STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145389	A. Building B. Wing	09/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970 Based on record review and interview the facility failed to ensure one resident (R1) was not subjected to physical and sexual abuse by another resident (R2). These failures resulted in R1 experiencing bruising, pain and swelling to R1's right eye area and emotional distress as verbalized by (R1) stating (R1) felt ashamed after being sexually abused by R2. These failures affected two residents (R1, R2) out of three residents reviewed for abuse in a sample list of ten residents. These failures resulted in an Immediate Jeopardy. While the immediacy was removed on 9/11/22, the facility remains out of compliance at a severity level two. The facility is in the process of educating staff on identifying and reporting abuse and evaluating the effectiveness of their corrective action interventions to ensure R1 is protected. Findings include: R1's undated Face Sheet documents medical diagnoses of Chronic Obstructive Pulmonary Disorder (COPD), Major Depressive Disorder, Depression, Bipolar, Brain Tumor, Need for Personal Care and Fatigue. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score of 6 out of 15 possible points indicating R1 is severely cognitively impaired. This same MDS documents R1 requires limited assistance of one person for bed mobility and extensive assistance of one person for transfers, dressing, toileting and personal hygiene. R1's Initial Incident Report to Illinois Department of Public Health dated 8/25/22 documents Reported to (V1) Administrator that [AGE] year old female with Brief Interview for Mental Status (BIMS) score of 6 alleged to (R10) Hospice (Certified Nurses Aide) that an unidentified male at this time entered (R1's) room Sunday (8/21/22) evening and attempted to inappropriately touch (R1's) chest. (R1) then struck (R2's) hands away and reports that (R2) struck back at (R1). Investigation immediately investigated. R1's Final Incident Report to Illinois Department of Public Health dated 8/29/22 documents The facility received an allegation of a physical altercation between (R1) and (R2). It was reported that (R2) entered (R1's) room at some point in the evening and began to inappropriately touch (R1) on chest area. (R2) was escorted out of (R1's) room per staff on Tuesday (8/23/22) evening. (continued on next page)

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 program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R1's Assess, Intercommunicate, Manage (AIM for Wellness) report dated 8/25/22 documents darkness under Right eye. Right eye slightly puffy. V16 Hospice Physician statement dated 8/25/22 documents Spoke with (R1) in (R1's) room and (R1) was noted to have a bruised eye. When asked what occurred (R1) stated (R2) came into room on Sunday 8/21/22 at evening time and said, 'it's party time' and began trying to touch (R1's) breasts and buttock area and (R1) told (R2) firmly to stop. (R2) proceeded to try to touch (R1's) genital area but because (R1) was wearing an incontinence brief (R2) then stuck (R2's) hand under (R1's) pants and tried to reach down (R1's) incontinence brief but (R1) yelled 'Stop' and 'Help' and swatted (R2) away. (R1) stated (R2) then slapped (R1's) Left cheek and 'punched' Right eye. (R1) has had bruising and pain around Right eye. Head, Ears, Eyes, Nose, Throat (HEENT): Positive for Ecchymosis around Right eye with tenderness on palpation. R2's Minimum Data Set (MDS) dated [DATE] documents R2 as being severely cognitively impaired with diagnoses including Anxiety, Parkinson's Disease, Tremors, Barrett's Esophagus without Dysplasia, Intellectual Disability, Open Angle Glaucoma, Psychosis with Behaviors and Depression. This same MDS documents R2 requires limited assistance with bed mobility and transfers. R2's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order for Weight bearing as tolerated. Up as tolerated. On 9/4/22 at 10:30 AM R1 stated (R2) walked into my room Sunday night (8/21/22). (R2) walked over to me and shook (R2's) hips and said 'it's party time'. (R2) grabbed my boobs and crotch. I started to bat (R2's) hands away with my hands and that is when (R2) slapped me. (R2) used his open hand to slap the Left side of my face by my Left eye. (R2) kept putting (R2's) hands down the front of my incontinence brief. I yelled 'stop' and 'help' over and over. I swatted (R2's) hand away again and (R2) used (R2's) closed fist to punch me in the Right eye. The Left eye hurt but it didn't bruise. (R2) blackened my Right eye. It hurt awful. I felt so ashamed but (R2) didn't know what (R2) was doing. (R2) is not right in the head. I reported this to (V12) Certified Nurse Aide (CNA) the next day (8/22/22). I also told (V8) Social Worker from Hospice a few days later. I do not want anything to happen to (R2). (R2) is out of (R2's) mind. I feel sorry for (R2). Apparently (R2) thought I was (R2's) girlfriend. I don't want (R2) to get in trouble or go to jail. I just don't want (R2) in my room again. (R2) came to my room the next day. (R2) stood inside the doorway and apologized and then left with staff. I have not seen (R2) since then. On 9/4/22 at 1:45 PM V12 Certified Nurse Aide (CNA)/CNA educator stated V12 walked into R1's room on 8/22/22 to check on R1 and noticed R1 had a bruise around R1's Right eye. V12 stated I asked (R1) how (R1) got that black eye and (R1) told me (R2) hit (R1) in the eye. I told (V6) Registered Nurse (RN) about (R1's) black eye and allegations. Later that same day (V13) Unit Aide arrived and V13 reported to me that (R1) had told (V13) that (R2) hit (R1) in the eye after touching (R1) breasts and trying to put (R2's) hands down (R1) incontinence brief. On 9/4/22 at 4:15 PM V1 Administrator stated I was notified on 8/25/22 that there was an allegation of abuse between (R1) and (R2). I immediately came into facility and started the investigation. (R2) was moved to another room on another hall. One to one supervision was initiated. We (facility) notified Hospice and they came into assess and talk with (R1). The investigation started 8/25/22. No one told me about this incident prior to 8/25/22. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 9/5/22 at 9:15 AM V15 Unit Aide stated V15 was working on 8/22/22 when R1 called V15 into R1's room. V15 stated after I was in (R1's) room, (R1) asked me 'how bad is (R1's) eye?' (R1's) Right eye was red underneath, so I asked (R1) what happened. (R1) told me that (R2) hit (R1) and (R2) put (R2's) hands down (R1's) pants Sunday (8/21/22) night. On 9/5/22 at 10:00 AM V8 Hospice Social Worker stated V8 was notified by the Hospice supervisor on 8/25/22 to come to facility and talk with R1. V8 stated V8 was notified on 8/25/22 that there was an allegation of abuse and that V8 should speak with R1 that day. V8 stated V8 came to the facility on [DATE], which was not a regularly scheduled visit with R1. V8 stated I have gotten to know (R1) quite well through our conversations. V8 stated R1 is able to verbalize needs and reports to staff of any abuse would be accurate. V8 stated (R1) just gets confused on the dates, not what happens. V8 stated R1 told V8 that R2 had touched R1's breasts and tried to put R2's hands down R1's incontinence brief. V8 stated R1 told V8 that R1 did not want anything to happen to R2 because R2 did not know what R2 was doing. V8 stated I tried to pin (R1) down on what date this incident occurred because (R1) can sometimes get dates mixed up. (R1) told me what programs (R1) was watching on television and those programs are (R1's) favorite shows that are only on Sunday evenings. So I know (R1) was right about the date the incident occurred. (R1) knows the television shows inside and out. (R1) has favorites shows (R1) watches and knows what days they air. On 9/6/22 at 1:30 PM V1 Administrator stated We (facility) now see that (R2) did actually abuse (R1) on 8/21/22. The facility Abuse Prevention Program Policy revised 11/28/2016 documents the following The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation. The facility is committed to protecting residents from abuse including but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual family members or legal guardians, friends, or any other individuals. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, mental anguish or pain. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Resident Protection Investigation Paths: Possible Sexual Abuse: Definition: Sexual Abuse is non-consensual sexual contact of any type with a resident. If the allegation is physical contact that did not involve penetration, proceed directly with investigation procedures in Step 5 and interview of witnesses in Step 6. Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment. An Immediate Jeopardy situation was identified on 9/8/22/22. V1, Administrator, was notified of the Immediate jeopardy on 9/8/22 at 3:49 PM. The Immediate Jeopardy was identified to have begun on 8/21/22 when the facility failed to ensure a resident (R1) was free from physical and sexual abuse from another resident (R2). On 9/11/22, the surveyor confirmed through interview, record review and observation, the facility took the following actions to remove the Immediate Jeopardy: (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	1. All available Facility, Hospice and Agency staff were educated on 8/25/22 and 9/9/22 to recognize resident sexual and physical abuse. This was confirmed by V1 Administrator, V2 Director of Nurses (DON), V14 Social Service Director and V25 Care Plan Coordinator on 9/11/22. V1 Administrator is in the process of in servicing staff not available on 8/25/22 and 9/9/22 to ensure all Facility staff, Agency staff and Hospice staff are educated before they clock in for their next shift. 2. Immediate Change to Facility Systems: The facility has policies and procedures based on current standards of practice. As part of the re-education, the facility is educating staff regarding Abuse identifying, reporting and reporting suspicion of a crime. 3. The facility has implemented schedules for staff to provide one to one coverage for (R2) and follow up from V14 Social Service Director (SSD) to ensure (R2) is being monitored. The facility has provided one to one daily visits with (R1). The facility has updated careplans for both (R1) and (R2). This was confirmed as completed by V1 Administrator, V2 Director of Nurses (DON) and V14 Social Service Director (SSD) on 9/11/22. 4. Monitoring: The Administrator or designee will monitor all resident's that are at risk for abuse. Ongoing Abuse prevention, protection measures, and reporting reasonable suspicion of a crime in servicing with facility staff, Agency staff and Hospice staff will be completed by V1 Administrator. This was confirmed by V1 Administrator on 9/11/22.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970 Based on record review, interview and observation the facility failed to immediately protect one resident (R1) from potential further sexual and physical abuse by another resident (R2) with known aggressive behaviors by failing to implement corrective action to ensure the alleged perpetrator (R2) did not have continued unrestricted access to the victim (R1) and by failing to report the allegation to the abuse coordinator. These failures affected two residents (R1, R2) out of three residents reviewed for abuse in a sample list of ten residents. These failures resulted in an Immediate Jeopardy. While the immediacy was removed on 9/11/22, the facility remained out of compliance at a severity level two. The facility is in the process of educating all staff on identifying abuse, protection measures to be taken after abuse is reported and reporting abuse immediately to abuse coordinator. Findings include: R1's undated Face Sheet documents medical diagnoses of Chronic Obstructive Pulmonary Disorder (COPD), Major Depressive Disorder, Depression, Bipolar, Brain Tumor, Need for Personal Care and Fatigue. R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status score of 6 out of 15 possible points indicating R1 is severely cognitively impaired. This same MDS documents R1 requires limited assistance of one person for bed mobility and extensive assistance of one person for transfers, dressing, toileting and personal hygiene. R1's Initial Incident Report to Illinois Department of Public Health dated 8/25/22 documents Reported to (V1) Administrator that [AGE] year-old female with Brief Interview for Mental Status (BIMS) score of 6 alleged to (V10) Hospice (Certified Nurses Aide) that an unidentified male at this time entered (R1's) room Sunday (8/21/222) evening and attempted to inappropriately touch (R1's) chest. (R1) then struck (R2) away and reports that (R2) struck back at (R1). Investigation immediately investigated. R2's undated Face Sheet documents medical diagnoses of Anxiety, Parkinson's Disease, Tremors, Barrett's Esophagus without Dysplasia, Intellectual Disability, Open Angle Glaucoma, Psychosis with Behaviors and Depression. R2's Minimum Data Set (MDS) dated [DATE] documents R2 as being severely cognitively impaired. R2's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order for Weight bearing as tolerated. Up as tolerated. On 9/4/22 at 9:45 AM R2 was walking independently in R2's room. There were no staff members in R2's room from 9:45 AM-9:57 AM. No staff were observed for the entire length of R2's hall. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 9/4/22 at 10:30 AM R1 stated (R2) walked into my room Sunday night (8/21/22). (R2) walked over to me and shook (R2's) hips and said 'it's party time'. (R2) grabbed my boobs and crotch. I started to bat (R2's) hands away with my hands and that is when (R2) slapped me. (R2) used his open hand to slap the Left side of my face by my Left eye. (R2) kept putting (R2's) hands down the front of my incontinence brief. I yelled 'stop' and 'help' over and over. I swatted (R2's) hand away again and (R2) used (R2's) closed fist to punch me in the Right eye. The Left eye hurt but it didn't bruise. (R2) blackened my Right eye. It hurt awful. I felt so ashamed but (R2) didn't know what (R2) was doing. (R2) is not right in the head. I reported this to (V12) Certified Nurse Aide (CNA) the next day (Monday). I also told (V8) Social Worker from Hospice a few days later. I do not want anything to happen to (R2). (R2) is out of (R2)'s mind. I feel sorry for (R2). Apparently (R2) thought I was (R2's) girlfriend. I don't want (R2) to get in trouble or go to jail. I just don't want (R2) in my room again. (R2) came to my room the next day. (R2) stood in the doorway and apologized and then left with staff. I have not seen (R2) since then. On 9/4/22 at 1:45 PM V12 Certified Nurse Aide (CNA)/CNA educator stated V12 walked into R1's room on 8/22/22 to check on R1 and V12 noticed R1 had a bruise around Right eye. V12 stated I asked (R1) how (R1) got that black eye and (R1) told me (R2) hit (R1) in the eye. I told (V6) Registered Nurse about (R1's) black eye and allegation. Later that same day (V13) Unit Aide arrived and V13 reported to me that (R1) had told (V13) that (R2) hit (R1) in the eye after touching (R1's) breasts and trying to put (R2's) hands down (R1's) incontinence brief. On 9/4/22 at 2:00 PM V10 Hospice Certified Nurse Aide (CNA) stated I was there on 8/24/22 to give (R1) a shower. I see (R1) twice a week. I noticed (R1) had discoloration under (R1)'s Right eye so I asked (R1) about it. (R1) told me '(R2) hit me'. I did not report this to (V1) Administrator but did report this to (R1's) Hospice Nurse Manager. I asked (V11) Certified Nurse Aide (CNA) if (V11) knew anything about it before I left that day. (V11) said it was being taken care of. On 9/5/22 at 9:15 AM V15 Unit Aide stated V15 was working on 8/22/22 when R1 called V15 into R1's room. V15 stated after I was in (R1's) room, (R1) asked me 'how bad is (R1's) eye?' (R1's) Right eye was red underneath so I asked (R1) what happened. (R1) told me that (R2) hit (R1). I reported this immediately to V12 CNA. I did not report this alleged abuse to (V1) Abuse Coordinator. (V12) told me that (V12) had already told (V6) Registered Nurse. On 9/5/22 at 9:45 AM V6 Registered Nurse (RN) stated (V12) Certified Nurse Aide (CNA) reported to me on 8/22/22 that (R1's) eye was bruised. I assessed both of (R1)'s eyes. (R1's) Right eye was red a little bit all the way around on top of lid and on bottom lid. I asked (R1) if (R1) eye hurt and (R1) told me no. I didn't ask (R1) what happened to it. Why would I ask that? I did not report (R1)'s Right eye redness to (V1) Abuse Coordinator. On 9/6/22 at 3:20 PM V9 Certified Nurse Aide (CNA) stated V9 was working the evening of 8/23/22. V9 CNA stated Tuesday (8/23/22) evening I was walking by (R1's) room and (R1) asked me to come in. (R1) was not yelling and did not seem upset. I saw (R2) standing just inside (R1's) doorway. I escorted (R2) out of (R1's) room without any difficulty. V9 stated We (staff) have to watch (R2). We (staff) are always finding (R2) in other resident rooms. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 9/5/22 at 10:00 AM V8 Hospice Social Worker stated V8 was notified by the Hospice supervisor on 8/25/22 to come to facility and talk with R1. V8 stated V8 was notified on 8/25/22 that there was an allegation of abuse and that V8 should speak with R1 that day. V8 stated V8 came to facility on 8/25/22, which was not a regularly scheduled visit with R1. V8 stated I have gotten to know (R1) quite well through our conversations. V8 stated R1 is able to verbalize needs and reports to staff of any abuse would be accurate. On 9/4/22 at 3:30 PM V14 Social Service Director stated V14 was made aware of the incident with R1 and R2 on Thursday 8/25/22. V14 stated to be honest I did not make any notes or talk to either R1 or R2 about this incident. I told (V1) that I would catch up on Tuesday (9/5/22). I wasn't even aware that there was any kind of abuse. I was just told 8/25/22 that (R1) was upset and something happened. I did not know what. I did not update the behavior tracking sheets for (R2). On 9/4/22 at 4:15 PM V1 Administrator stated I was made aware on 8/25/22 of an allegation of abuse from (R2) to (R1). (R2) was moved to another room on another hall. 1:1's were initiated on (R2) on 8/25/22. We notified Hospice and they came into assess and talk with (R1). The investigation started 8/25/22. No one told me about this incident prior to 8/25/22. On 9/5/22 at 11:00 am V2 Director of Nurses stated V2 could not provide documentation that the facility immediately implemented interventions to protect R1 from R2 after R1 reported to staff on 8/22/22 that R2 sexually and physically abused R1 on 8/21/22. V2 further stated V2 could not provide documentation that R2 was consistently monitored on a one to one basis after R2 was placed on one to one monitoring on 8/25/22. On 9/6/22 at 1:00 PM V17 Medical Director stated R2 has had a history of aggressive and agitated behaviors. V17 stated R2 has been sent to the emergency department for mental health evaluation every time R2 has had extreme behaviors. V17 stated (V3) Registered Nurse (RN) texted me on Sunday 9/4/22 that a Public Health Surveyor was in the facility to investigate this abuse between residents. That was the first time I had been made aware of any type of incident. If the facility would have notified me of this allegation of physical and sexual abuses, I would have definitely given the order to send (R2) to the emergency room . (R2) is not appropriate for this facility. I do not believe (R2) is a danger to any other females that reside in the facility but (R2) could definitely be a danger to (R1) again. V17 stated the facility should have immediately placed an intervention for (R2) that would work. The continual monitoring obviously did not work since (R2) entered (R1)'s room again two days later. On 9/6/22 at 1:30 PM V1 Administrator stated We now see that (R2) did actually abuse (R1) on 8/21/22. Since (R2) was not on continuous monitoring or have any type of interventions in place at that time, (R2) was able to enter (R1's) room again on 8/23/22. I originally thought that (R2) had assaulted (R1) on 8/23/22 when (V9) CNA redirected (R2) out of (R1's) room but that must have been when (R2) came back to (R1) to apologize. (R2) should have not been allowed to be in (R1's) room with (R1) after assaulting (R1). (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The facility Abuse Prevention Program Policy revised 11/28/2016 documents the following The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation. The facility is committed to protecting residents from abuse including but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual family members or legal guardians, friends, or any other individuals. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, mental anguish or pain. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Resident Protection Investigation Paths: Possible Sexual Abuse: Definition: Sexual Abuse is non-consensual sexual contact of any type with a resident. If the allegation is physical contact that did not involve penetration, proceed directly with investigation procedures in Step 5 and interview of witnesses in Step 6. Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment. The facility Abuse Prevention Program Policy revised 11/28/2016 also states Employees are required to immediately report any occurrences of potential/alleged mistreatment, exploitation, neglect and abuse of residents and misappropriation of resident property they observe, hear about, or suspect to a supervisor and the administrator and Residents who allegedly mistreat or abuse another resident or misappropriate resident property will be removed from contact with that resident during the course of the investigation. An Immediate Jeopardy situation was identified on 9/8/22/22. V1, Administrator, was notified of the Immediate jeopardy on 9/8/22 at 3:49 PM. The Immediate Jeopardy was identified to have begun on 8/22/22 when facility staff failed to implement interventions to protect R1 after R1 alleged that R2 sexually and physically abused R1 and staff failed to report the allegation to the abuse coordinator. On 9/11/22, the surveyor confirmed through interview, record review and observation, the facility took the following actions to remove the Immediate Jeopardy: 1. All available Facility, Hospice, and Agency staff were educated on 8/25/22 and 9/9/22 on the facility abuse policy emphasizing the need to immediately protect a resident after an allegation of abuse and reporting the allegation to the abuse coordinator. This has been confirmed by V1 Administrator, V2 Director of Nurses (DON), V14 Social Service Director and V25 Care Plan Coordinator on 9/11/22. V1 Administrator is in process of in servicing staff not available on 8/25/22 and 9/9/22 to ensure all facility staff, hospice staff and agency staff are educated before they clock in for their next shift. 2. Immediate Change to Facility Systems: The facility has policies and procedures based on current standards of practice. As part of the re-education, the facility is educating staff regarding identifying abuse, protecting the resident and reporting abuse to the abuse coordinator. 3. The facility has implemented schedules for staff to provide one to one coverage for (R2) and follow up from V14 Social Service Director (SSD) to ensure (R2) is being monitored. The facility has provided one to one daily visits with (R1). The facility has updated careplans for both (R1) and (R2). This has been confirmed as completed by V1 Administrator, V2 Director of Nurses (DON) and V14 Social Service Director (SSD) on 9/11/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145389	A. Building B. Wing	09/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Watseka Rehab & Hlth Care Ctr	715 East Raymond Road Watseka, IL 60970

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	4. Monitoring: The Administrator or designee will monitor all resident's that are at risk for abuse. Ongoing Abuse prevention and protection measure education with facility staff, Agency staff and Hospice staff will be completed by V1 Administrator. This was confirmed by V1 Administrator on 9/11/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 41970 Based on record review and interview the facility failed to ensure the Director of Nurses and the Medical Director attended Quality Assurance and Performance Improvement (QAPI) meetings and failed to ensure QAPI meetings were held quarterly. This failure has the potential to affect all 76 residents residing in facility. Findings include: The Daily Resident Roster dated 9/4/22 documents 76 residents reside in the facility. The Facility Quarterly Quality Assurance (QA) Meeting documentation dated 1/19/22 does not document a Director of Nursing (DON) was present at the meeting. The Facility Quarterly QA Meeting documentation dated 7/20/22 does not document V17 Medical Director was present at the meeting. On 9/9/22 at 3:20 PM V1 Administrator stated I cannot find any documentation of the Quality Assurance and Performance Improvement (QAPI) meetings occurring in October, 2021 or April 2022. They were apparently just not done. The January 2022 meeting did not include a Director of Nursing (DON) because the facility did not have one at that time. The July 2022 meeting did not include (V17) Medical Director because (V17) was on vacation at that time. (V17) didn't phone in for the July 2022 meeting either. I know those QAPI meetings should include certain key people including the DON and (V17) Medical Director.