

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 371	<p>Continued From page 21</p> <p>review the facility failed to properly clean and sanitize 1 of 1 meat slicer after each use. The facility also failed to maintain 3 of 5 cutting boards and 2 of 2 rubber spatulas to be smooth and free of damage. These failures could promote bacterial growth and contribute to cross contamination and food borne illness.</p> <p>Findings include:</p> <p>1. On 5-17-07 at 11:00 a.m. with E7, Assistant Dietary Manager, the meat slicer was observed to have bits of meat and grease that were deposited around the area on the metal housing just under the blade. When E7 removed the blade guard, this revealed bits of meat, grease build up and long meat strands.</p> <p>Interview with E7 at this time showed that the meat slicer was used the morning of 5-17-07 to slice roast beef. E7 also stated that the slicer was not planned to be used again until 5/20/07 for pork roast. This was confirmed by menu review.</p> <p>At this time E8, cook, walked by and was asked if E8 took the guard off the slicer to clean it. E8 stated, "I don't know what the guard is." When it was explained to E8, E8 stated, "I didn't know that it came off."</p> <p>2. The facility had 5 cutting boards with 2 of them having deep cuts and one with cuts and stains that are not easily cleanable.</p> <p>3. The facility rubber spatulas that are used for cooking had broken edges that are not easily cleanable. One of the spatulas had broken in the middle where the handle joins into the scraper.</p>			F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 371 F9999	<p>Continued From page 22</p> <p>The part that had split open, had food debris lodged in it and was not able to be cleaned and sanitized.</p> <p>FINAL OBSERVATIONS</p> <p>Annual Licensure Survey Complaint #0761940 (IL28616)</p> <p>LICENSURE VIOLATIONS</p> <p>300.3240a) 300.3240b) 300.3240d) 300.3240f)</p> <p>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) 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)</p>			F 371 F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 23</p> <p>These regulations were not met as evidenced by the following:</p> <p>Based on observation, interview, and record review the facility failed to:</p> <p>1) Protect two mentally retarded residents (R14, R17) from sexual abuse out of three residents sampled for abuse. Cognitively intact resident (R15) who is independent with ambulation fondled the breasts of two staff persons and two residents on four separate occasions.</p> <p>2) Assess, before admission, R18 who is an identified sexual offender. The behaviors exhibited by R18 in a previous facility and shortly after his admission to this facility, put all female residents at risk for sexual abuse.</p> <p>Findings include:</p> <p>EXAMPLE #1:</p> <p>Observation on 5/11/07 demonstrated R15 is an ambulatory resident with no restrictions on his movement within the facility.</p> <p>Review of R15's annual assessment dated 10/13/06 showed R15 is cognitively independent with decisions that are consistent and reasonable. The assessment also indicated R15 has no indicators of delirium or disordered thinking/awareness. The MDS (Minimum Data Set) dated 10/13/06 showed this had been the case for the previous 90 days. The MDS did indicate that R15 had exhibited socially inappropriate behaviors which may include sexual behaviors.</p>			F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 24</p> <p>R15's Plan of Care dated 10/19/2006 through 4/11/2007 showed, "Res (R15) exhibits inappropriate sexual behaviors..."</p> <p>Nurses notes dated 10/06/06 indicated the following, "SSD (Social Service Director) was notified that res (R15) had made an inappropriate comment/gesture to an employee..."</p> <p>Incident Report dated 10/06/06 indicated, "...While hugging staff member, resident's (R15) hand brushed (female) staff member's chest/breast..."</p> <p>E9, the facility's Office Manager, on 5/16/07 at approximately 2:15 PM, confirmed the 10/06/06 incident was sexually inappropriate behavior on the part of R15. E9 stated, "(E17), (a former) evening receptionist and every other weekend receptionist...This was back in October of 2006. (E17) reported to me that (R15) had asked (E17) for a hug and intentionally touched her breast. She was very scared and upset that it had happened - she did not like it. I reported that immediately to the Administrator and Social Service Director. (E17) was a senior in high school..."</p> <p>E10, Dietary Aide, was interviewed on 5/17/07 at approximately 12:55 PM. She indicated the sexual behaviors of R15 continued and the facility should have been aware. E10 appears to be a young woman in her early twenties. E10 stated, "...last year (2006) after October, probably November or December, (R15) asked for a hug. I pass snacks at night. He (R15) always wants a hug. He would hold on to you after the hug. (He) went to give (me) a hug and kiss and he missed (my cheek) and kissed my breast. When I</p>			F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 25</p> <p>thought about it I realized his intentions. (After that he said to me) He asked, 'are you the girl who gives the good hugs? Can I kiss your titty?' No, I didn't report it, I didn't want him to get into trouble. He seemed sorry. He said that he knows what he did was wrong..."</p> <p>E11 (a male), Certified Nurses Assistant (CNA), on 5/16/07 at approximately 2:30 PM demonstrated the behaviors of R15 were known to other staff members. E11 stated, "...I have seen him try to lay his head in the breasts of Dietary Aides when they are giving him hugs. They quit taking his snacks in to him, they have me do it..."</p> <p>R17 is a twenty-three year old resident with a primary diagnosis of Spina Bifida and a secondary diagnosis of Mental Retardation. This is per her most recent Physician's Orders dated May of 2007. On 5/15/07 at approximately 10:00 AM, R17 stated she was sexually abused by R15. R17 stated, "He (R15) touched my breast and he did it on purpose. I told (Director of Nurses, DON) he did it on purpose. I reported it to (the DON) right away. He came up to me on 100 hallway - he asked for a hug (he said it was National Hug Day). I said OK. I gave him the hug and as I started to back away he touched my breast with his hand. There is no doubt in my mind he did it on purpose. I told (the DON) he did it on purpose. I did not want him to do that - I have been trying to stay away from him. I try to go down different hallways. Some people (staff members) have been telling me he would ask for a hug and reach for your boob." Interview with E2, DON, on 5/15/07 at approximately 10:45 AM stated R17 is an interviewable resident.</p>			F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 26</p> <p>Interview with E2, DON, on 5/15/07 at approximately 10:45 AM confirmed she was aware of some incident involving R17's breast being touched. The DON stated "On 4/7/07 at about 8:00 PM (R17) came to me at the nurses station and told me something about (R15) had bumped her breast, or something... I did not take it as an allegation of sexual abuse. Yes, I am aware of (R15's) history of inappropriate sexual behaviors. No, I did not initiate an abuse investigation..."</p> <p>An Incident/Accident Report dated 5/6/07 and signed by E2, DON and E12 Registered Nurse, RN showed R15 committed yet another subsequent sexual abuse toward another resident (R14). The report stated, "...found resident in another female res. rm (room) touching female inappropriately. Removed res from rm monitored 1:1 (one to one) (with) 15 minute checks. (Administrator notified) (see chart)..."</p> <p>Per Physician's Order Sheet dated May of 2007, R14 is a 36 year old resident with diagnoses of Mental retardation, Seizure Disorder, and Organic Mental Syndrome with Agitated States. On 5/15/07 at approximately 10:30 AM, E1, Administrator, indicated R14 is total care for all needs and has the mental capacity of a 3 year old. This assessment was confirmed by observation on 5/11/07 at approximately 11:00 AM. Several attempts to communicate with R14 were unsuccessful.</p> <p>E12 RN stated on 5/15/07 at approximately 3:30 PM, "...I had been with (R15) and his wife at about 8:00 PM, on Sunday, May 6th. I left their room and gathered some supplies for (R14's)</p>			F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 27</p> <p>tube feeding. I pushed my cart up to (R14's) door. (R15) was sitting in front of (R14). I took one or two steps into the room (R15 did not see me) and (R15) was speaking to (R14), saying something like 'be nice to daddy,' words of endearment, words of a sexual flavor. He (R15) was in front of her, hunched down and his face was very close to her breast. Her shirt was off and he was touching her breasts with both hands. One (hand) on one breast, one on the other. I said, 'what are you doing (R15)' - he sat back and was very flustered and said, 'I don't know what I'm doing.' I took him out of the room, took him to the nurses desk...(R15) was begging and pleading with me not to report the incident. I isolated him in the lounge across from the desk until he went to bed. I then did 15 minute checks..."</p> <p>In interview on 5/17/07 at approximately 12:45 PM Z2 (R14's mother) stated, "(R14) is severely mentally retarded. She has the intellectual capacity of a 2 year old. She has been this way most of her life. When they called and told me what had happened it was like someone had told me she (R14) had a terrible illness... He (R15) remained in the facility after the incident. He was in the lunch room after this happened and my daughter (R14) never took her eyes off him. She even turned her head to follow where he went. She kept her eyes on him and followed him with her eyes."</p> <p>Interview with (R15) on 5/11/07 at approximately 4:00 PM confirmed he had committed the abuses against (E17), (R17), and (R14). (R15) stated, "yes I did touch that office girl and the other resident (R17) in the wheelchair. But I asked and they both told me it was OK to touch their</p>			F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 28</p> <p>breasts. Now the other little girl (R14), it was just impulse. I often went into her room to help her with her puzzles. She was trying to take her top off and so I helped her. I know I shouldn't have done it but the devil made me do it..."</p> <p>Review of documentation provided by the facility showed there are 21 cognitively impaired females presently in the facility.</p> <p>Interviews with facility staff indicated not all staff were aware of the sexual abuse committed by (R15) on the cognitively impaired resident (R14). Also not all were aware (R15) was to be kept from the vicinity of (R14) pursuant to the Administrators stated plan.</p> <p>E13, CNA, stated on 5/11/07 at approximately 2:15 PM, "... I heard about the incident but no one told me any of the details of the incident. I was not aware we were to watch for inappropriate behaviors but I have had CNA's tell me he has inappropriate behaviors of a sexual nature..."</p> <p>E14, CNA, stated on 5/11/07 at approximately 1:15 PM, "...I have been assigned to (R15's) hallway. I haven't been told anything about (R15). I have not been inserviced about what happened between (R14) and (R15). No one has told me he (R15) could only go certain places in the facility..."</p> <p>E15, CNA, stated on 5/11/07 at approximately 2:00 PM, "...I know he did something but I don't know exactly what it was...I never knew I was supposed to be watching (R15) for inappropriate sexual behaviors..."</p>		F9999				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 29</p> <p>E16, CNA, stated on 5/11/07 at approximately 1:45 PM, "...I knew there was an incident, I did not know any of the details...I have not been talked to or given an inservice. I am not aware of what happened (between R15 and R14)..."</p> <p>Interview with (R15) on 5/16/07 at approximately 11:00 AM confirmed the facility failed to place limits on his movements. (R15) stated, "...I don't recall them (the facility staff) telling me (after the incident with R14) there is no place in the facility I can't go..."</p> <p>EXAMPLE #2:</p> <p>Per admission orders, R18 was admitted on 5/04/07 and is a resident with diagnoses of Renal Failure, Hypothyroidism, and History of Falls. His Physician's Orders indicate he propels himself in a wheelchair. Facility background check dated 5/04/07 documents R18 has a conviction for "Sexual Abuse of a Child."</p> <p>Review of Social Service notes showed the following:</p> <p>5/4/07 "...Resident (R18) made sexual jokes and comments re: 'do you know what 79 is? It's when you're on top the covers and I'm under them..."</p> <p>5/9/07 "Resident (R18) made a comment of Certified Nurses Assistant (CNA) getting into bed with him..."</p> <p>5/13/07 Resident (R18) made a comment to houskeeper, "...Resident asked me how my night was. He said, did you enjoy me rubbing my hands all over your body?..."</p> <p>Interview with R18 on 5/17/07 at approximately 11:00 AM indicated he had spent 6 years in</p>			F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145371		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/23/2007	
NAME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF BLOOMINGTN				STREET ADDRESS, CITY, STATE, ZIP CODE 1509 NORTH CALHOUN STREET BLOOMINGTON, IL 61701			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	<p>Continued From page 30</p> <p>prison and 10 years on parole for the sexual abuse of a child. Furthermore, R18 indicated he had been the recent resident of a nursing home that had "kicked" him out for touching a lady's leg.</p> <p>Interview with Z3, Nursing Home Administrator on 5/18/07 at approximately 11:00 AM confirmed R18 had been at her facility as recent as April 2007 and had been accused of sexual misconduct by touching a female resident's leg. Z3 stated she had discharged R18 at the insistence of the alleged victim's family.</p> <p>Interview with E1, Administrator, on 5/18/07 at approximately 11:30 AM indicated the facility was not aware of R18's recent history. She stated she thought the admitting nursing facility had lied to them about R18. When asked about a facility plan to protect the vulnerable residents from R18, E1 stated all they had was in the care plan. Review of the care plan dated 5/17/07 did not demonstrate any interventions to protect vulnerable residents or to supervise or keep an increased watch on R18.</p> <p>(A)</p>			F9999			