

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Galena Stauss Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Summit Street Galena, IL 61036	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was free from sexual abuse. This applies to 1 of 3 residents (R2) reviewed for abuse in the sample 3.</p> <p>The findings include:</p> <p>The facility's Incident Report dated 10/13/24 documents R1 was groping R2's breast. V7 (Agency CNA-Certified Nursing Assistant) witnessed R1 groping R2's breast in the dining room.</p> <p>R1's face sheet shows he is an [AGE] year-old male with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left dominant side, atrial fibrillation, major depressive disorder and metabolic encephalopathy.</p> <p>R2's face sheet shows she is a [AGE] year-old female with diagnoses including ischemia cardiomyopathy, hemiplegia and hemiparesis following cerebral infraction affecting right dominant side, heart failure, aphasia, and dementia.</p> <p>On 10/16/24 at 9:38 AM, R1 was observed in his room lying in bed. He was alert to self, he was confused to the month and year. R1 could not recall the incident with R2.</p> <p>On 10/16/24 at 10:07 AM, R2 was observed in the sunroom sitting in her wheelchair with a flat affect. She responded to her name but could not answer questions.</p> <p>On 10/16/24 at 2:55 PM, V7 said she was entering the dining room. R1 and R2 were both in their wheelchair's sitting next to each other. R1's hand was groping R2's right breast, he was touching and squeezing her breast. R2 sat there and did not say anything. R2 was not wearing a bra under her shirt and is well endowed. R1 was definitely foundling R2's breast. She told R1 not to touch other residents and removed him from the table. She reported the incident to V4 (LPN-Licensed Practical Nurse).</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/16/24 at 12:15 PM, V4 (LPN) said she was in the dining room preparing medications around 4:30 PM to 5:00 PM. R1 was in the dining room in his wheelchair. She saw R1 using both feet self-propelling towards R2 with a purpose. R2's back was facing her and R1 was positioned next to R2. She continued to prepare her medications and saw V7 leaning towards R1 and removing him from the table. V7 then reported R1 was groping R2's breast. R1 and R2 knew each other from the community and knows R1 recognizes R2. R1 is alert to self, forgetful, he had a stroke and has limitations to his left side. He is on hospice and has declined. R2 is aphasic and does not communicate her needs, she seemed hesitant after the incident.</p> <p>On 10/16/24 at 10:30 AM, V10 (CNA) said R1 is forgetful and normally has no issues. She has seen R1 sit next to R2 talking to her in the past. They are both from this area and not sure if they know each other from the community.</p> <p>On 0/16/24 at 12:05 PM, V1 (Administrator) said she was notified about the incident that evening. V7 witnessed R1 groping R2's breast and reported the incident. She was surprised because it was unusual behavior for R1, none the less it was inexcusable. I don't think it's intentional abuse.</p> <p>R2's care plan dated April 2024 shows she has impaired cognitive function, has difficulty making decisions, following direction, has expressive aphasia related to a stroke. R2 is dependent on staff for meeting her emotional, intellectual, physical and social needs related cognitive deficits and physical limitations.</p> <p>The facility's Abuse Prevention Policy states, It is the policy of this facility that all residents will be free from abuse, neglect .sexual abuse of a resident by a staff member, another resident, or a visitor. Sexual abuse includes but is not limited to sexual penetration, intentional sexual touching without permission or ability to consent .</p>		