9, R-2 could not open the door without help if it was locked. Per interview done with E-12 (housekeeper) on 1-10-06 at 9:45AM, R-2 had been observed in the clean linen room with the lower portion of the door closed. Per E-12, E-6 was told R-2 was in the linen room between 4 and 4:15PM on 12-25-	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 28	F9999		

05. E-6 responded by saying "O.K. the alarms are not going off." E-12 left the facility between 4 :30 and 4:45PM., and R-2 was still in the linen room when he left.

Per interview with E-11 (CNA) on 1-9-06 at 2:10 PM, E-11 observed E-5 putting R-2 into the linen room at approximately 5PM. on 12-25-05. Per E-11 the door was locked by E-5. Per E-11, locking of the door caused her to be concerned, but since she was new (started a week before Christmas) she did not say anything to anyone about it.

Per interview with E-3 (RN/acting Director of Nursing) on 1-10-06 at 11:25AM, R-1 and R-2 are both wanderers. They ambulate without assistance and do not have orders for any type of restraint. Both residents wander the hallways and attempt to exit the facility, causing the door alarms to sound. Both display this behavior frequently.

In the same interview with E-11, she stated that when she had started to work in the facility the week before Christmas on the afternoon shift, E-14 (Certified Nurse Aide) had been assigned to work with her. Per E-11, when E-14 put R-2 into bed at night she used a bed sheet to tie R-2 down so that she could not get out of the bed. This information was verified by interviews with E -10 (Certified Nurse Aide) on 1-10-06 at 11AM. Per E-10 she only worked 1 night in the facility because she felt staff were not taking good care of the residents. E-10 said that on the night of 1-1-06, she observed E-14 tying R-2 in the bed with a sheet to prevent the resident from getting out of bed. E-11 said she was "in shock" over what she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 29	F9999		

had seen and did not report it at that time. Per interview with E-7 (Certified Nurse Aide) on 1-9-06 at 3:20PM, she had observed R-2 tied in bed about 3 weeks ago, and had also seen R-1 tied into her bed on the same night. E-7 is sure that it was E-14 that tied the residents in the beds because E-14 showed her how she did it to keep the residents in bed and away from the door alarms. E-7 did not know how often this action occurred. Per interview with E-5 (Certified Nurse Aide) on 1-10-06 at 2:20PM, she observed E-14 tieing R-1 into bed 1 time about a month ago but did not know how often it was done. Per E-5 the sheet used to tie the resident was applied to keep her in bed.

Per interview with E-3 (RN/acting Director of Nursing) on 1-9-06 at 2:10PM and again on 1-10-06 at 11:25AM, E-3 said that E-13 (activity aide) reported to her that on 12-25-05 R-2 had been locked in the linen closet. Per E-3 the report was made to her at approximately 1PM on 12-26-05. Per E-3, she did not do anything about the allegation because the administrator was not working on December 26th, and she was not sure that she believed the allegation to be true. Per E-3 during the day she heard different staff members discuss the allegation and decided that there may be some truth in it. Per E-3, E-13 had told her that E-12 (housekeeper) had seen R-2 in the closet so she asked E-12 about it. E-12 confirmed that he had observed R-2 in the linen closet on Christmas day. E-3 asked E-12 to write a statement about what he had observed and when. Per E-3, E-12 said that his writing was very poor and could not be read. E-12 told E-3 he would tell her what he saw if she would write it; then he would sign it. E-3 wrote the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146045	A. BUILDING _____ B. WING _____	C 01/19/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELIA HEALTHCARE OF ENERGY	**210 EAST COLLEGE ENERGY, IL 62933**

(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 30	F9999		

information and E-12 signed it. Per E-3 the allegation was repeated to E-1 (Administrator) at approximately 7:30AM. on 12-27-05. E-3 stated that E-1 told her she should not have written a statement for E-12. Per E-3, E-1 said that he would investigate it, and she was not to discuss the incident. Per E-3, E-1 did not speak with her about the allegation again until 1-2-06 when E-3 called E-1 at home on 1-2-06 at approximately 6: 30AM to notify him of another allegation of staff abuse regarding locking R-2 in the linen closet again on 1-1-06.

Per E-1, at some point "after Christmas and before New Years" around December 28th, E-3 did relate a conversation she had with E-12 the day after Christmas and showed him the statement she wrote for E-12 who signed it. Per E-1, the information he received did not sound like abuse and told E-3 that he would talk to E-12 . Per E-1, he spoke to E-12 later the same day and was not told anything that sounded abusive. After E-3 called him at home on 1-2-06 with another allegation of the same mistreatment, he started an investigation into the allegation.

After the investigation was initiated on 1-2-06, interviews done by the facility with staff confirmed that R-2 had been locked in the linen closet at different times and for unknown lengths of time on Christmas day 2005 and again on 1-1-06 for an unknown period of time. During an interview done on 1-9-06, E-11(Certified Nurse Aide) verification was given that she had observed R-2 in the linen room again on 1-1-06 with the door closed. Per E-11, E-5 (Certified Nurse Aide) had put R-2 in the room then closed and locked the door. Per E-11, she had also observed E-14 (