STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146140	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Galena Stauss Nursing Home	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report a resident's (R1) allegation of sexual abuse to Illinois Department of Public Health (IDPH) and local law enforcement. This applies to 1 of 3 residents reviewed for abuse reporting in the sample of 3.The findings include:R1's electronic face sheet printed on 3/26/26 showed R1 has diagnoses including but not limited to congestive heart failure, type 2 diabetes, Alzheimer's disease, dementia with behaviors, major depressive disorder, and schizotypal disorder.R1's facility assessment dated [DATE] showed R1 refused to have her cognitive status assessed. During interview with R1 on 3/26/26, surveyor determined R1 is alert and oriented to person, place, and time.R1's care plan dated 12/18/25 showed, (R1) does have an Alzheimer's dementia diagnosis and does report experiencing visual hallucinations as well as long held delusions. (R1) does experience agitation and has displayed combative behaviors; however, her behaviors have improved greatly over the past quarter.R1's progress notes dated 3/19/26 showed, A few minutes after 0600-CNA came up to this nurse to report what (R1) had told her just now. (R1) said she only got changed once during the night. This is untrue, nurse knows she was changed at least twice by night shift CNA (Certified Nursing Assistant). (R1) then stated that (V9-CNA) isn't allowed in her room because she molested me .On 3/26/26 at 9:40AM, R1 stated, There was a girl who didn't want to answer my call light but she's fine now. I'm not going to tell you who it was because she has been really good and taking care of me. It wasn't a big deal; I just wanted you guys to know when it was happening. She molested me too . Surveyor attempted to talk to resident about including Ombudsman with her concerns but resident declined further discussion.On 3/26/26 at 10:41AM, V6 (Social Services) stated, From what I was told, (V9) and the other aide were toileting (R1) and when she was getting up from being cleaned up (V9) pinned her against the wall and was looking at her while cleaning her up. We did do an investigation and there were no findings. It depends on the day with (R1) and if she is getting along with us or not if she is going to make any accusations or not.The facility's investigation dated 3/19/26 showed, Accusation: (V9) molested (R1). This was voiced by the resident. Actions Taken: Spoke with (V9) and (V8-CNA) who are the aides on that shift. They gave their statements/reports. Based off of this, the claims made against (V9) have been unfounded and non-credible . No documentation was present in the facility's investigation showing that local police or IDPH were notified of R1's allegations.On 3/26/26 at 12:14PM, V9 stated, The first time (R1) alleged I did something was in February, I think. I made a statement and the facility has it. I was just told I shouldn't take care of her anymore. I don't think there was any investigation or anything like that. I haven't had contact with (R1) since that time. I do not go in her room even with other staff.On 3/26/26 at 12:49PM, V1 (Administrator) stated, I am the abuse coordinator for the facility. Normally this would be something I would report but this has been an ongoing situation that we weren't sure was a new allegation or something from her previous allegations she made. (R1) initially made the allegations back in January but then she said something again last week, so we weren't sure if this was a new allegation or still something from before. We did not report anything in January either. If we reported everything (R1) alleged against staff, you guys would be here all the time.The facility's (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	undated policy titled, Abuse Prevention Policy & Procedure showed, It is the policy of the facility that all residents have the right to be free from abuse, neglect, misappropriation of property and exploitation. It is our mission to ensure the maximum safety, sense of security, and quality of life for each of our residents. The abuse coordinator and abuse prevention committee members are responsible for the implementation of this policy to ensure the safety of each of our residents .Reporting of Abuse: It is our policy to report all incidents of abuse. If the reporter is unsure an incident meets the definition of abuse, our policy is to report .All abuse incidents shall be reported to the state no later than 24 hours after the incident occurs .A full completed investigation shall be reported within 5 days of the incident .Sexually Based Incidents: All sexually based abuse incidents shall be investigated. If the resident lacks decision making or the committee suspects lack of decision-making ability, the incident shall be investigated as an abuse incident to determine the victim and alleged perpetrator .