

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145886	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Aledo Rehab & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12th Street Aledo, IL 61231	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>38396</p> <p>Based on Interview and Record review the facility failed to prevent resident to resident sexual abuse for two of three residents (R1, R2) reviewed for Abuse in the sample of three.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention Program policy, dated 11/28/16, documents The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptom. This facility therefore prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, exploitation, neglect or abuse of our residents This policy also documents Sexual Abuse is non-consensual sexual contact of any type with a resident.</p> <p>The facility's incident report, dated 5/13/24, documents At 3:30 PM, (R2) was observed by (V5) Activities employee to be exhibiting suspicious behavior with a female resident (R1) in facility dining room. Upon further investigation (R2) was observed placing his hand inappropriately on the female resident. Behavior was reported to Director of Nursing (V2) immediately. (V2) observed (R2's) hand in (R1's) pants. Resident's were separated immediately; (R2) was taken down to speak with social services.</p> <p>R1's Minimum Data Set assessment, dated 1/18/24, documents R1 has severe cognitive impairment and is dependent on staff with all cares and activities of daily living.</p> <p>On 5/21/24 at 12:25 PM, V5 (Activities Aide) stated I was the one who saw what was going on first. Our Activity Director (V4) was new/in training and she was in the corner of the dining room messing with the popcorn machine. She couldn't see anything from where she was positioned in the room and at the moment had her back turned. I was walking by the dining room and saw (R2) was super close to (R1) which I didn't find normal. So I went closer to investigate and I could see (R2) had his hand on (R1's) leg. I knew it was inappropriate and I ran to the hallway nurses station and immediately saw (V2), she came into the dining room and separated the residents. I think (V3, Registered Nurse) also came in to help. V5 confirmed that R2 is able to self propel his wheelchair and move about the facility on his own.</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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NAME OF PROVIDER OR SUPPLIER Aledo Rehab & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12th Street Aledo, IL 61231	
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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>On 5/21/24 at 12:35 PM, V2 (Director of Nursing) stated I was walking down the hall when (V5) came and got me. I took (R2) to the Social Services Director (V6) to talk and then we moved (R2's) room to the other hall, away from (R1's) hallway. When I walked in (the day of the incident), (R2's) hand was inside (R1's) pant on the hip/groin area. I do not think it got any further or down to (R1's) private area. I asked what he was doing and he looked stunned. I told him we would go talk to social services and he said 'OK'.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>38396</p> <p>Based on Interview and Record Review, the facility failed to revise a resident care plans to include an incident of resident to resident sexual abuse for two of three residents (R1, R2) reviewed for Abuse in the sample of three.</p> <p>Findings include:</p> <p>The facility's Comprehensive Care Plan (CCP) policy, dated 11/1/17, documents It is to be noted that the Care Plan is for planning care and services. Actual documentation of delivery of care is accomplished in the Nurse's Notes, administration records, flow records and other locations throughout the chart as appropriate. Where frequent changes occur in orders, the care plan may contain a general intervention that references where in the chart more specific interventions/orders can be located. The CCP shall be reviewed after each Annual, Significant Change and Quarterly MDS (Minimum Data Set assessment) and revised as necessary to reflect the resident's current medical, nursing, and mental and psychosocial needs as identified by the IDT (Interdisciplinary Team). The Care Plan shall be revised as necessary when the needs/problems and care and services specified in the plan of care no longer reflect those of the resident.</p> <p>The facility's incident report, dated 5/13/24, documents At 3:30 PM, (R2) was observed by (V5) Activities employee to be exhibiting suspicious behavior with a female resident (R1) in facility dining room. Upon further investigation (R2) was observed placing his hand inappropriately on the female resident. Behavior was reported to Director of Nursing (V2) immediately. (V2) observed (R2's) hand in (R1's) pants. Resident's were separated immediately; (R2) was taken down to speak with social services.</p> <p>R1 and R2's current care plans do not contain revisions to include the incident of abuse that occurred on 5/13/24 or interventions to prevent further abuse.</p> <p>On 5/21/24 at 12:35 PM, V2 (Director of Nursing) stated The care plans for (R1) and (R2) should have been updated after this incident to reflect (R1's) risk for abuse and (R2's) behaviors to supervise. That's so staff can be aware to keep (R1) separate from vulnerable female residents and monitored.</p>