

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2025
NAME OF PROVIDER OR SUPPLIER Taylorville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 600 South Houston Taylorville, IL 62568	

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 - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from sexual abuse for one of three residents (R2) reviewed for abuse in the sample of three. Findings include:1-R1's Face Sheet documents R1 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD) and nicotine dependence.R1's Minimum Data Set (MDS) dated [DATE] documented R1 was severely cognitively impaired and ambulated via wheelchair and walker.R1's Care Plan initiated 9/25/25 documents, Inappropriate sexual behavior - resident touched another female resident's genital area.2-R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including malignant carcinoid tumor of the bronchus and lung.R2's MDS dated [DATE] documented R2 was moderately cognitively impaired and ambulated via wheelchair and walker.R2's Care Plan initiated 8/21/25 documents R2 is at risk for abuse and neglect per assessment.The Facility's Initial Report sent to Illinois Department of Public Health (IDPH) on 9/20/25 documents a nurse walked by R1 and R2 while they were waiting to go outside to smoke and observed inappropriate touching by R1.On 10/8/25 at 11:30 AM, V1, Administrator, stated she was on vacation when the allegation of R1 touching R2 was made, so the corporate office filed the report.On 10/8/25 at 11:40 AM, V5, Regional Director of Operations, stated V3, Assistant Director of Nursing (ADON), reported to her that there was a resident-to-resident sexual encounter between R1 and R2 while V1 was on vacation. V5, Licensed Practical Nurse (LPN), reported it, and the staff investigated. V5 was walking by while residents were waiting to go out and there was inappropriate touching of R2 by R1. Apparently the touching was outside of the pants and R2 did not mind, but with their cognition levels V5 told the Facility to separate them with one on one observation until V1 came back and a long term plan could be developed. V5 stated the touching in that area was still inappropriate, and if the residents wanted to pursue a consensual relationship the facility would have to go through the proper steps.The Facility's 9/20/25 Written Statement by V4, Licensed Practical Nurse (LPN), documents, At 4 PM this writer was walking to the bathroom through the DR (Dining Room) where I saw (R2) and (R1) sitting very close together near the patio door. Writer approached them and I saw that (R1) had his right hand in between (R2)'s legs and was rubbing her genital area. She (R2) was allowing him (R1) to do so; she (R2) voiced no opposition. Writer advised (R1) to keep his hands to himself; (R1) verbalized understanding. Writer brought (R2) to the nurse's station for closer observation while I called the nurse on call, (V3). Both res (residents) were placed on q (every) 15 min (minute) checks. (V3) is notifying appropriate parties. Skin check completed.On 10/8/25 at 1:35 PM, V4 stated she was walking through the dining room and R1 and R2 were sitting very, very close together, so she wondered what was going on. R1 had his right hand between R2's legs outside her pants and was playing with her genital area. V4 believes it was consensual, but inappropriate for them to be doing that in the dining room in front of everyone.R1's Progress Note by V3 on 9/20/25 at 5:31 PM documents V4 reported to V3 that R1 was seen sitting next to the door to the patio gazebo area waiting to smoke. R1 was sitting next to R2 and was allegedly seen with his hands inside R2's pants and inappropriately touching her private parts. On 10/8/25 at 1:20 PM, V3 stated she was on call when V4 reported the allegation between R1 and R2. V4 told her she walked through the dining room and saw R1 and R2 sitting in the smoking area. R1 had his hands on the inside of R2's pants.R1's Progress Note by V2, Director of Nursing (DON) on 9/22/25 at 5:00 PM documents V2 followed up and further investigated situation from 9/20/25. V4 witnessed and stated R1's hand was outside R2's pants touching the genital area. R2 did not remember what happened, but after a few questions, V2 asked R2 if she was ok with what had happened. R2 smiled and said, Ya! R1 stated, The lady said to cut it out and We were hugging and touching around too much. R1 remembered what had happened. This was a mutually wanted act. R1 and R2 have been noticed talking to each other more recently and holding hands a few times.On 10/8/25 at 2:47 PM, V2 stated she was on vacation when this allegation took place. R1 and R2 had been talking and going out to smoke together. V4 stated she saw R1 with his hand between R2's legs near the smoker's door. V2 thinks R1 and R2 have the capacity to consent, but both have confusion at times. When R2 was interviewed, she smiled and said what happened was ok. R1 was embarrassed and said they were maybe touching around a little too much and the nurse told him to cut it out. The Facility's Final IDPH Report dated 9/26/25 documents an investigation was conducted, and two residents were involved in altercation of inappropriate behavior. R1 rubbed genital area outside of R2's clothing. On 10/8/25at 1:10 PM V1 stated she does not think the facility has a policy on consensual</p>		