

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2018
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NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF COLUMBIA	STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236
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S 000	Initial Comments Annual Licensure and Certification Survey Complaint #1844842/IL104436	S 000		
S9999	Final Observations Statement of Licensure Violations Licensure1 Of 2 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/01/18

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S9999	<p>Continued From page 1</p> <p>the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. 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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, record review, and interview the facility failed to prevent the formation of pressure ulcers and provide pressure relief and implement interventions to prevent pressure ulcers for 2 of 3 residents (R2, R11) reviewed for pressure ulcers in the sample of 38. This failure resulted in R2 developing unstageable pressure ulcers to her coccyx, left hip and ears and right illium.</p> <p>Findings include:</p> <p>R2's July 2018 Physician's Order Sheet documents R2 has a diagnoses of Parkinson's disease and Muscular Atrophy.</p> <p>R2's Minimum Data Set (MDS), dated 04/6/18, documents that R2's requires extensive assistance of two staff persons for bed mobility and transfers. The MDS documents she had no current pressure ulcers but was at risk for the development of pressure ulcers.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R2's Care Plan, initiated on 6/11/2014 and revised on 6/24/14 documented "(R2) has a potential for pressure ulcer development or skin break down related to decrease mobility and occasional incontinence." The Care Plan goal, revised on 4/5/18 documented "R2 will have intact skin free of redness, blisters, or discoloration by/ through the next review date." The intervention, dated 6/11/14 documented "Monitor/document/report MD (medical doctor) PRN (as needed) changes in skin status; appearance, color, wound healing, s/sx (signs and symptoms of infection, wound size (length x width x depth), stage."</p> <p>R2's February Treatment Sheet documents R2's coccyx pressure ulcer was found in February 2018. R2's Treat Record documented the order, dated 2/3/18 as "Apply calmo q (every) shift to area on coccyx until healed."</p> <p>R2's Treatment Record documented on 2/6/18 description of R2's pressure ulcers as, "2.6 cm (centimeter) x (by) 6 cm x 0.1 cm open area - coccyx full granulation." The same Treatment Record documented on 2/20/18 R2's pressure ulcer as " 5.0 cm x 3.0 cm x 0.3 cm open area to coccyx unstageable area to corner of L (Left) side of wound bed."</p> <p>R2's Treatment Record, dated March 2018 documented the same treatment of calmo to coccyx every shift until area is resolved. There was no change of treatment although R2's area remained unstageable with no improvement.</p> <p>R2's April 2018 Treatment Record documented the continued order of "Apply calmo to coccyx every shift until area is resolved" with the initial</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>order dated 2/3/18.</p> <p>The Facility's untitled report, dated 4/16/18 documented R2 had an unstageable facility acquired pressure ulcer to her coccyx.</p> <p>R2's Treatment Record documented on 4/20/18, "Area to coccyx assessed, 5 x 5, 90 % slough, yellow gray slough firmly attached to wound bed granulation tissue note to periwound edges, N.O. (new order) to add calcium alginate Silver to wound r/t (related to) odor. New area to L (left) hip assessed, 8.5 x 4 reddened blanchable area noted c (with) 2 x 0 dark purple DTI (Deep Tissue Injury)." The Treatment Record documented order dated 4/20/18 "cleanse coccyx wound c (with) soap and H2O (water) apply silvadene/hydrogel, cover with alginate silver and dry dressing. Change daily and PRN." The Treatment Record documented order dated 4/20/18 "cleanse L (left) hip c (with) soap and H2O, apply skin prep, cover with Hydrocolloid, change every three days."</p> <p>R2's weekly measurements on her Treatment Record dated 05/08/18 documents her pressure ulcer on her coccyx measures 5.4 cm x 5 cm x 1.5 cm with partial slough, grayish in color and odor. There was no description of R2's left hip pressure ulcer.</p> <p>R2's weekly measurements on her Treatment Record dated 05/17/18 documents R2's coccyx pressure ulcer measured 6 cm x 6 cm x 0 with grayish slough and R2's left hip pressures measure 4. cm x 4.5 cm and skin prep was applied.</p> <p>R2's weekly measurements on her Treatment Record dated 05/21/18 documents R2's coccyx</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>pressure ulcer measured 8 cm x 4.5 cm x 3 cm with partial slough grayish in color. This weekly measurement documented R2's left hip measured 4 cm x 5 cm x .2 cm.</p> <p>R2's weekly measurements on her Treatment Record dated 05/28/18 documents R2's coccyx pressure ulcer is 5.3 cm x 5.2 x .3 cm. The Treatment Record documented R2's left hip pressure ulcer measures 3 cm x 3 cm with necrotic area.</p> <p>R2's Treatment Sheets dated 06/04/18 documents R2's coccyx pressure ulcer measures 5.8 cm x 6.3 cm x 2.8 cm. R2's left hip measures 3.3 cm x 3.4 cm with 100% black eschar.</p> <p>R2's June 2018 Treatment Record documented Physician's Order, dated 6/4/18 "cleanse coccyx areas c (with) soap and H2O (water), apply silvadene/Hydrogel cover with Ca (calcium) alginate silver and cover with D.D. (dry dressing), change BID (twice daily). The Treatment Record documented Physician's Order, dated 6/4/18 "cleanse L (left) hip c (with) soap and H2O (water), apply silvadene/Hydrogel, cover c (with) calcium alginate silver and dry dressing, (change) daily."</p> <p>R2's Treatment Sheet dated 06/11/18 documents R2's coccyx pressure ulcer measures 5 cm x 6 cm x 1.8. The sheet documented R2's left hip pressure ulcer measured 3.3 cm x 3.4 cm. The Treatment Sheet documented regarding the Left hip pressure ulcer "100 % black/grey eschar noted firmly attached to wound bed, 0.7 x 1.8 100% yellow slough @ (at) top edge of eschar. Treatments continued as ordered."</p> <p>R2's Treatment Sheet dated 07/07/18 documents</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R2's coccyx measures 3.6 cm x 3.5 cm x 0.5cm. R2's left hip measures 2.9 cm x 0.2 cm.</p> <p>R2's Treatment Sheet dated 07/14/18 documents R2's coccyx measures 3 cm x 3cm x 0.5 cm and R2's left hip measures 3 cm x 1.2 cm x 0.3 cm.</p> <p>R2's Treatment Sheet dated 07/21/18 documents R2's coccyx pressure ulcer measures 3 cm x 3 cm x 0.5 cm and her left hip measures 1.2 cm x 1.3 cm x 0.3 cm.</p> <p>R2's Treatment Sheet, dated entry of 7/29/18 documented R2's coccyx pressure ulcer measured 3 cm x 2.3 cm by 0.7 cm and the left hip pressure ulcer measured 1.5 cm by 1.4 cm with 100% black necrotic eschar firmly attached to wound bed. This entry documented a new area on Right illium measuring 1.5 cm by 2.0 cm by less than 0.1 cm.</p> <p>On 08/02/18 at 9:00 AM V15 Licensed Practical Nurse (LPN) entered R2's room, and informed R2 she was going to check her dressing which had been changed earlier in the morning by V15. V15 washed her hands and donned gloves and pulled the dressing back on R2's hip and coccyx. R2's left hip pressure ulcer measured approximately 3.5 cm x 1.5 cm, and her coccyx pressure ulcer measured approximately 2 cm x 2 cm x 1.5 cm. R2's left and right ear was reddened, and scabs were on both. When was asked about R2's reddened left and right ear, V15 stated "They look scabbed. I will let V6 (Primary Physician) know, she is here."</p> <p>R2's Physician Order Sheet (POS) dated 08/02/18 documented Skin Prep to bilateral ears to scabbed area three times daily.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 08/02/18, at 10:30 AM, V6, Primary Physician, stated the pressure area on her ears were probably cause by the pads on the (reclining geriatric) chair or it could be pressure. V6 stated "(R2) should be turned every hour. (R2's) coccyx wound was also caused by pressure. V6 stated "(R2) has had the pressure ulcer to her coccyx for a long time."</p> <p>The Care Plan was not revised in February 2018 to address R2's coccyx pressure ulcerand left hip pressure ulcer. The Care plan was not revised in July 2018 when R2 developed a pressure ulcer to her right illium. The Care plan did not address or provide interventions to address R2's need for turning and repositioning or how staff should assist R2 to reduce pressure.</p> <p>On 08/03/18 at 10:00 AM when asked, when R2's pressure ulcer began on her coccyx, and why V2, Director of Nurse's (DON) stated "It started in February she stopped eating, when her husband died."</p> <p>The Decubitus Care/Pressure Area Policy with a Revision dated of January 2014 documents in part, " Policy: To ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer, once identified.</p> <p>1) The Pressure area will be assessed and documented.</p> <p>2) Complete all areas of a wound assessment following National Pressure Ulcer Advisory Panel guidelines.</p> <p>i) Document size, state, site, depth, drainage, color, odor, and treatment (upon obtaining from the physician.</p> <p>ii) Document the stated of the pressure ulcer as follows: (b) Stage 1: redness, which does not</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>resolve 30 minutes after pressure is relieved, no broken skin.</p> <p>3) Notify the physician for treatment orders. The physician's orders may include: Type of treatment Frequency of treatment is to be preformed How to cleanse, if needed Site of application No PRN order is acceptable for a pressure ulcer. This order must have specific frequencies Initiate physician order on treatment sheet</p> <p>4) Documentation of the pressure area must occur upon identification and at least once each week.</p> <p>2. On 7/31/18 at 1:07 PM, R11 was sitting up in hallway in reclining geriatric chair outside of his room with a heel protector on his right heel only.</p> <p>On 08/01/18 at 9:47 AM, R11 was sitting up in reclining geriatric chair with a right heel protector on only.</p> <p>On 08/01/18 11:08 AM, R11 was sitting up in reclining geriatric chair in dining room waiting for lunch and continued to only have heel protector on right heel.</p> <p>On 08/02/18 8:58 AM, R11 was up in reclining geriatric chair in his room without heel protectors on, one heel protector was noted in window sill.</p> <p>On 08/02/18 at 9:56 AM, R11 was transferred to bed by V8 and V9, Certified Nurses Assistants (CNAs) per mechanical lift. During the transfer, R11's pants were urine soaked as well as the mechanical lift sling. While V8 and V9 began incontinent care it was noted that R11 scrotum was bright red with excoriation with two areas being open. No barrier cream was present to the</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>scrotum. Further evaluation of R11's peri area and buttocks it was noted that there were two new pressure areas noted on each sided buttocks. The area to right buttock/gluteal fold measured 6 cm x 3.4 cm x less than 0.1 cm, and left buttock measuring 1 cm x 0.6 cm x 0.1 cm. No barrier creams were applied before V8 and V9 placed a new attend on R11 and preceeded to place R11 back into reclining geriatric chair for lunch. When asked what time R11 was gotten up this AM, both V8 and V9 stated 7:30 AM.</p> <p>R11's Minimum Data Set (MDS) dated 11/15/17 documents R11's having a Brief Interview for Mental Status score (BIMS) of 3 indicating R11 is severely impaired cognitively. R11's quarterly MDS, dated 4/24/18, docuemnts R11 requires extensive assistance with bed mobility. This MDS documented he was at risk for pressure ulcers but did not have current pressure ulcers.</p> <p>R11's Braden scale (for predicting pressure sore risk), dated 7/20/18, documents a score of 11 indicating R11 is high risk for developing a pressure sore.</p> <p>R11's Physician Order Sheet (POS), dated 6/14/18, documents skin prep to right inner heel with foam adhesive dressing, check every shift for placement, change weekly and as needed.</p> <p>R11's POS, dated, 6/28/18 documents heel protectors on at all times, Skin prep to right heel every shift and calmoseptine to scrotum every shift.</p> <p>R11's Resident-data collection, on 6/28/18 at 3:30 PM, documents skin condition: "blister to right heel 2 cm (centimeters) x 2.5 cm and open areas to scrotum 1.5 cm x 1.5 cm open area to</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>scrotum 1.3 cm x 1.2 cm."</p> <p>R11's most current POS, dated 8/1/18 continue to have the orders for heel protectors on at all times, Apply skin prep to right heel every shift, apply calmoseptine to scrotum every shift.</p> <p>R11's Care Plan dated 11/10/17 documents in part, Focus: "(R11) is at increased risk for alteration in skin integrity related to: incontinence, UTI (recurrent),decreased mobility. Goal: The resident will not develop any skin integrity issues thru next review. Interventions in part, Precautions for prevention of Pressure ulcers will be completed: Good pericare and drying of skin, protective barrier cream, reposition resident frequently when in bed/chair/geri chair and or wheel chair. Off load heels as needed." There are no interventions documented related to heel protectors on at all times for the wound on right heel, skin prep to right heel every shift, or the Calmoseptine to scrotum every shift. R11's Care plan, dated 11/10/17, under Nursing Rehab documents in part, "Bed Mobility: Assist resident in turning every two hours."</p> <p>On 08/02/18 at 11:06 AM, V10, Licensed Practical Nurse (LPN) completed treatment on R11's right heel with skin prep. The heel was covered with black escar (scab). V10 stated that wound measurement are done weekly. V10 applied heel protectors at that time.</p> <p>R11's Treatment Record for June and July 2018, the treatment of heel protectors at all times, all days are empty without documentation that the heel protectors were in fact on.</p> <p>R11's Progress Notes and weekly skin assessments documented no measurements with</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>descriptions of the wound on the right heel or the scrotum since 6/28/18.</p> <p>R11's turning and repositioning record for 7/31/18, 8/1/18 and 8/2/18 document in part, 7/31/18, R11 was up in wheel chair at 7:00 AM remained up until 11:00 AM. On 8/1/18, R11 was up in wheel chair at 7:00 AM until 10:00 AM, on 8/2/18, R11 was up at 7:30 AM and remained up until 9:56 AM for peri care and then up in wheel chair again.</p> <p>On 08/03/18 at 9:48 AM, V2, Director of Nurses (DON) stated R11 should have his heel protectors on at all times and should be turned/repositioned every 2 hours. V2 further stated that the excoriation to the scrotum and the Heel wound should be on the Care Plan and that weekly and as needed monitoring with documentation of wound size and appearance. (B)</p> <p>Licensure 2 Of 2 300.625b) 300.625c)1)2) 300.625f)1)2) 300.625j)</p> <p>Section 300.625 Identified Offenders</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending, while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>c) If the results of the criminal history</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2018
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NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF COLUMBIA	STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236
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S9999	<p>Continued From page 12</p> <p>background check reveal that the resident is an identified offender as defined in Section 1-124.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident.</p> <p>f) If identified offenders are residents of a facility, the facility shall comply with all of the following:</p> <p>1) The facility shall inform the appropriate county and local law enforcement offices of the identity of identified offenders who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense who are residents of the facility.</p> <p>2) The facility staff shall meet with local law enforcement officials to discuss the need for and to develop, if needed, policies and procedures to address the presence of facility residents who are registered sex offenders or are serving a term of parole, mandatory supervised release or probation for a felony offense including compliance with Section 300.695 of this Part.</p> <p>j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care.</p> <p>These Regulations were not met as evidence by:</p> <p>Based on observation, record review and interview, the facility failed to immediately notify the Department of State Police and local law enforcement that a resident is an identified sex offender, arrange for a fingerprint-based criminal history record inquiry within 72 hours, and meet with local law enforcement to address and care plan current needs of a registered sex offender residing next to a child day care center for 1 of 1 residents (R76) reviewed for identified offender status in the sample of 38.</p> <p>Findings include:</p> <p>1. R76's Admission Face Sheet documents a facility admission date of 3/05/2018. The Minimum Data Set (MDS), dated 3/12/2018, documents R76 is moderately impaired with cognition, with a BIMS (Brief Interview for Mental Status) score of 11. The MDS documents R76 has no limitation in range of motion and uses a wheelchair.</p> <p>The Illinois State Police Criminal History Record, dated 3/14/2018, documents R76 was charged and convicted 7/21/1978 for 4 counts of indecent liberty of a child, 4 counts of indecent solicitation/abuse of a child and one count of cruelty towards a child.</p> <p>A letter from the Department, dated 3/16/18, documents the State Police were notified 3/16/2018 that R76 began residing in the facility on 3/05/2018. The fingerprint receipt signed by</p>	S9999		
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S9999	<p>Continued From page 14</p> <p>R74 is dated 3/16/18.</p> <p>The Illinois Sex Offender Information search results are dated 3/06/2018, documents R76 had no records to match the search criteria.</p> <p>Throughout the survey on 7/31 through 8/03/2018, the facility was located across the street from a child day care center. Throughout the survey, visitors with children were observed in the facility. On 7/31/2018 at 12:00 PM and 8/01/2018 at 8:30 AM, 12:45 PM and 3:00 PM, R76 was propelling himself around the facility in his wheelchair without difficulty.</p> <p>A letter from V16, Program Manager of the Office of Policy Planning & Statistics, faxed to the facility on 3/16/2018, documents R76 is a convicted sex offender and poses a significant risk of harm to others in the facility.</p> <p>R76's Care Plan, revised 4/25/2018, documents, in part, (R76) "has a history of criminal behavior of indecent counts exposure/abuse/cruelty to a minor and criminal imprisonment for the offenses. He has the potential to demonstrate sexually inappropriate behaviors in which he makes sexually inappropriate behaviors in which he makes sexually inappropriate remarks and gestures (grabbing private areas) of staff."</p> <p>R76's Care Plan fails to address or document any goals or interventions related to R76 when children are present in the building.</p> <p>On 8/02/2018, V1, Administrator reported the facility has no written Care Plan for R76 to address this issue related to children visiting in the facility. V1 reported R76 is a high risk offender.</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>On 7/31/2018 at 12:50 PM, V1, Administrator reported she was unaware when the local police department and the State Police were notified of R76's admission to the facility. V1 reported she has no policy or procedure to address the presence of a convicted sex offender living in the facility. V1 confirmed V17, a State Police Officer came to the facility on 3/28/2018, as documented in the untimed Nurses Note of 3/28/2018.</p> <p>On 7/31/2018 at 12:54 PM, V5, Local Police Officer reported they were notified by the Department on 4/30/2018, and have not come to the facility at all related to R76. V5 reported R74 doesn't show up on the sex offender registry due to the age of the crime. V5 reported he is aware the facility is across the street from a child day care center.</p> <p>(C)</p>	S9999		
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