STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
	IL6000970	A. BUILDING: _____ B. WING _____		C 08/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASEY HEALTHCARE CENTER	100 N.E. 15TH CASEY, IL 62420

(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) COMPLETE DATE
S 000	Initial Comments	S 000		
	Investigation of Facility Reported Incident of 7/14/22/IL149110			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.3210t)			
	Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.			
	These regulations were not met as evidenced by:			
	Based on record review and interview the facility failed to ensure R1's personal property (tablet computer) was not taken by an employee without R1's permission. Following this incident, R1 had no use of the stolen tablet computer which was later recovered by law enforcement at the employee's residence.			
	Findings include:			
	R1's undated Face Sheet documents medical diagnoses of Muscle Weakness, Stage Three Chronic Kidney Disease, Difficulty Walking, Malignant Neoplasm of Large Intestine, Muscle Atrophy and Deep Vein Thrombosis of Right Leg.			
	R1's Minimum Data Set (MDS) dated 4/5/22 documents a Brief Interview for Mental Status score of 6 out of 15 possible points indicating severe cognitive impairment. This same MDS documents R1 as requiring extensive assistance		Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE   TITLE   (X6) DATE

Illinois Department of Public Health

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S9999	Continued From page 1

of one person for bed mobility and total assistance of two people for transfers.

R1's Care Plan dated 7/15/20 documents a focus area of "(R1) is hard of hearing and does not wear hearing aids."

R1's Initial Incident Report to Illinois Department of Public Health (IDPH) dated 7/6/22 documents "(R1)'s (tablet computer) is unable to be located in (R1) room."

R1's Final Incident Report to Illinois Department of Public Health (IDPH) dated 7/14/22 documents "Investigation Conclusion: (R1)'s (tablet computer) was discovered to be within the possession of an employee, (V3) Certified Nurse Aide (CNA). The local authorities were immediately notified of discovery and subsequently (V3) was terminated from employment. Authorities were able to locate (V3) and remanded (V3) into custody. The (tablet computer) was returned to (R1)'s family without further incident."

On 8/5/22 at 11:00 AM V1 Administrator stated R1's family was moving R1's belongings from a room in the back of the building to another room in the front hall to have more privacy and room due to R1 had just began hospice program. V1 stated R1's family reported the (tablet computer) missing during the room to room move. V1 stated "(R1)'s granddaughter (V8) got online and tried to track down the missing (tablet computer). (V8) searched for pictures online and somehow found (R1) family pictures and there were also pictures of a female (R1)'s family did not recognize. This person turned out to be (V3) Certified Nurse Aide. (V3) worked night shift at this facility and worked the same hall that (R1) resided. (V3) had ample | S9999 | | |

Illinois Department of Public Health

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S9999	Continued From page 2 access to (R1)'s (tablet computer). It would have been easy for (V3) to walk into (R1)'s room at night when (R1) was sleeping and steal (R1)'s (tablet computer). (V8) was able to 'ping' the (tablet computer) to find a location. (R1)'s family let the facility know the location which was in a different county. We (facility) called our local police to update them of this new information and at the same time (R1)'s family called the police from the county where the missing (tablet computer) had been located. (V3) was arrested in the other county, the (tablet computer) was recovered from (V3) home and returned to (R1)'s family. (V3) was terminated due to this incident. We (facility) do not want a thief working here." (B)	S9999		

Illinois Department of Public Health
STATE FORM

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