Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6010441 B. WING 10/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3900 STEARNS AVENUE** STEARNS NURSING & REHAB CENTER **GRANITE CITY, IL 62040** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident Investigation of 09/10/23/IL164904 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b 300.3210t) 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 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 Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal Illinois Department of Public Health

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A. BUILDING: C IL6010441 B. WING 10/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE STEARNS NURSING & REHAB CENTER **GRANITE CITY, IL 62040** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. Section 300.3210 General The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based on interview, and record review, the facility failed to prevent resident to resident sexual abuse for 2 of 8 residents (R3 and R4) reviewed for abuse in a sample of 22. This failure resulted in harm as a reasonable person would not engage in sexual encounters without the decisional capacity to do so. Findings include: R3's Face Sheet, print date of 10/02/23. documents R3 has diagnoses of cognitive communication deficit, altered mental status, and dementia. R3's Minimum Data Status (MDS), dated 10/02/23, documents R3 is moderately cognitively impaired, with a Brief Interview for Mental Status (BIMS) score of 11 out of 15. R3's MDS documents R3 requires extensive assistance of two plus person physical assist with bed mobility, transfer, and toilet use. R4's Face sheet, with a print date of 10/02/23, documents R4 has diagnoses of personal history (Hx.) of traumatic brain injury, and Major depressive disorder. R4's MDS dated 08/18/23, documents R4 is

	NT OF DEFICIENCIES I OF CORRECTION			LE CONSTRUCTION  B:	(X3) DATE COMP	SURVEY LETED	
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	moderately cognitiout of 15.	vely impaired with a BIMS of 08			3		
	0-40/00/00 -444		E				
	stated she was the	0 PM, V12, Housekeeping one who found R3 and R4 in id the door was open but the		1.0		=	
	curtain in the room	was pulled so you couldn't see			II		
	who was in the roo	m until you entered. She said e door and there was no			100		
	response, so she	entered the room. V12 stated		33			
= 1153	when she went are R3 and R4 both ha	ound the curtain, she observed and their genitals out and R4 on R3 while masturbating at		=			
**************************************	the same time. V12	2 stated she asked them what					
	they were doing an	d then she went directly to the informed the nurse what was					
		oom. V12 stated the nurse and					
	CNA (Certified Nur	se's Aide) went directly down	67	To the second			
	to R4's room and r	emoved R3 from R4's room. aken off the hallway for a		П			
	couple of weeks ar	nd when they brought him		100			
	back, he went into	a room with his wife. V12					
	stated R4 doesn't k	know what is going on all the		<b>31</b>			
1 2 30	III.						
	The Illinois Departr	nent of Public Health Final		1	7.00		
	documents "At ann	completed on 9/15/2023, roximately 1340 (1:40PM) on					
	9/10/2023 the north	unit housekeeper knocked on					
	the door to (R4's ro	om). When no response was					
Ш	heard, the houseke	eper proceeded to enter the					
	the room (R3) (R3)	ner daily tasks. Upon entering s room identified) was noted in	55		ere en		
=	the room of (R4) w	here the two were observed to		Attachment	To the second		
	be engaged in sexu	ual activity towards					
	their pants undone	residents were observed with and sex organs exposed. (R4)			drummen.		
165	was reportedly lear	ning forward into (R3's) lap					
	attempting to perfor	rm oral sex. Upon observing			2.1		
	the situation, the ur	nit nurse was notified, and the					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: C B. WING IL6010441 10/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE STEARNS NURSING & REHAB CENTER **GRANITE CITY, IL 62040** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 residents were separated immediately followed by the completion of full body assessments on both residents with no issues noted. The facility Administrator, Director of Nursing Services, facility MD/Medical Director, and the POAs (Power of Attorneys) for both residents were notified of the occurrence. No concerns were voiced during notifications and agreement with the residents plans of care were expressed. (R3) was placed on 15 min (minute) checks and temporarily re-located to the TCU (Transitional Care Unit) unit in an attempt to ensure closer observation and discourage him from re-entering the room of (R4). A care plan meeting was set with (V13, R4's mother/POA) for 9/14/23 per her earliest convenience. Interviews and investigation were initiated per protocol and an initial report was forwarded to IDPH due to the low BIMS scores for both residents involved. Initial interviews with both residents were completed within 30 min of the event. At the time of the initial interviews, (R3) denied any sexual activity and reported he was in (R4's) room to assist him with his TV (television). (R4) reported no recollection of the event. The facility administrator along with the SSD (social service director) and DNS (director of nursing services) completed follow-up interviews with both residents on Monday 9/11/2023. During the follow-up interviews, (R4) continued to report no memory of the occurrence. (R3), reported that he is 'not gay or bi-sexual' but that he did allow (R4) to unzip his pants and allowed him access to his body. Continued SSD support and follow-up x72 hours remained in place for residents and no long-term negative psych-social issues were observed. The facility SSD completed interviews with multiple staff and residents to determine if there were any past observations of inappropriate sexual behavior with all responses indicating no concern.

Illinois Department of Public Health

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6010441 10/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE STEARNS NURSING & REHAB CENTER **GRANITE CITY, IL 62040** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 10/03/23 at 12:20 PM, R4 was questioned about the incident that happened between himself and R3 and he stated he doesn't remember any incident between himself and R3 On 10/03/23 at 12:50 PM, R3 was questioned about the incident that occurred between himself and R4. He stated something should be done about R4, he just likes to go up and grab people. He said R4 took his phone so he could call his mom and he was just chasing him down to get his phone back from him. He stated nothing inappropriate happened between R4 and himself. He said he didn't do anything to R4 and R4 didn't do anything to him. On 10/12/23, at 10:09 AM, V13, R4's mother, stated this is very much out of character for R4. She said he would touch female's arms and she would have to remind R4 that he couldn't do that stuff. V13 stated she doesn't feel like R4 is capable of making decisions regarding sexual activity, she said he can barely walk let alone do anything else. She said he likes women and generally doesn't get along with men. She said it was totally shocking that this all happened. She said based on his past he would be more likely to be with a female than a male. On 10/17/23 at 1:10 PM, V30, Medical Doctor when questioned by this surveyor if R3 and R4 who both are moderately cognitively impaired were able to make decisions when it comes to sexual activity and V30-stated no, they don't. He stated if they are impaired, they can't make a rightful decision. This surveyor repeated the question a second time and V30 stated if you are telling me they are cognitively impaired then they can't make a rightful decision.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6010441 10/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE STEARNS NURSING & REHAB CENTER **GRANITE CITY, IL 62040** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION! TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 The facility had no documented assessment regarding R3 and R4 decisional capacity to engage in sexual encounters. The facility's abuse prevention policy, not dated. documents "Policy: The facility is committed to protecting the residents form abuse by anyone including, but not limited to: facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our residents, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual." It further documents "c) Sexual Abuse: This includes, but is not limited to sexual harassment, sexual coercion or sexual assault, or non-consensual sexual contact of any type with a resident." It also documents "Protection: 3. It is the responsibility of all staff to provide a safe environment for the residents. Resident care and treatments shall be monitored by all staff, on an ongoing basis, so that residents are free from abuse, neglect, or mistreatment. Care will be monitored so that the resident's care plan is followed." (B) Illinois Department of Public Health

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/29/2023 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145847		RECTION IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED C 10/19/2023	
		B. WING		10			
	PROVIDER OR SUPPLIE S NURSING & REH	AB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE GRANITE CITY, IL 62040				
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F 000	INITIAL COMMEN	NTS	F 000				
	Complaint Invest	igations:					
	#2348517/IL1654	49- No deficiencies cited. 23- No deficiencies cited. 01- No deficiencies cited.					
	Facility Reported 1 09/10/23/IL164904	Incident Investigation of 4- F600					
F 600 SS=G	Free from Abuse a	and Neglect	F 600			11/8/23	
	Exploitation The resident has t neglect, misappro and exploitation as includes but is not corporal punishme any physical or che	from Abuse, Neglect, and the right to be free from abuse, priation of resident property, s defined in this subpart. This limited to freedom from ent, involuntary seclusion and emical restraint not required to a medical symptoms.					
70 (	§483.12(a) The fac						
	physical abuse, co involuntary seclusi This REQUIREME by:	use verbal, mental, sexual, or rporal punishment, or on; NT is not met as evidenced w, and record review, the					
	facility failed to pre abuse for 2 of 8 re for abuse in a sam in harm as a reaso	event resident to resident sexual sidents (R3 and R4) reviewed ple of 22. This failure resulted mable person would not encounters without the					
	Findings include:						

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

11/03/2023

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145847		(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED C 10/19/2023		
NAME OF PROVIDER OR SUPPLIER STEARNS NURSING & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE GRANITE CITY, IL 62040		
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F 600	R3's Face Sheet, print date of 10/02/23, documents R3 has diagnoses of cognitive communication deficit, altered mental status, and dementia.		F 60	00		
			REPORTATION OF THE PROPERTY OF	-		
	10/02/23, docume impaired, with a Bi (BIMS) score of 11 documents R3 red	ta Status (MDS), dated nts R3 is moderately cognitively rief Interview for Mental Status I out of 15. R3's MDS quires extensive assistance of nysical assist with bed mobility, use.				
	documents R4 has	with a print date of 10/02/23, is diagnoses of personal history brain injury, and Major er.				
	R4's MDS dated 0 moderately cogniti out of 15.	8/18/23, documents R4 is vely impaired with a BIMS of 08				6
	stated she was the R4's room. She sa curtain in the room who was in the room she knocked on the response, so she when she went are R3 and R4 both haperforming oral set the same time. V1: they were doing are nurse's station and happening in the room CNA (Certified Nur	o PM, V12, Housekeeping one who found R3 and R4 in aid the door was open but the was pulled so you couldn't see om until you entered. She said the door and there was no entered the room. V12 stated bund the curtain, she observed at their genitals out and R4 on R3 while masturbating at 2 stated she asked them what and then she went directly to the d informed the nurse what was boom. V12 stated the nurse and ree's Aide) went directly down removed R3 from R4's room.				

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION		ATE SURVEY DMPLETED	
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	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE GRANITE CITY, IL 62040				
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F 600	She said R3 was couple of weeks back, he went int	page 2 taken off the hallway for a and when they brought him o a room with his wife. V12 t know what is going on all the	F 600				
leso.	investigation reports "At ap 9/10/2023 the not the door to (R4's heard, the housel room to complete the room (R3) (R the room of (R4))	rtment of Public Health Final ort completed on 9/15/2023, proximately 1340 (1:40PM) on th unit housekeeper knocked on room). When no response was keeper proceeded to enter the her daily tasks. Upon entering 3's room identified) was noted in where the two were observed to					
	one-another. Both their pants undon was reportedly lea attempting to perform the situation, the residents were set the completion of residents with no Administrator, Dir facility MD/Medica (Power of Attorner notified of the occupation of the residents plan was placed on 15 temporarily re-local Care Unit) unit in a observation and of the room of (R4), with (V13, R4's mearliest convenients)	xual activity towards or residents were observed with e and sex organs exposed. (R4) aning forward into (R3's) lap form oral sex. Upon observing unit nurse was notified, and the eparated immediately followed by full body assessments on both issues noted. The facility ector of Nursing Services, al Director, and the POAs ys) for both residents were urrence. No concerns were fications and agreement with s of care were expressed. (R3) min (minute) checks and attempt to ensure closer iscourage him from re-entering A care plan meeting was set other/POA) for 9/14/23 per her uce. Interviews and investigation protocol and an initial report	Palabolah garangan kanangan k				

### DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145847		A. BUILDIN	PLE CONSTRUCTION  IG		(X3) DATI COM	E SURVEY PLETED		
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F 600	scores for both reinterviews with bowithin 30 min of the interviews, (R3) or reported he was in his TV (television of the event. The the SSD (social section of the event. The the SSD (social section of the event. The the SSD (social section of nursing interviews with bower of the section of the event. The the did allow (R3), reported the support and followed him accessupport and followed him accessum of the support and followed him accessum of the section of the sect	esidents involved. Initial oth residents were completed the event. At the time of the initial lenied any sexual activity and in (R4's) room to assist him with (R4's) reported no recollection facility administrator along with ervice director) and DNS ag services) completed follow-up oth residents on Monday at the follow-up interviews, (R4) art no memory of the occurrence, at he is 'not gay or bi-sexual' but (R4) to unzip his pants and ss to his body. Continued SSD w-up x72 hours remained in a sand no long-term negative es were observed. The facility interviews with multiple staff and mine if there were any past nappropriate sexual behavior indicating no concern.  2:20 PM, R4 was questioned at that happened between himself at that occurred between himself at that occurred between himself at something should be done likes to go up and grab people. The stated nothing pened between R4 and himself, do anything to R4 and R4 didn't	F 60						

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		N OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			
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	PROVIDER OR SUPPLIE  IS NURSING & REH		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 STEARNS AVENUE GRANITE CITY, IL 62040				
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F 600	On 10/12/23, at 1 stated this is very She said he would would have to rer stuff. V13 stated capable of makin activity, she said anything else. Sh generally doesn't was totally shock said based on his be with a female.  On 10/17/23 at 1: when questioned who both are more were able to mak sexual activity and stated if they are rightful decision. question a second	0:09 AM, V13, R4's mother, much out of character for R4. d touch female's arms and she mind R4 that he couldn't do that she doesn't feel like R4 is g decisions regarding sexual he can barely walk let alone do e said he likes women and get along with men. She said it ing that this all happened. She spast he would be more likely to than a male.  10 PM, V30, Medical Doctor by this surveyor if R3 and R4 derately cognitively impaired e decisions when it comes to d V30 stated no, they don't. He impaired, they can't make a line surveyor repeated the d time and V30 stated if you are e cognitively impaired then they	F 600				
	The facility had no regarding R3 and engage in sexual	o documented assessment R4 decisional capacity to encounters.					
	documents "Polic protecting the res including, but not residents, consult other agencies proceedings of the residents, family resurrogates, spons other individual." I Abuse: This include	te prevention policy, not dated, y: The facility is committed to idents form abuse by anyone limited to: facility staff, other ants, volunteers, staff from oviding services to our nembers, legal guardians, fors, friends, visitors, or any t further documents "c) Sexual des, but is not limited to sexual al coercion or sexual assault or					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/29/2023 FORM APPROVED

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F 600	the responsibility environment for t treatments shall l ongoing basis, so abuse, neglect, o	page 5 sexual contact of any type with a documents "Protection: 3. It is of all staff to provide a safe he residents. Resident care and be monitored by all staff, on an othat residents are free from a mistreatment. Care will be the resident's care plan is	F 600				
						materials and other property of the control of the	