STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		С	
		IL6003768	B. WING		04	/26/2024
IAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,			
BRIA OF M	IASCOUTAH		RTH TENTH STREET JTAH, IL 62258	ſ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investigati	on:				
	2443127/IL172179					
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	300.610a) 300.3210t) 300.3240e)					
	Section 300.610 Res	sident Care Policies				
	procedures governing facility. The written p be formulated by a R Committee consisting administrator, the ad- medical advisory com of nursing and other policies shall comply The written policies s the facility and shall b	g of at least the visory physician or the nmittee, and representatives services in the facility. The with the Act and this Part. shall be followed in operating be reviewed at least annually ocumented by written, signed				
	Section 300.3210 G	eneral				
	subjected to physical	neglect, exploitation, or				
	Section 300.3240 At	ouse and Neglect				
	e) When an investiga	tion of a report of suspected				
	nent of Public Health DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE		(X6) DATE
	ally Signed		-			05/10/24

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6003768	B. WING		04	C / <b>26/2024</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
BRIA OF N	MASCOUTAH		RTH TENTH STREE <sup>.</sup> UTAH, IL 62258	Т		
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S9999	Continued From page	e 1	S9999			
	credible evidence, the long-term care facility abuse, that resident's immediately evaluate suitable therapy and considering the safet the safety of other re the facility. (Section 3 These regulations we Based on interview a failed to ensure an en- for 2 of 4 residents (F in the sample of 4. The	ed to determine the most placement for the resident, ty of that resident as well as sidents and employees of				
	Findings include:					
	the Facility on 11/02/ type 2 diabetes melli pulmonary disease, o	cuments, R1 was admitted to 23 with diagnoses, including tus, chronic obstructive congestive heart failure, osteoarthritis, and muscle ny.				
	documented, R1 was skills for daily decisio memory intact. The M required substantial/n	Set, (MDS), dated 03/09/24 s independent with cognitive on making with short term MDS documented R1 maximal assistance with bed and ambulated with manual				
	R1's Undated Care F for abuse and negled	Plan, documents, R1 is at risk ct.				
	R2's Face Sheet, do	cuments, R2 was admitted to				

- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		A. BUILDING:		COMPLETED	
	IL6003768	B. WING		04	/26/2024
OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ASCOUTAH		RTH TENTH STREE IJTAH, IL 62258	Г		
(EACH DEFICIENC		ID PREFIX TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
Continued From page 2		S9999			
encephalopathy, multiwalking, lack of coordination insomnia, bipolar disordir, and major description of the second disorder, and major description of the second disorganized thir required partial/mode mobility and transfer. R2's Undated, Care F for abuse or identified the second disorganized disorganized the second disorganized the second disorganized disorganized the second disorganized disorganized disorganized the second disorganized disorganized disorganized the second disorganized	tiple sclerosis, difficulty dination, weakness, order, schizoaffective lepressive disorder. 17/24, documented, R2 was y impaired with inattention uking, used wheelchair, and orate assistance with bed Plan, does not address risk d sexual behaviors. 24, Room Roster, R2 resided in room 213. 25 by V9, Licensed Practical 18/24, at 11:54PM, ed into roommate's bed. 26 by V9, LPN, on 04/19/24 at 77 Resident noted to be 50 mmate making sexual at her roommate is her lover, mate, people to have sex 50 mmate for help with aking sexual comments and then roommate was ent was able to be				
Monitor. (V2) and (V1 On 04/24/24, at 3:531 the morning of 04/19/ (Certified Nursing Ass	<ol> <li>notified of behavior."</li> <li>PM, V9, LPN, stated, early in (24, the (unknown) CNA, sistant), reported to her, that</li> </ol>				
	Continued From page the Facility on 04/10/ encephalopathy, mul- walking, lack of coord insomnia, bipolar diso disorder, and major d R2's MDS dated, 04/ moderately cognitivel and disorganized thir required partial/mode mobility and transfer. R2's Undated, Care F for abuse or identified The Facility's 04/18/2 documents, R1 and F R2's Progress Note, I Nurse, (LPN), on 04/ documents, R2 crawl R2's Progress Note, I 4:28AM, documents, talking sexually to roo comments stating tha yelling for staff, room with her, asked her ro masturbation, and ma personal questions w receiving care. Resid redirected and asked (related to), others sle monitor. (V2) and (V1 On 04/24/24, at 3:53I the morning of 04/19/ (Certified Nursing As-	the Facility on 04/10/24 with diagnoses, including encephalopathy, multiple sclerosis, difficulty walking, lack of coordination, weakness, insomnia, bipolar disorder, schizoaffective disorder, and major depressive disorder. R2's MDS dated, 04/17/24, documented, R2 was moderately cognitively impaired with inattention and disorganized thinking, used wheelchair, and required partial/moderate assistance with bed mobility and transfer. R2's Undated, Care Plan, does not address risk for abuse or identified sexual behaviors. The Facility's 04/18/24, Room Roster, documents, R1 and R2 resided in room 213. R2's Progress Note, by V9, Licensed Practical Nurse, (LPN), on 04/18/24, at 11:54PM, documents, R2 crawled into roommate's bed. R2's Progress Note, by V9, LPN, on 04/19/24 at 4:28AM, documents, "Resident noted to be talking sexually to roommate making sexual comments stating that her roommate is her lover, yelling for staff, roommate, people to have sex with her, asked her roommate for help with masturbation, and making sexual comments and personal questions when roommate was receiving care. Resident was able to be redirected and asked to lower her voice, r/t, (related to), others sleeping, will continue to monitor. (V2) and (V1) notified of behavior." On 04/24/24, at 3:53PM, V9, LPN, stated, early in the morning of 04/19/24, the (unknown) CNA, (Certified Nursing Assistant), reported to her, that R2 tried to crawl in bed with R1. She stated, R1 pushed her call light and told the CNA. When V9	REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG         TAG       TAG         Continued From page 2       \$9999         the Facility on 04/10/24 with diagnoses, including encephalopathy, multiple sclerosis, difficulty walking, lack of coordination, weakness, insomnia, bipolar disorder, schizoaffective disorder, and major depressive disorder.       \$9999         R2's MDS dated, 04/17/24, documented, R2 was moderately cognitively impaired with inattention and disorganized thinking, used wheelchair, and required partial/moderate assistance with bed mobility and transfer.       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			A. BUILDING:			
		IL6003768	B. WING		04	L/26/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BRIA OF N	MASCOUTAH		RTH TENTH STREE UTAH, IL 62258	Т		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pag	e 3	S9999			
		2 was saying inappropriate R2 that was inappropriate, get some sleep.				
	the night of 04/18/24 light and found (R2) her leg and asking he separated them and and notified the nurs room (R1) mouthed, extremely uncomfort interrupting (R1)'s ca	AM, V14, CNA stated, "On , I responded to (R1)'s call sitting in (R1)'s bed rubbing er to help her masturbate. I put (R2) back in (her) bed e. When I (first) walked in the "Help me", and said she felt able. Prior to that, (R2) kept are, making sexual comments to care for (R1) and asking				
	(R2) came to my bec and telling me she co	20PM, R1 stated, "One day d and was rubbing my legs, buld masturbate with me, and nted or she could touch me if said, "No."				
	afraid (R2) was go She came over to me lot. Would you like to told her, "I don't think and I probably could a lot and talked cons I had trouble sleeping to sleep, after that da was rubbing my leg. she wouldn't, so I tole nurse. Then she got	PM, R1 stated, "I was scared ing to do something to me". e and said, "I masturbate a o come over and watch?" I k so. My eyes aren't so good, n't see anyway." She yelled, itantly in a very loud voice, so g, but I was also afraid to go ay she sat on my bed and I asked her to get up and d her I was going to call the up. I told staff about it the ) was disturbed, but she				
	made me very nervo hell out of me."	us. Honestly, she scared the				
	On 04/25/24, at 11:5 Practitioner, (NP), stan nent of Public Health	ated, she visited R2 for her				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			- (X3) DATE SURVEY COMPLETED C	
		IL6003768	B. WING		04	4/26/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
RIA OF N	<b>MASCOUTAH</b>		RTH TENTH STREE <sup>:</sup> DUTAH, IL 62258	г		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 4 initial evaluation in the Facility on 04/18/24. She stated, R2 had "word garbage", was not able to have coherent conversation, had sporadic words, most of them vulgar, vulgar gestures, and was impulsive. V16 stated, at that point there was nothing that led her to believe, R2 was at risk for touching others and did not think there was anything the Facility could have done to prevent it.		S9999			
		AM, V1, Administrator, he Facility to follow its abuse				
	Program 2022" revise "This facility affirms the free from abuse, neg misappropriation of p and services by staff therefore prohibits at misappropriation of p residents." "This facil our residents from at misappropriation of p anyone including, but other residents, cons from other agencies p individual, family mer friends, or any other	roperty, deprivation of goods or mistreatment. This facility buse, neglect, exploitation, property, and mistreatment of ity is committed to protecting buse, neglect, exploitation, property and mistreatment by t not limited to, facility staff, ultants, volunteers, staff providing services to the mbers or legal guardians, individuals." "Sexual abuse mited to, sexual harassment,				