

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 05/17/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>31682</p> <p>Based on interview and record review the facility failed to immediately report an allegation of misappropriation of funds to the State Agency and the administrator and immediately report an allegation of sexual abuse to the State Agency one of three residents (R1) reviewed for Abuse in the sample of three.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program policy dated 10/2022 documents, Internal Reporting Requirements and Identification of Allegations: Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator, or to a compliance hotline or compliance officer. External Reporting. 1. Initial Reporting of Allegations: When an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has been made, the administrator, or designee shall notify Department of Public Health's regional office immediately by telephone or fax. Public Health shall be informed that an occurrence of potential abuse, neglect, exploitation mistreatment, or misappropriation of resident property has been reported to the administrator and is being investigated.</p> <p>On 5-16-25 at 10:15 AM V7 (CNA/Certified Nursing Assistant) stated, A week or so ago (R1) reported to me and (V17/CNA) that a staff member took (R1's) money to buy (R1) food and did not bring (R1) back the food or the money. I did not report this to the administrator.</p> <p>On 5-16-25 at 10:50 AM V17 (CNA) stated, Last Sunday while I was working second shift, (R1) told me that a staff member took (R1's) money to get (R1) food and never brought back the money or the food. (R1) did not know who took her money and did not describe the staff member. I did not report this to a nurse or the administrator.</p> <p>On 5-16-25 at 11:40 AM V4 (LPN/Licensed Practical Nurse) stated, On 5-15-25 at 11:50 AM I was informed (R1) was making allegations against (V1/Administrator). I went into (R1's) room and (R1) reported to me that (V1), the man who runs the building, came into (R1's) room earlier today, sat down on (R1's) bed, then slid over and started pulling at (R1's) clothes and (adult brief). (R1) stated she started screaming help because (R1) was trying to rape her. I immediately notified (V1) and (V2/Director of Nursing/DON) of (R1's) allegation.</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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5-16-25 at 11:50 AM V1 stated, No one has reported (R1) alleging staff have stolen money. Staff should have reported that to me immediately as that is an allegation of misappropriation of funds. I left the allegation (R1) made against me up to (V2) to report to the State Agency as I am suspended currently.</p> <p>On 5-16-25 at 11:55 AM V2 (DON) stated, I have not reported (R1's) allegation of sexual abuse against (V1) to the State Agency yet. I was told I had 24 hours to report the allegation. I will send the report to the State Agency now.</p> <p>R1's Nursing Note dated 5-16-25 at 2:05 AM and signed by V4 (LPN/Licensed Practical Nurse) documents R1 was sent to the emergency department for evaluation due to an allegation.</p> <p>The facility's Abuse Investigations and R1's Electronic Medical Record dated 5-1-25 through 5-16-25 were reviewed and do not include evidence of R1's abuse allegations of misappropriation of funds being reported to the administrator or the State Agency.</p> <p>R1's Facility Incident Report Form dated 5-16-25 and signed by V2 (Director of Nursing) documents the State Agency was not notified of R1's allegation of sexual abuse against V1 until 5-16-25 at 12:37 PM (over 12 hours since the allegation was made).</p>		

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<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>31682</p> <p>Based on interview and record review the facility failed to investigate an allegation of abuse for one of three residents (R1) reviewed for investigation of abuse in the sample of three.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program policy dated 10/2022 documents, All incident will be documents, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. Any incident or allegation involving abuse, neglect, exploitation, mistreatment, or misappropriation of resident property will result in an investigation.</p> <p>On 5-16-25 at 10:50 AM V17 (CNA) stated, Last Sunday while I was working second shift, (R1) told me that a staff member took (R1's) money to get (R1) food and never brought back the money or the food. (R1) did not know who took her money and did not describe the staff member. I did not report this to a nurse or the Administrator (V1).</p> <p>On 5-16-25 at 11:50 AM V1 stated, An investigation has not been done regarding (R1) alleging a staff member stole her money.</p> <p>The facility's Abuse Investigations and R1's Electronic Medical Record dated 5-1-25 through 5-16-25 were reviewed and do not include evidence of R1's abuse allegations of misappropriation of funds being investigated.</p>