STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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 Complaint # 1956049 / 114943 Complaint # 1956268 / 115174	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.620a) 300.620d)1)3) 300.690a) 300.690b) 300.690c) 300.1210a) 300.1210b) 300.1210d)6) 300.3240a) 300.3240b) 300.3240d) 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 Section 300.620 Admission, Retention and Discharge Policies a) All involuntary discharges and transfers shall be in accordance with Sections 3-401	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 1	S9999		

through 3-423 of the Act.
d) No person shall be admitted to or kept in the facility:

1) Who is at risk because the person is reasonably expected to self-inflict serious physical harm or to inflict serious physical harm on another person in the near future, as determined by professional evaluation;

3) Who is an identified offender, unless the requirements of Section 300.615 for new admissions and the requirements of Section 300.625 are met.
Section 300.690 Incidents and Accidents

a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.

b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.

c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 2	S9999		

Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.
Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and 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.
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.
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 3 following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall 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) These regulations were not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain the Pre-Admission Screening and Resident Review (PASRR) documents for 1 of 1 resident (R1) reviewed for Level II PASRR screen in the sample of 17 Facility failed to prevent resident to resident abuse and provide protection from a resident with a history of sexually aggressive behavior for 7 of 7 residents (R3, R4, R5, R6, R7, R10, and R11) reviewed for abuse in the sample of 14. This failure resulted in R3, R4, R5, R6, R7, and R10 having feelings of anxiousness, loss of sleep, and fearful they will be hurt in their home.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 4 Facility failed to provide evidence that allegations of abuse were thoroughly investigated and failed to provide protective measures to prevent further potential abuse for 7 of 8 residents (R3, R4, R5, R6, R10, R11, and R17) reviewed for abuse investigations in the sample of 17. the facility failed to provide proper involuntary discharge notification documents to a resident, resident's representative and the Ombudsman for 1 of 1 resident (R1) reviewed for involuntary discharge in the sample of 17. Findings include: R1's OBRA (Omnibus Budget Reconciliation Act) I Initial Screen / Interagency Certification of Screening Results, dated 7/14/18, documents the following under "Reasonable Basis to Suspect a Mental Illness:" The individual has been formally diagnosed with a mental illness which substantially impairs the person's cognitive, emotional and/or behavioral functioning is checked "Yes." The individual has a history of psychiatric hospitalization is checked "Yes." The individual has a history of outpatient mental health services is checked "Yes." There are other indicators of mental illness is checked "Yes." The section under Specify other indicators documents: Paranoid Schizophrenic Psychoactive Substance Dependence. Part IV documents that the individual (R1) is being referred to the MH-PAS (Mental Health Pre-Admission Screening). R1's Pre-Admission Screening documents obtained by surveyor on 8/22/19 from V28 (Case Coordinator, local mental health agency) and dated 8/2/18, documents that this Client (R1) has a long history of mental illness with current	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 5	S9999		

diagnosis of paranoid schizophrenia. This document notes multiple in-patient admissions to Mental Health Centers from 1974 - 2003. One admission occurred continuously from 1982 - 2003 after R1 was found "UST" (Unfit to Stand Trial) for rape charges. R1 has spent most of his adult life in inpatient Mental Health Centers. Records indicate extensive history of aggression from verbal altercations to physical and sexual violence.
On 8/28/19 at 11:30AM, V1(Administrator) and V7 (Social Service Director) stated that they received the OBRA I Initial Screen dated 7/14/18, but did not request the Level 2 MH-PAS screen. When questioned as to why they did they not request the PASRR Level 2 screening, V1 and V7 stated that they just did not.

R1's EMR (Electronic Medical Record) documents that he is 62 years old with an admission date of 8/15/18. Diagnoses are Dementia, Generalized Anxiety Disorder, Violent Behavior, Psychoactive Substance Dependence, and Paranoid Schizophrenia. R1's Minimum Data Set (MDS) dated 5/24/19, documents that R1's cognition is severely impaired. R1's MDS documents that R1 has Hallucinations and Delusions, is able to walk in the room and corridor, and self-transfer without assist.

A Psychiatric History document from a local Mental Health Center, provided by the facility dated 7/26/18, documents the following: In the past he (R1) has a history of becoming violent and assaulting people. He (R1) has a history of being sexually inappropriate, touching and grabbing females. He also has made inappropriate sexual comments. Psychiatric Treatment Plan: Treatment team is working to find him a nursing home where he can go in a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 6	S9999		

less restrictive environment and be able to take care of both his psychological as well as physical needs in a safe environment.

R1's Pre-Admission Screening documents obtained by surveyor on 8/22/19 from V28 (Case Coordinator, local mental health agency) and dated 8/2/18, documents that this Client (R1) has a long history of mental illness with current diagnosis of paranoid schizophrenia. This document notes multiple in-patient admissions to Mental Health Centers from 1974 - 2003. One admission occurred continuously from 1982 - 2003. R1 has spent most of his adult life in inpatient Mental Health Centers. Records indicate extensive history of aggression from verbal altercations to physical and sexual violence.

On 8/19/19 at 9:00AM, R1 was observed in his room coloring and watching TV unattended.

On 8/19/19 at 9:30AM, R1 was observed in his room writing on paper. This surveyor approached R1 and he requested surveyor to shut the door to his room, sit on his bed next to him, and hold his hand. When surveyor declined and began to talk to R1, he ran out of the room and went to the dining room. R1 continued to watch surveyor for the next 30 minutes as R1 sat unattended in the dining room.

On 8/19/19 at 11:00AM, R1 was seen in the social service office going through a purse, unattended for approximately 15 minutes.

On 8/22/19 at 2:00PM, surveyor presented R1's Pre-Admission Screening documents, including the Level 1 Summary, Assessment Summary Information, and Level 2 Determination and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 7	S9999		

Disposition, to V1 (Administrator), V7 (Social Services Director) and V16 (Administrator for Sister Facility). V7 stated that she did not obtain this information when the resident was admitted.

A Progress Note dated 8/22/19 documents R1 was picked up via ambulance and taken to a local hospital.

R1's Progress Note dated 8/23/19 at 8:07AM, and documented by V7 (Social Service Director) notes the following: R1 was sent to an area hospital, threatening to kill staff, unable to redirect and behaviors kept escalating.

1. R1's Progress Notes dated 7/21/19, document the following: "(R1) went into a female resident's room to use her bathroom leaving the door open. The female resident stated that he came out of the bathroom and headed toward her sitting on her bed informing her that she was his wife. (R1) then placed his Left hand on her neck and right hand on her chest and pushed her down on the bed attempting to kiss her. Female resident told him to get out that his wife is down the street as she pushed him away he attempted to swing but did not hit her. Social services, DON and MD notified of this situation."

On 8/19/19 at 11:00 AM, V1 (Administrator) stated the other resident in R1's progress notes dated 7/21/19 was identified as R5.

On 8/20/19 at 1:15PM, with regard to the 7/21/19 progress note above, R5 stated that she was sitting on her bed, and R1 came out of her bathroom, pushed her back onto the bed and tried to kiss her. R5 said she yelled for the nurse. R5 stated that R1 thinks she is his wife. R5 stated sometimes R1 just comes into her room

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 8	S9999		

and stares at her. R5 added that R1 makes her feel uncomfortable, and that she is scared he will hurt her.

On 8/20/19 at 3:00PM, V2 (Director of Nurses) stated that the 7/21/19 incident involving R1 and R5 was not investigated, and the police were not notified.

On 8/27/19 at 9:45AM, R5 stated that she was so glad R1 was gone and hopes he does not come back. R5 then started to cry, making it difficult for her to talk. She stated she was so afraid he would hit her, try to have sex, or sleep with her.

2. R1's Progress Note dated 6/9/19 at 5:44AM, documents the following: "Nurse opened the door to (R1's) room to find res standing in the dark by the dresser with no pants on. The female res. that occupies that room was in bed. When asked to leave the room (R1) started yelling 'she's my wife, close the door.' (R1) was redirected to his room. It was explained to res that it was not his wife and he could not be in her room."

R1's Progress Notes and Care Plan do not document any added interventions or actions in response to the 6/9/19 incident.

On 8/22/19 at 10:00AM, V10 (RN) stated that V15 (RN) assessed R11 after the 6/9/19 incident. V10 stated that R11 did not acknowledge the incident or show signs of distress. V10 went on to say that R11 is not interviewable but was alert and awake at the time of the incident. V10 added that R1 acknowledged that he could not could not be is R11's room with his pants down.

On 8/22/19 at 10:30AM, R11 was in the TV room. R11 was very pleasant and alert but was unable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 9	S9999		

to carry on a conversation. When this surveyor attempted to ask R11 questions about the incident, R11 was unable to answer, instead stating "thank you for the food and for coming down from Chicago" to see her.

On 8/28/19 at 1:00PM, V26 (Registered Nurse/RN) identified the resident in R1's 6/9/19 progress note as R11. V26 stated that the incident on 6/9/19 occurred about 5:35AM or 5:40AM. V26 stated when she walked in, R1 was standing across the room from R11 just staring at her with no pants on. He was not masturbating, and he was not erect. V26 stated R11 was awake and alert at that time. R11 had her gown on as appropriate, and her blankets were still on like she was left. V26 said "when I asked R11 if she was ok, she stated yes." V26 said after R1 was removed, an assessment was performed on R11 to check for injury, and R11 had no signs or symptoms of injury.

R11's MDS (Minimum Data Set) dated 7/17/19 documents that the resident is Rarely or Never Understood. This same MDS documents that R11 is a 2 person assist for transfers, does not walk, and uses a wheelchair for mobility.

The facility was unable to provide documentation that an investigation was completed regarding the 6/9/19 incident between R1 and R11. There was also no documentation that the Director of Nursing, Administrator, Police, or IDPH was notified of this incident.

3. A Progress Note for R1 dated 6/26/19 at 9:01PM, documents the following: "Resident went into a room with two women (R10 & R5). He claimed (R5) was his wife. The other woman (R10) called 911 and the police called the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 10	S9999		

to inform us that R10 had an intruder in her room. He was sitting in (R5's) wheeled walker next to her bed."

R1's Progress Notes and Care Plan shows no documentation of preventative interventions or corrective actions taken in response to the 6/26/19 incident.

Another progress note in R1's record dated a few days later on 6/30/19, documents the following: "This nurse heard horrifying screams coming from a female on 200 hall. I ran down to a resident's room where there are 2 female residents there. One was in bed, the other in her recliner. The one in the recliner had been the one screaming. The divider curtain was pulled between the 2 women. The one screaming was behind the curtain. When I pulled the curtain back I found a male resident (R1) with the screaming female. She stated that he had his hands on her and was verbally threatening to kill her. I ask if she was alright. She said she was alright. I told the male resident to leave the room. He was not to be in female resident's room. He left. Then met the ADON (Assistant Director of Nursing) and a CNA (Certified Nurse Aide) coming down the hall, the male resident was behind me. He started yelling at us that he wanted a cigarette, NOW. I told him his cigarettes were on the other nurse's cart and I did not have the keys. The other nurse was on his break. He became so agitated that the ADON went to look for the other nurse to get the keys to his cart. He eventually walked off. Then he came back to the nurse's station and took another CNA's drink off the nurse's desk."

R1's Progress Notes and Care Plan do not document any added safety interventions or corrective actions in response to the 6/30/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 11	S9999		

incident.

On 8/20/19 at 3:00PM, V2 (Director of Nurses/DON) stated that neither she nor the Administrator were notified of the incidents on 6/26/19 or 6/30/19, therefore it was not investigated. In addition, there was no documentation to show that the Director of Nursing, Administrator, Police, or IDPH was notified of these incidents, and no documentation of an investigation being conducted.

On 8/21/19 at 11:15AM, R10 stated that R1 has been in her room 3 times, and each time she was very afraid of him. R10 stated she has called 911 and requested police assistance because she is afraid that the facility will not come in time to prevent R1 from hurting her. R10 stated that R1 has grabbed her belly and tried to pull her clothes off. R10 went on to say that he (R1) has stolen 2 packs of cigarettes from her. She repeated that the reason she called the police is because the facility will not protect the residents and keep him out of resident rooms and out of our belongings.

On 8/21/19 at 2:45PM, V14 (Licensed Practical Nurse/LPN) stated that the incidents on 6/26/19 and 6/30/19 involved R5 and R10, with R1 being the male that entered the female's rooms. Regarding the incident on 6/30/19, V14 stated R5 was in the bed and R10 was the one screaming in the recliner. She stated as soon as she told R1 to leave the room, he left and returned to his room. V14 stated she did not see R1 touch R10.

On 8/26/19 at 1:45PM, V17 (Police Officer) stated that an officer responded to the 6/26/19 incident, talked to R10, and no charges were made.

4. R1's Progress Notes dated 8/18/19,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 12	S9999		

documents the following: "A female peer reported to this nurse that while out on the patio (R1) asked her for a cigarette and when she said no he grabbed her breast. Peer claims she is scared of Res. and wanted to file a report. DON, ADON and police were notified."

R1's Progress Notes and Care Plan do not document any added interventions or actions in response to the 8/18/19 incident.

On 8/19/19 at 9:50AM, R3 stated that R1 has touched and rubbed her butt, and these incidents occurred around 3 weeks ago, 10 days ago, and last night. R3 stated she reported this to the nurse, and the nurse told her she couldn't do anything since she did not see it. R3 stated "I tried to get away from him (R1), I am afraid of him and do not want anyone to touch me." R3 stated that this happened out at the smoking shelter, and no one goes outside with him (R1). R3 stated he (R1) is not monitored, and other residents are afraid of him as well. R3 added that "last night at the smoking shelter he told other residents that he could kill them and get away with it."

On 8/19/19 at 1:00PM, V1 (Administrator) identified the other resident in R1's progress note dated 8/18/19 as R3 and stated that this incident had not been investigated at the time it occurred.

On 8/19/19 at 2:00PM, V14 (Licensed Practical Nurse) stated that she remembers the incident that occurred yesterday (on 8/18/19), and that R3 was upset and crying because R1 grabbed her breast and stated he wanted to kill her. V14 stated she called the police at this time. V14 went on to say that R1 has lots of behaviors, most of them are sexual, and R1 thinks everyone is his wife. V14 stated that most of the residents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 13	S9999		

are afraid of R1. On 8/28/19 at 3:00PM, V14 stated that at the time of the 8/18/19 incident R3 made a report and wanted charges filed. V14 stated that the Police Officer said he could not arrest R1 because R1 really does think he is R3's husband. V14 stated that the police officer also refused to arrest R1 because the Police Department does not want a psychotic person in their jail. On 8/28/19 at 3:15PM, R3 stated she plans to make a report and press charges against R1.

An Incident Report Form-IDPH Notification with Date of Incident entered as 8/18/19 and time entered as 19:21 (7:21PM), documents the following: Resident (R3) "upon exiting smoking area reported to nurse resident (R1) asked for a cigarette et she replied 'no.' The latter resident then grabbed her arm, touching her L (left) breast. Incident was reported to local police (officer name) et investigated." This report has a fax date and time stamp of 8/19/19 at 15:09 (3:09PM). The Incident Report Form documents the type of incident as "Alleged Sexual Act."

On 8/19/19 at 1:00PM, V1 (Administrator) stated that this incident had not been investigated at the time it occurred.

On 8/26/19 at 1:45PM, V17 (Police Officer) stated he responded to the call regarding the altercation between R3 and R1. No charges were made at the time.

5. a) R1's Progress Notes dated 8/11/19 at 11:35AM, documents the following: "This nurse saw resident (R1) walking 200 hall and starting to walk into a female resident's room. Went to female resident's room. Other resident was asleep in her chair. Resident was standing in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 14	S9999		

front of her with his hands in his pants. Was told to leave her room immediately. He hesitated at first and then left and went to his room. DON aware."

On 8/19/19 at 11:00AM, R4 and R6 were observed sharing the same room.

R1's Progress Notes documents that on 8/11/19 at 12:29PM, Haldol 5 Milligrams Intramuscular was given. There was no documentation of any non-pharmacological interventions attempted prior to administering the Haldol Injection, nor any other interventions added to R1's care plan to prevent this type of behavior.

On 8/20/19 at 9:45AM, V9 (Licensed Practical Nurse) stated that R4 and R6 were the other residents involved in R1's 8/11/19 progress note. V9 stated she was the nurse that removed R1 from R4 and R6's resident room. She stated that at the time of the 8/11/19 incident, R1 was standing in front of R4 who was asleep. R1 had his hands in his pants and was "massaging" himself.

On 8/20/19 at 1:40PM, R4 stated that R1 sneaks into her room and has done this at least 4 times. R4 stated that she is afraid he (R1) will "do something" to her or to her roommate. R4 then stated that in the evening, R1 often just stands in the hall outside her room and stares at her, adding "this makes it impossible for me to sleep at night."

R4's MDS dated 7/1/19 documents that R4 requires one-person physical assist for Transfers, Walking in the room, Walking in the hall, Dressing and Toileting. R4's MDS also documents that R4 is cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 15	S9999		

5. b) On 8/20/19 at 1:50PM, R6 stated that R1 thinks she is his wife, has been in her room 5-6 times, and has grabbed her arm twice. R6 stated she screamed both times and R1 ran away. R6 stated that she is afraid of R1, and that fear keeps her from being able to sleep well at night. R6 also stated that R1 often stands in the hall and just stares into her room. R6 stated that she is afraid that R1 will grab her and hurt her physically, adding that she cannot get out of bed by herself and requires a mechanical lift to get into her wheelchair.

R6's MDS dated 7/11/19 documents that R6 requires 2 or more assist for bed mobility, transfer, and dressing, and R6 uses a wheelchair. R6's MDS also notes that R6 is cognitively intact.

No documentation could be found in R4 or R6's record regarding the 8/11/19 incident with R1. In addition, the facility was unable to provide any documentation that an investigation was completed regarding the incident on 8/11/19 between R1, R4, and R6. There was no documentation to note that the police were notified of these incidents.

6. R1's Progress Notes dated 6/17/19, document the following: "A female resident came to nurses and reported to this nurse that a male resident (R1) came into her room uninvited. She told him he needed to leave. He did not leave, he scared her. He asked her if they could talk, she said 'No, you need to leave.' He then asked her for the keys to the lock box. She told him she didn't know what he was talking about and that she did not have any keys and told him to leave again. He started cussing her but did leave the room. She watched him from her wheelchair go down the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 16	S9999		

hall. She stated that he went straight up to the 200-med cart and was jiggling the drawers, trying to get them to open. When he couldn't get the locked cart open he walk off. This incident was reported to social services."

On 8/21/19 at 2:45PM, V14 (Licensed Practical Nurse/LPN) stated the resident in R1's 6/17/19 progress note was R6. V14 stated that R6 felt very threatened from the 6/17/19 incident when R1 entered R6's room. V14 stated that R6 is not mobile and requires at least 2 staff members to help her with transfers and mobility. V14 stated she just tried to calm R6, as at the time of this incident R1 was not responding to any intervention that V14 tried to keep R1 out of resident's rooms.

On 8/22/19 at 9:30AM, R6 stated she is very afraid of R1. R6 stated "I know that the staff tried to comfort me, but when you are not able to run away you are a sitting duck, ready for (R1) to hurt you. (R1) thinks I am his wife and has grabbed me before. I am tired of not being able to sleep well at night because of (R1)." R6 added that she cannot get out of bed by herself and is a mechanical lift for transfers.

The facility was unable to provide documentation of an investigation being completed for the 6/17/19 incident between R6 and R1, nor was there any documentation to show that effective safety measures were implemented to protect residents from further abuse.

R6's MDS dated 7/11/19 documents that R6 requires 2 or more assist for bed mobility, transfer, and dressing, and resident uses a wheelchair. R6's MDS also documents R6 is cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 17	S9999		

7. A Report to IDPH dated 8/15/19 documents a "Date of Occurrence: 3 weeks per resident account" regarding R7. The report states R7 was outside on the patio in the smoking area when R1 approached her and she thought he was going to ask for a cigarette and instead he "grabbed her left boob" and shook it. The document goes on to state that R7 said nobody was around. She came inside and told the nurse. The narrative summary of Incident states: "Nursing staff was questioned about incident. All staff denied having any reports from resident about contact with resident." The follow-up Report to IDPH documents the same information, however states R7 "stated that she did not report it. She stated she was outside with R1 by herself, there were no residents or staff outside ....R1 is placed on 15 minute checks per nursing and CNA's. He is only to go out with staff assist."

On 8/19/19 at 10:30AM, R7 stated that she and everybody is afraid of R1. R7 also stated that when R1 is "on the prowl, everyone stays away from him." R7 said no one should have to live in fear of another resident hurting or molesting them. R7 said the nurses are telling her that they cannot do anything because there is not a witness. R7 stated that R1 yells and screams at other people until he gets what he wants, and this is mostly to get cigarettes.

On 8/19/19 at 10:45AM, R8 stated that R1 likes to go outside and smoke. R8 said R1 thinks "everyone is his wife, and that we want to have sex with him." R8 stated "We are afraid of him as he likes to touch, grab, and rub on us." R8 stated that R1 also likes to yell at the nurses and other residents to get him more cigarettes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 18	S9999		

On 8/20/19 at 10:00AM, R1 was noted outside in the smoking area. R12, R13 and R15 were also outside smoking at the same time. There was no staff member outside monitoring R1 in the smoking area at this time.

On 8/20/19 at 8:00AM, V3 (RN/Assistant Director of Nursing-ADON) stated that R1's behaviors only started around two months ago when he became obsessed with cigarettes and using intimidating body postures to get them. At first R1 was showing physical aggression, and now he is becoming more sexual. V3 stated that R1 is presently not redirectable during his sexual episodes.

On 8/21/19 at 9:30AM, R13 stated that R1 is a problem for the facility. R13 said that the problem is R1 thinks every woman in the building is his wife. R13 stated that some of the men have also had problems because R1 steals cigarettes from them, and then R1 threatens to kill them. R13 said that R1 has not tried to kill anyone, but has grabbed the women residents' arms and breasts, and has touched the nurses and CNA's as well.

On 8/21/19 at 12:30PM, V2 (DON) stated that the only intervention put in place to prevent the incidents with R1 and the other residents was to add STOP signs to the female's doorways and to try to monitor more frequently. When V2 was questioned regarding the specifics of 'monitor more frequently,' V2 was unable to give more information or be more definitive.

On 8/22/19 at 8:30 AM, V4 (RN) stated that R1 has lots of behaviors, and an issue with grabbing women and masturbating in women's rooms at night. V4 stated that very few interventions are being put in place to help with the behaviors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 19	S9999		

On 8/22/19 at 8:35AM, V7 (Social Service Director) stated that R1 needs to be in a locked down unit. V7 stated that R1 does not respond to behavior modification, does not listen, does not follow rules, and that R1 continues to escalate in behaviors. V7 stated at the present time, staff is not to bring their kids to work and staff is to be more aware of visitors in the building as well as where R1 is at all times. V7 stated she has been trying to find alternative placement for R1, as well as work with the State's Attorney and the area mental health professionals.

On 8/22/19 at 10:10AM, R12 stated that he has had some trouble with R1. R12 went on to say that R1 has stolen his cigarettes and threatened to punch him (R12) when R12 tried to get the cigarettes back. R12 stated that he stays away from R1 because of R1's temper. R12 stated that R1 goes after women because of his sexual behaviors. R12 went on to say that at one time he shared a room with R1 and had to move because R1 would not let him stay in that room and sleep. R12 added that he really liked that room but moved because R1 was often rubbing his genitals and he (R12) did not like to see that.

On 8/26/19 at 11:45AM, V3 (RN/DON) stated that everyone is cautious and on high alert while R1 was in the building. The residents would not go out to smoke when R1 was smoking in the smoking area, or the residents would come back in to avoid him. V3 stated that the residents tried to stay away from R1 as much as possible or would try to stay in a safe area, especially after R1 hit staff member V4 (RN).

On 8/27/19 at 11:00AM, V10 (RN) stated that the whole building was constantly on edge while R1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 20	S9999		

was in the building. The residents were afraid of him and often stayed in their room with their doors shut.

On 8/27/19 at 3:30pm, V20 (CNA) stated that R1 was having worse behaviors and it took 2 CNA's to care for him because of the behaviors. V20 said about one month ago, R1 called me into his room and shut the door. V20 stated she screamed because she could not see him or the door to get out. V20 said R1 did not touch her, and she left the room and told the nurse. V20 said later in the evening, when I walked past his room he was standing in the middle of the room, pants were at his ankles, and R1 was masturbating with an erection. V20 said this incident was reported to the nurse but she was unaware of her response. V20 stated that at first, it was just staff related and then R1 began going after the female residents. V20 said she gave him a lot of cigarettes because she was afraid of his behaviors.

On 8/27/19 at 4:00PM, V21 (CNA) stated that R1 had lots of behaviors and staff had to keep him out of other residents' rooms, especially the female resident rooms. One day before he was discharged R1 told me 'I bet you are good in the sex thing' and he tried to rub my butt. V21 stated that she reported it to the nurse.

On 8/29/19 at 2:20PM, V26 (former Administrator/Regional Administrator) stated that R1 was transported to the facility on 8/15/19 by the state operated mental health facility. V26 stated no PAS (Pre-Admission Screening) was ever provided, only the initial OBRA (Omnibus Budget Reconciliation Act) screen was given approximately 1-2 days before R1's admission. V26 stated the PAS was requested, but only the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 21 OBRA was received. V26 said he spoke to the social worker at the mental health facility prior to admission and she stated that R1 was well behaved and had dementia. Daily throughout the survey at various times from 8/19/19 through 8/22/19, R1 was observed ambulating freely throughout the facility by surveyor. On 8/28/19 at 10:00AM, V19 (Regional Director of Clinical Services) stated that with staff changes in the facility, that the behavior tracking of residents was dropped. On 8/28/19 at 2:00PM, V27 (Minimum Data Set (MDS)/Care Plan Coordinator) stated that behavior tracking is started on the care plan and then the Certified Nurse Aides (CNA's) do track the behaviors daily if the resident has a behavior. Behaviors are tracked through the CNA's tasks on the computer. V27 stated that behavior tracking should be daily on R1 because he had that many behaviors. When questioned regarding the 3 interventions on the care plan for sexual behavior, (provide education, redirect resident, and coloring) V27 stated that these were the only interventions they used for R1 when he exhibited sexual behaviors toward staff and residents. V27 went on to say that in the last 2 months (July and August) the staff did use 15-minute supervision checks and the use of "stop signs" across resident doorways in an attempt to stop R1 from entering. V27 also stated that V32 (Nurse Practitioner) used Paxil to decrease R1's sexual urges. V27 stated that there was no documentation of behavior tracking except what you see in the CNA tasks and in the nurse's notes.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 22 Upon review of R1's care plan, 15-minute checks, stop signs, and use of Paxil were not listed as interventions, nor were they mentioned in the nurse's notes. On 8/28/19 at 2:30PM, V27 (Minimum Data Set (MDS)/Care Plan Coordinator) stated that there were only two behaviors marked by the CNA's between the dates of 7/30/19 and 8/23/19. When asked about R1's behaviors that were documented in the progress notes from June and July 2019, V27 stated she was unable to produce any behavior tracking records prior to 7/30/19. Review of R1's Behavior Tracking documentation from 7/30/19 - 8/23/19 notes R1 had "threatening behavior" marked on 8/21/19, with intervention of "gave food," marked as "effective" and noted "nurse notified." A second behavior was documented on 8/22/19, and was marked as inappropriate sexual behavior, with intervention of "allowed to smoke," marked as "effective," and noted "nurse notified." R1's progress note dated 8/22/19 at 5:30pm documents R1 was picked up via ambulance and taken to a local hospital. R1's Progress Note dated 8/23/19 at 8:07AM, and documented by V7 (Social Service Director) notes the following: R1 was sent to an area hospital, threatening to kill staff, unable to redirect and behaviors kept escalating. R1's Progress Note, dated 8/26/19 at 8:42AM, documented by V7 (Social Service Director) noted the following: Sent Discharge letter on 8/23/19 to V33 (R1's Power of Attorney) certified, contacted V18 (Ombudsman) emailed her discharge letter, staff member V34	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 23 (Housekeeper) went to hand deliver R1 the discharge letter, a male nurse would not let him go back to the ER and give it to him, male nurse said he would give letter to him. On 9/5/19 at 1:00PM, V7 (Social Service Director) stated Discharge Letters were sent on 8/23/19. V7 stated that she emailed V18's (Ombudsmen) letter per V18's request, V34 (Housekeeper) hand delivered R1's letter to the hospital emergency room where he was not allowed to give it to R1 but the hospital staff stated they would give it to R1, and V33's (Power of Attorney) letter was sent to him via certified mail. V7 verified that the letters sent out were not the Official Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents forms. The typed letter sent out by V7 to V18, R1, V33 dated 08/23/19 documented: "We have determined that we can no longer provide care for R1 related to his behaviors toward other residents safety and well-being." This letter did not contain the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement of the resident's appeal rights, including the name, address, and telephone number of the entity which receives such requests; information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; the name, address and telephone number of the Ombudsman; or for nursing facility resident with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individual Act. 8. R17's progress note dated 6/13/19 at 7:27AM	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 24	S9999		

documents the following: R17 was sitting in the chair in the living area when a male resident was communicating with a female resident in the dining area when R17, became inappropriate. She began to yell and cuss at the female resident calling her a fat f*$#ing b*$#ch and that she was going to beat her up and kill her. CNA and this nurse redirected R17 to her room when she started yelling and cussing that she hopes staff die and go to hell.

On 9/5/19 at 11:10AM V19 (Regional Director of Clinical Services) stated that the 6/13/19 incident with R17 was not reported to IDPH, and the incident was not investigated as possible abuse.

The Facility's Policy and Procedure Abuse and Neglect Prevention, revised 8/2019, documents the following: 1. The resident has the right to be free from verbal, sexual, physical and mental abuse....It is the policy of the facility, to ensure that each resident is treated with dignity and care, free from abuse and neglect and to take swift and immediate action to investigate and adjudicate alleged resident abuse and neglect. 2. All staff are mandated reporters. All staff must be on constant vigilance to insure no resident is subjected to the above from anyone including staff, family and visitors. 3. The staff is to report to their supervisor, the Administration, and Director of Nursing. 4. Once the facility administration becomes aware of any of these alleged violations, the home will report within 2 hours of knowledge of the incident to the designated state agency. CMS indicates that the term "immediately" means as soon as possible. It is irrelevant whether the facility investigated the incident and determined the allegations were unfounded: all alleged violations must be reported immediately within 2 hours of knowledge on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6016539	A. BUILDING: _____ B. WING _____	C 09/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMI MANOR REHAB & NRSG CTR	615 WEST WEBB STREET, PO BOX 133 CARMI, IL 62821

(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
S9999	Continued From page 25 incident. 5. After the facility submits an immediate report of an alleged violation, the facility must conduct a thorough investigation: ..... and report the results in the investigation to the state agency within 5 working days or as designated by state law. The facility may report the results of an investigation by completing the remainder of the reporting form and resubmitting it to the state agency. (A)	S9999		