STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G371	A. BUILDING _____ B. WING _____	09/18/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING OAKS	**201 SPRING STREET ROSICLARE, IL 62982**

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W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1060e) 350.1060f) 350.1610b) 350.1610h) 350.1620d)12) 350.3240a) 350.3240b) 350.3240d) 350.3240f) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs f) There shall be a functional training and habilitation record for each resident, maintained by and available to the training and habilitation staff.	W9999		

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W9999	Continued From page 36 Section 350.1610 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. h) The records maintained for each resident shall be adequate for: 1) Planning and continuously evaluating each resident's habilitation program, 2) Furnishing evidence of each resident's progress and response to the habilitation program, and 3) Protecting each resident's legal rights. Section 350.1620 Content of Medical Records d) In addition to the information that is specified above, each resident's medical record shall contain the following: 12) Records of significant behavior incidents, reactions to any family visits and contacts, attendance at programs, and leaves from the facility. Section 350.3240 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	W9999		

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W9999	Continued From page 37 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) These Regulations were not met asd evidenced by: Based on interviews and record reviews the facility failed to ensure that clients are not subjected to sexual abuse having the potential to affect all individuals living in the facility (R1, R2, R4 - R10) when they failed to: 1) Identify a resident who was potentially involved in an inappropriate sexual behavior, including documentation of the resident's demeanor. 2) Thoroughly investigate the 04/2009 incident and other potential incidents of sexual abuse in 05/2009 and 06/2009. 3) Report the incidents to the administrator and/or the Illinois Department of Public Health.	W9999		

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W9999	Continued From page 38 4) Put systems in place to prevent recurrences. Findings Include: 1) Upon review of R3's Individual Habilitation Plan (IHP) dated 05/12/09, R3 is a 70 year old male who functions at a Severe level of mental retardation. R3's Inventory for Client and Agency Planning (ICAP) dated 04/09/09 states that R3's overall age equivalent is 4 years and 5 months. Documentation within R3's IHP states that R3 is on behavioral programs for verbal aggression and depressive symptoms. Per review of R3's QMRP notes dated 06/2009 documentation states: "...Objective/STG (short term goal): (R3) will display 0 incidents of sexual inappropriate behaviors. Performance: 2 episodes Comment: will continue (only one noted in chart but Q (Qualified Mental Retardation Professional) knows of one other incident this month not charted by staff." Documentation on the facility's Behavior Tracking Sheet shows that on 06/19/09 and 06/26/09 R3 had an incident each day marked as, "Inappropriate Sexual Behavior." Per interview with E2 on 09/02/09 at 2:35 p.m., E2 said that the behavior tracking sheet does not specifically identify what type of inappropriate sexual behavior was displayed each time and that she cannot remember what the behavior was or who was involved.	W9999		

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W9999	Continued From page 39 The facility is unable to provide surveyor with documentation as to what the specific inappropriate sexual behavior was or who was involved. R3's QMRP notes for the month of 05/2009 state: "...Objective/STG (short term goal): (R3) will display 0 incidents of sexual inappropriate behaviors. Performance: 2 episodes Comment: will continue (only one noted in chart but Q (Qualified Mental Retardation Professional) knows of one other incident this month not charted by staff". During interview with E2 (QMRP) on 09/03/09 at 10:45 a.m., E2 stated that there was no behavior tracking sheet or behavior comment sheet available for 05/2009 and that she cannot remember what the incidents were. E2 also stated that she had not contacted the Administrator regarding the 04/2009, 05/2009 or 06/2009 documentation of inappropriate sexual behavior, and she had not reported any of the incidents to the Illinois Department of Public Health. R3's QMRP notes for the month of 04/2009 state that R3 had 1 episode of inappropriate sexual behavior. No additional information is available in the QMRP notes. Documentation on R3's Behavior Tracking Sheet shows that on 04/06/09 R3 had an incident of inappropriate sexual behavior.	W9999		

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W9999	Continued From page 40 No documentation is noted on 04/06/09 regarding inappropriate sexual behavior, although there is documentation on R3's behavior comment sheet dated 04/07/09 stating, "(R3) was in his room when staff headed down hallway another resident ran out of his room, staff went to (R3's) room and he was naked. Staff asked him what happened and he replied that he was having sex." During interview with E2 on 09/02/09 at 12:45 p.m., E2 stated that she could not really tell for sure who the resident was that ran out of R3's bedroom on 04/07/09. E2 continued to say that it was probably R5. When asked why she thought it might be R5, E2 said, "Because it's happened once or twice before with R5." E2 also stated that she had not documented or investigated the other two incidents and could not be sure that it was actually R5. E2 continued to say that R5 had not been assessed by the nurse to determine if R5 had consensual sex with R3, had been sexually assaulted by R3 or whether sexual behavior had actually occurred or not. During interview with E2 (Qualified Mental Retardation Professional/QMRP) on 09/02/09 at 12:45 p.m., when asked if the incident on 04/06/09 in which a resident was observed coming out of R3's bedroom had been investigated, E2 said, "Probably not." E2 continued to say, "Don't really know if incident report filled out - probably not." During same interview with E2 on 09/02/09 E2 said that she had not notified the administrator of the 04/06/09 incident. During interview with E1 (Administrator) on 09/02/09 at 1:00 p.m., E1 stated that she was not aware of the 04/06/09 incident and that it should	W9999		

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W9999	Continued From page 41 have been investigated. Upon review of the facility's Behavior Management/Quarterly Review dated 07/30/09, documentation states that R3 had 1 incident of inappropriate sexual behavior in April 2009, 2 incidents in May 2009 and 2 incidents in June 2009. Per interview with E2 on 09/02/09 at 2:35 p.m., E2 stated that she has not investigated any of the documented incidents of R3 having inappropriate sexual behavior and has not put systems in place to protect the other individuals living in the facility. E2 continued to say that she did not notify the administrator of any of R3's documented inappropriate sexual behavior. 2) Per review of R6's Individual Habilitation Plan dated 11/20/08, R6 is a 48 year old female who functions at a Severe level of mental retardation. R6's Inventory for Client and Agency Planning (ICAP) dated 11/06/08 shows that R6 has an overall functioning equivalent of 1 year and 5 months. During review of the facility's investigation regarding R3 touching R6's breast on 08/23/09, documentation within the facility's Behavior Tracking Comment Sheet states, "Staff was going down women's wing to help a resident and ask (R3) to sit down, when coming back up to the living room staff noticed that he was leaned over another resident (R6) rubbing on her breast. It was a (massaging) type of motion. (R6) was sitting on the couch by the windows and (R3) was leaning over the top of her with his back to me.	W9999		

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W9999	Continued From page 42 He was just rubbing the left breast, (R6) did not try to move away. I asked (R3) what he was doing and he would not respond to me...." Upon review R3's ICAP dated 04/09/09 documentation states that R3 has a behavior of touching others. Documentation continues to say that this occurs one to ten times a day. Upon review of R3's IHP dated 05/12/09, R3 is not on a program for touching others. Documentation in R3's 06/2009 QMRP notes state, "...(R3) is being monitored for his episodes of wanting to fondle other residents, on behavior plan to control these episodes." Per review of R3's QMRP notes dated 05/2009 documentation states, "...(R3) is being monitored for his episodes of wanting to fondle other residents, on behavior plan to control these episodes." The facility was unable to provide any information regarding R3's behavior of wanting to fondle others. The facility was also unable to provide evidence of who the "Other" residents were. Documentation in the facility's Behavior Management/Quarterly Review dated 07/30/09 states, "...Currently wanting to touch 2 other residents in inappropriate places." The residents are not identified. During interview with E2 on 09/03/09 at 10:45 a.m., E2 stated that she could not identify who the 2 residents were or where on their body that they had been touched by R3.	W9999		

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W9999	Continued From page 43 The facility was unable to provide surveyor with documentation that incidents of inappropriate touching has been monitored. During interview with E2 on 09/02/09 at 2:35 p.m., E2 stated that a program for inappropriate touching was not put in place until 08/31/09 (after the 08/23/09 incident in which R3 touched R6's breast). The facility's policy on, "Abuse Prevention Program" dated 06/25/09 states, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility therefore prohibits mistreatment, neglect or abuse to its residents, and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. This will be done by: ...Orienting and training employees on how to deal with stress (and) difficult situations, and how to recognize (and) report occurrences of mistreatment, neglect, and abuse immediately to supervisory personnel; Establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment; Identifying occurrences and patterns of potential mistreatment; Immediately protecting residents involved in identified reports of possible abuse;	W9999		

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W9999	Continued From page 44 Implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences; and Filing accurate and timely investigative reports." The facility's policy for "Abuse Prevention Program," "Resident Protection Investigation Paths," for possible sexual abuse dated 06/25/09 states that the definition of sexual abuse, "Includes, but is not limited to, sexual harassment, sexual coercion or sexual assault." Documentation within the facility's Abuse Prevention Policy states, "Determine if the allegation involves either physical contact involving penetration, verbal harassment or physical contact that did not involve penetration...." Documentation continues to say, "IF there IS reasonable cause to suspect that sexual assault, coercion or harassment took place, proceed with investigation procedures...." The facility's Abuse Prevention Policy also states, "IF there is NOT reasonable cause to suspect that sexual assault, coercion or harassment took place, proceed directly to the Final Investigation Report...." (A)	W9999		