STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		145142	B. WIN	NG _		C 05/11/2010		
	ROVIDER OR SUPPLIER)R	•	5	REET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108			
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 490	Continued From pa	ge 36	F	190				
F9999	familiar with those r level of their respon FINAL OBSERVAT		F99	999				
	LICENSURE VIOLA	ATIONS						
	300.695b)3) 300.695c)1)2) 300.695d) 300.1210a) 300.3240a) 300.3240f)							
	Section 300.695 Co Enforcement	ontacting Local Law						
	enforcement author where available) in	immediately contact local law rities (e.g., telephoning 911 the following situations: a resident by a staff member, r a visitor;						
	policy concerning lo notification, includir 1) Ensuring the safe requiring local law 6 2) Contacting local	develop and implement a local law enforcement law eng: lety of residents in situations law enforcement notification; law enforcement in situations labuse of a resident by another						
		I be trained in implementing d pursuant to subsection (c).						
	Section 300.1210 G Nursing and Persor	Seneral Requirements for nal Care						
	a) The facility must	provide the necessary care						

-	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145142	B. WII	NG _			C 1/2010
	PROVIDER OR SUPPLIER	DR		5	REET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		172010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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)	ULD BE	(X5) COMPLETION DATE
F9999	and services to atta practicable physical well-being of the releach resident's corplan of care. Adequation of care and put of each resident to personal care need measures shall incomplete for a facility resident. (Section 20.3240 Amounts) and another resident indicates, that another resident and employed in the perpetrator of that resident as and employed in the facility free from being physical. These regulations in the facility failed to sexually exploited to contact law enforcements.	ain or maintain the highest al, mental, and psychological esident, in accordance with apprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and als of the resident. Restorative lude at a minimum the es: Abuse and Neglect see, administrator, employee y shall not abuse or neglect a	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145142	B. WI	1G		C 05/11/2010	
	ROVIDER OR SUPPLIER	DR .		5	REET ADDRESS, CITY, STATE, ZIP CODE 50 SOUTH MULFORD AVENUE ROCKFORD, IL 61108	,	.,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 38	F9:	999			
	documents that R1 Disorder, and Post R1's Minimum Dat admission date of R1's behaviors incl physical abuse, so symptoms, and resussessment shows inches) and weighs The Nursing Facilit Summary Informati that R1's diagnose Antisocial Persona Dependency. The standard Post R1's Minimum R1's diagnose Antisocial Persona Dependency. The standard Post R1's Minimum Data R1's Data R	y Placement Assessment ion dated 4/14/10 documents is include Bipolar Disorder, lity Disorder, Polysubstance same assessment shows that istice system involvement and					
	Z1 (R1's Probation interviewed on 4/29 Z2 (Probation Office her attention that R contacts with reside to remove R1 from hours. Z1 said that had sexual contact of the 3 victims had assaulted. Z1 said contact the police. to E3 (facility Beha and told her she wait was abuse and the police. Z1 said that	Officer's Supervisor) was 3/10 at 11:25 AM. Z1 said that er) had brought a situation to the said the facility wanted Z2 the nursing home within 24 it was reported to Z2 that R1 s with 3 victims. Z1 said that 2 dibeen previously sexually that the facility needed to Z1 said that she had spoken vioral Health Unit Director) as responsible for this and that that she needed to contact the E3 said she had to speak to Administrator) first. Z1 said					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145142	B. WIN	IG _			C 1/2010
	PROVIDER OR SUPPLIER)R		5	REET ADDRESS, CITY, STATE, ZIP CODE 150 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		
(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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	residents when she three people. Z1 sa said that she wanted. The Social Service shows the following E3 (Behavioral Head (PRSC) Psychiatric Counselor had recemade sexually inapgestures, and physoccasions with a mresidents. The repoyesterday evening. On 4/29/10, R2 was said that R1 was teher and was kissing hand and put it on I and said to her to fehim I have a girlfriend and with them. R2 said that R1 had a girlfriend and with them. R2 said uninvited. One nighentered her room, she was sound asksome money (\$40.0 asked her to go into said she was talkintold her that R1 had R2 said that's wher it.	for the safety of other heard that R1 had assaulted id, "I was concerned when E3 d to keep the police out of it." Progress Sheet dated 4/28/10 it. Ith Unit Director) and E4 Rehabilitative Services eived reports that R1 had propriate statements, ical contact on numerous inimum of three other irts show they were filed	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145142	B. WIN	IG			C 1/2010
	PROVIDER OR SUPPLIER	DR .	•	55	EET ADDRESS, CITY, STATE, ZIP CODE 50 SOUTH MULFORD AVENUE OCKFORD, IL 61108		
(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)	ACTION SHOULD BE TO THE APPROPRIATE	
F9999	see things the sam just trying to be nichave been sticking going to groups tog in our room. R2 sai of stress off me if h. R3 was interviewed said " It started with and R1 does too. V gave me a hickey." me and kissing me R3 said I don't wand dime size dark area R3 said she had be R3 said, " I told him don't let us know w take care of it. Is he said " I didn't tell ar inside." R3 was interviewed 2:25 PM. R3 said " that when she was over to scrub the tar R3 said that R1 was tables too. R3 said and hug her on sew not want it. R3 said the dining room wh said, "I tried to cover R1 gave her the hid said she didn't reall anymore, " It brings R4's May, 2010 Ph documents that R4 Disorder, and Psyconary in the said she gray that the said she gray that R4 S May, 2010 Ph documents that R4 Disorder, and Psyconary in the said she gray that R4 Disorder	le way we do, she thinks R1 is e." R2 said we (R3 and self) together, eating together and gether, but we mainly just stay d" it will definately take a lot e (R1) doesn't come back." If on 4/29/10 at 1:10 PM. R3 me, I clean the dining room We would be in there alone, he R3 said that R1 started biting, he grabs me and holds me. It to fight a man. R3 showed a at on the left side of her neck. Sen covering it with make-up. In to stay away from me. They hat they are going to do to be (R1) coming back here?" R3 myone, I just keep things If a second time on 5/4/10 at I tried to forget it." R3 said in the dining room, bending able, R1 got right in my face." It is supposed to be cleaning that R1 had tried to kiss her weral occasions and she did the was usually after supper in the no one was around. R3 are up the hickey." R3 said that ckey in the dining room. R3 by want to talk about this as back bad memories." Tysician's Order Sheet 's diagnoses include Bipolar thosis. R4's Minimum Data Set to f1/8/10 assessed R4 with	F99	9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145142	B. WIN	IG _			C 1/2010
	PROVIDER OR SUPPLIER)R		5	REET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		
(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 APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	assessment showe impaired cognitive making. (decisions prequired.) R4 had in periodic disordered. These indicators in periods of altered psurroundings, and speech. R4 was interviewed said, "There's one gright now. He (R1) loves me and wants get him in trouble. I room to fix my Kara attraction was so stoled it when R1 ki like touch. R1 is ve Panama. He is a relist 3 pages long. Rhas prayed for peothen they can walk vacant bed next to and removed some door closed, I don't R4 laid several dra' R4 pointed to one dis the protector fairy the aid of all the off the pictures back usaid, "Ok you can continuate kiss with a the unit. R4's Nursi	memory problems. The same d that R4 had moderately skills for daily decision poor, cues/ supervision indicators of delirium and thinking and awareness. cluded, easily distracted, erception or awareness of episodes of disorganized I on 4/29/10 at 2:25 PM. R4 guy he is in the hospital is a womanizer, he says he is to marry me. I don't want to asked him to come into my toke machine, and our trong we kissed. All the girls is seed and hugged them, girls ry strong, he was a sniper in ally nice guy, he has a prayer 1 has the power prayer, he cole who could not walk and again." R4 then went to the hers and lifted the mattress drawings. R4 said "Keep the want the staff to see these." wings of fairies out on the bed. Of the drawings and said, "This y, she protects and comes to hers of the village." R4 placed ander the mattress and then	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145142	B. WIN	IG _			C 1/2010
	PROVIDER OR SUPPLIER	DR .		5	REET ADDRESS, CITY, STATE, ZIP CODE 50 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		
(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 APPE DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	reminded that she is when visiting and in The Social Service documents that cor concerning R4 "speroommate's room." that they use her roommate at the tin The Social Service documents that R4 stole her tan. The Swritten by E4 documents that R4 stole her tan. The Swritten by E4 documents that R1 kissed like it, she yelled at R4 was nice to R1 R5 said that R1 cal was going to marry things differently, in natured. He prayed wife sometime." E4 this interview. R6 was interviewed said that she saw R1 kis said "afterward she said she just went at that to me, if he did R4 a bitch. That me (PRSC) was present	needs to keep the door open o kissing in public places. Note for 4/12/10 written by E4 implaints were received ending too much time in his. The writer (E4) suggested form as she did not have a fine and to keep the door open. Note for 4/20/10 written by E4 is was reporting that someone social Service Note of 4/26/10 ments that R4 stated that she action with another resident	F99	66			

-	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) N A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145142	B. WI	NG _			C 1 /2010
	ROVIDER OR SUPPLIER	DR	<u> </u>	5	REET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108	00/1	172010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	E5 said that she ro said "I was off, but complaining about E3 (Behavioral Heal interviewed on 4/25 on the Mental Heal about allegations. Et ended to say the suncomfortable with had a relationship was as aid it was on a R4 had no idea of a something they we E3 said that the un not rolling. E3 said resident entered so unless the other per E4 (PRSC) was int PM. E4 said that R happened. E4 said said R1 had tried to room a few times. If have sex. E4 said that away from R1. E4 shickey on R3's nec R2 reported that R placed it over his ghis girl. E4 said that entering their room pay R2 to have a the she advised R2 to R1 is "Very sneaky how to do things wit talked to R1 about He hung his head,"	utinely works on the unit. E5 I heard that the girls were sexual harassment." alth Unit Director) was 3/10 at 2:10 PM. E3 said that th Unit it is always hard to tell E3 said that the females ame thing, that they were R1. E3 said that R1 had once with R4 who is very delusional. gain, off again. E3 said that coundaries and this is re working on with R4. it has cameras but they are that they would not know if a precone's room uninvited	F9:	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		145142	B. WI	NG _			C 1/2010
	ROVIDER OR SUPPLIER	DR .	'	ţ	REET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SHO	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE -REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F9999	Continued From pa	ge 44	F99	999			
	failed to ensure tha abused by R1.	d review, interview the facility t R10 was not physically					
	This applies to one	resident, R10					
	that R4 reported to intimate kiss with a the unit. R4's Nursing Notes documents that R4 one of the male reseminded that she when visiting and note that the visiting and note that they use her reseminded to the the that they use her reseminded that they use her reseminded to the the that they use her reseminded to the the that they use her that they use her reseminded to the the that they use her reseminded that they us	bete dated 4/29/10 documents E4 (PRSC) that she had a nother resident who was off a for 4/11/10 at 2:00 PM, had been following around idents all day. R4 was needs to keep the door open o kissing in public places. Note for 4/12/10 written by E4 implaints were received ending too much time in his The writer (E4) suggested form as she did not have a me and to keep the door open. Note for 4/20/10 written by E4 was reporting that someone Note of 4/26/10 written by E4 stated that she had a "strong other resident which resulted					
	said that R1 kissed like it, she yelled at R4 was nice to R1 R5 said that R1 cal was going to marry things differently, h	d on 5/4/10 at 2:10 PM. R5 R4 on the head, " She didn't him." R5 said that sometimes and R1 thought she liked him. led his mother and told her he R4. R5 said that R1 " Saw e was simple and good alot. He said he would get a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		145142	B. WIN	1G			C 1/2010
	ROVIDER OR SUPPLIER	DR .	•	5	EET ADDRESS, CITY, STATE, ZIP CODE 50 SOUTH MULFORD AVENUE OCKFORD, IL 61108		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y 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)	ULD BE	(X5) COMPLETION DATE
F9999	wife sometime." Eathis interview. R6 was interviewed said that she saw R1 kis said "afterward she said she just went at that to me, if he did R4 a bitch. That me (PRSC) was present E5 CNA was interved to said "I was off, but complaining about E3, (Behavioral He interviewed on 4/25 on the Mental Heal about allegations. It tended to say the suncomfortable with had a relationship we E3 said it was on a R4 had no idea of the something they we E3 said that the un not rolling. E3 said resident entered so unless the other per E4 (PRSC) was interpered. E4 said said R1 had tried to room a few times R have sex. E4 said that R1 have sex. E4 said that R2 have sex. E4 said that R2 have sex. E4 said that R3 have sex. E4 said that R4 have sex. E4 said that R4 have sex. E4 said that R5 have sex. E4 said that R5 have sex. E4 said that R6 have sex.	d on 5/4/10 at 2:05 PM. R6 R1 kiss R3 and R4. R6 said s R3 in the dining room. R6 e (R3) told me she didn't like it, along with him. He never did l, I wouldn't like it. R1 called esses her up you know." E4 nt during this interview. iewed on 4/29/10 at 1:30 PM. utinely works on the unit. E5 I heard that the girls were sexual harassment." alth Unit Director) was explain the said that th Unit it is always hard to tell explain as a said that the females hame thing, that they were R1. E3 said that R1 had once with R4 who is very delusional. gain, off again. E3 said that boundaries and this is re working on with R4. it has cameras but they are that they would not know if a boneone's room uninvited	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		145142	B. WI	NG _			C 1/2010
	PROVIDER OR SUPPLIER	DR		5	REET ADDRESS, CITY, STATE, ZIP CODE 150 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		
(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)	ULD BE	(X5) COMPLETION DATE
F9999	hickey on R3's necessary reported that R2 placed it over his go his girl. E4 said that entering their room pay R2 to have a the she advised R2 to see R1 is "Very sneaky how to do things wit talked to R1 about He hung his head, obvious fault by his responses." Z2 (Probation Officat 12:15 PM. Z2 said the unit. Z2 said the issues such as ask my girlfriend?" Z2 said then he recent him that R1 had puthe following week (E8's Supervisor) sinappropriate with 3 that E3 said R1 had them to touch his gfor the victims nam not release them. Zabout the residents able to report. On 4/29/10 at11:25 Z2 (Parole) had recent staff that R1 had see and the facility wan facility within 24 ho (Behavioral Health)	k this morning. E4 said that I grabbed her hand and enitals. He said that R2 was t R2 reported that R1 was unannounced, and offered to breesome with him. E4 said stay in her room. E4 said that the was in the military; knows thout being seen .When we this, his demeanor changed. Closed his eyes, there was behavior and exaggerated er) was interviewed on 5/3/10 id that he had spoke with E8 ald that R1 was adjusting to at E8 said R1 had some social ing females "if they want be said E8 said it was not serious. Serived a call from E8 informing shed another resident. Z2 said the received a call from E3 tating that R1 had been B female residents. Z2 said de touched them and forced enitals. Z2 said he asked E3 es and was told that she could be said to was concerned on the unit who may not be sam, Z1(Supervisor) said that serived a report from facility exual contact with 3 residents ted Z2 to remove R1 from the was abuse and she needed to	F9:	999			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLE		
A. BUILDING	С	
I IB WING	/ 1/2010	
NAME OF PROVIDER OR SUPPLIER ALDEN ALMA NELSON MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999 Continued From page 47 contact the police. A statement dated 4/28/10 (11:30am) submitted by E3 documented, "Contacted Z2 and asked since R1 is here part of Mental Health Court could he simply be removed from the facility as he has allegedly made some unwanted sexual advances toward females here. Z2 said he would check and get back to me. Received call from Z1 (Supervisor), Z1 suggested we contact the police if we feel R1 has been sexually inappropriate in some way. I stated that bringing the police onto a unit like ours, other than when a crime is actually occurring, can be devasting to our residents psyche, so I would prefer not to do this." On 4/29/10 at 3:10pm, E1 (Administrator) said E3 was handling the incident [with R1, R2 and R3]. "The residents on the unit are unstable. It disrupts the whole unit when something happens." On 5/3/10 at 12:15pm, Z2 stated "E3 (Behavioral Health Unit Director) calls to inform me R1 had been inappropriate with 3 female clients. E3 said R1 had touched them and forced them to touch his genitals. I asked E3 if a police report had been filed? E3 said that it did not rise to the level where the police had to be called and that an inhouse investigation had been done." The facility's policy for "Contacting Law Enforcement" showed "The facility shall immediately contact law enforcement authorities in the following situations: c. Sexual abuse of a resident by a staff member, another resident or visitor.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 05/11/2010	
		145142					
NAME OF PROVIDER OR SUPPLIER ALDEN ALMA NELSON MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 550 SOUTH MULFORD AVENUE ROCKFORD, IL 61108			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE	
F9999	Continued From page 48		F9999				
		(A)					