

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145000	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2025
NAME OF PROVIDER OR SUPPLIER Washington Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Newcastle Washington, IL 61571	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34131</p> <p>Based on interview and record review, the facility failed to investigate thoroughly and protect (by not removing the male CNA/Certified Nurse Aid) pending an investigation for one (R4) of three residents reviewed for abuse in a sample of seven.</p> <p>Findings include:</p> <p>Facility Abuse and Neglect Policy, revised August 2008, documents, The staff will investigate alleged occurrences of abuse to clarify what happened and identify possible causes. The facility will remove any alleged perpetrators of abuse from any further contact with residents pending an investigation. If the alleged perpetrator is an employee, the employee will be sent home and advised not to return to work until further notice. That employee shall be immediately suspended without pay, not having any further resident contact, pending the outcome of the investigation. Interview all persons who may have knowledge of the incident.</p> <p>Facility final Reportable Event submitted to the state agency by V1 Administrator, dated 1/16/25, documents, Event occurred on 1/11/25 at 7PM, and (R4) has Alzheimer's disease and demonstrates confusion regarding time/person/place. (Local) police department officer came to the facility and stated that (R4) told her (family) that a male care giver had forced her into the shower and was touched inappropriately over a week ago. Final investigation completed. (R4) gave a description of a blonde male care giver of average height that forced her into the shower a while ago but believed it was in the last week. Facility does not employ any male CNAs. The male nurse that was in facility does not meet the description and stated he did not provide any direct care to (R4).</p> <p>R4's medical record documents R4 is not cognitively intact and requires max assist with showers/bathing.</p> <p>Facility provided nursing and CNA roster, undated, documents V4 CNA is the only male CNA employed at the facility.</p> <p>Facility provided time card for V4 CNA documents V4 CNA worked 1/1/25, 1/8/25, and 1/11/25 from 10PM to 6AM.</p> <p>On 2/20/25 at 12:25PM, V3 CNA stated V4 CNA was a male that is in his 80's, gray hair, short stature, and has worked at the facility for over [AGE] years.</p> <p>(continued on next page)</p>

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/20/25 at 2:50PM, V1 Administrator stated V1 had no male CNAs and when asked who V4 was, he stated he forgot he worked at the facility. V1 stated V1 did not interview (V4 CNA) and did not suspend him pending R4's abuse investigation. V1 verified (V4) worked after the allegation came in on 1/11/25 and that V4 worked on 1/1/25 and 1/8/25 from 10PM to 6AM.</p>		