STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	**707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226	Continued From page 57 resident is deemed to be a danger to other residents, the facility will immediately take appropriate steps to have the resident transferred from the facility as permitted by law. 10. Compliance will be monitored by the Administrator and Director of Nursing who will ensure that each instance of alleged abuse or neglect is properly reported to IDPH, the resident's family and to the resident's physician.	F 226		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b)3)6) 300.1220b)2)3) 300.3240a) 300.3240b) 300.3240c) 300.3240d) 300.3240f) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	**707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 58 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 59 The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act) c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. These Regulations were not met as evidenced by:	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 60 Based on record review and interview the facility neglected to follow their Abuse Policy and procedure by not; Modifying and implementing interventions to reduce and or eliminate R2's unwanted physical/sexual touching of female residents (R1, R7, R8, R9 & R10). After the first incident on 6/23/10, a minimum of seven additional incidents occurred. The Director of Nursing was not notified of the first touching incident on 6/23/10. Families/guardians were not notified of each incident;15 minute checks that were implemented on 7/19/10 were not effective. Care plan approaches changed on 7/19/10, 8/6/10 and 8/11/10 were not effective to prevent R2 from touching female residents; The facility failed to investigate to determine why each incident happened and implement alternative and effective approaches. These failures apply to five female residents who were physically and sexually abused by R2. R1, R7, R8, R9 & R10. Findings include: 1. R2's August, 2010 Physician's Order Sheet documents that R2's diagnoses include Depression, Alzheimer's with Delusions, Bipolar Disorder, and Mood Disorder. R2's Minimum Data Set dated 5/20/10 assessed that R2 had long and short term memory problems and was severely impaired in decision making. The assessment showed R2 had periods of restlessness and lethargy, and mental function varied over the course of the day. The assessment showed R2 required limited assistance of 1 for walking in the corridor or room and was totally dependent on staff for locomotion	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 61	F9999		

on/off the unit (once in wheelchair). Nurse's notes of 5/15 - 5/19/10, during the assessment period, show R2 independently mobile in the wheelchair and able to propel self around the unit. The monthly nursing assessment dated 5/25/10 documented R2 "wanders in wheelchair."

R2's Nurses Notes and resident and staff interviews show 8 incidents involving 5 residents on 6/23/10, 7/19/10, 7/25/10, 7/26/10, 8/6/10 (twice), 8/11, 8/16/10.

2. R2's Nurses Notes dated 6/23/10 at 10:00am showed, "R2 put his hand down/in R8's top while she lay in a reclining wheelchair next to the nurses station (on second floor). R2 was told that was inappropriate and redirected. Notified E9 in social services."

On 8/18/10 at 11:00am, E2 (Director of Nursing - DON) stated, "I saw it (6/23/10-R2's touching incident) in the nurses notes. I was not informed. Somehow E11 (MDS/Care Plan Coordinator) new about the 6/23 incident because it was on the care plan. Social service should have written something about the incident." E2 stated E9 (Social Services) is the Abuse Coordinator for the facility. E2 was asked why an incident report or investigation was not done for the 6/23/10 incident involving R2? E2 stated, "It was just R2 and we saw what he did." E2 confirmed that R8's family was not notified of the incident on 6/23/10. R2's Monthly Nursing Assessment dated 6/25/10 documented, "Has no inappropriate touching to any female residents."

R2's Nurses Notes dated 7/19/10 at 10:30am showed, "R2 was seen rubbing on a female resident's (R8) leg (on top of R8's leg). R2 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 62 instructed to stay away from female residents. "They don't like you touching them." Was put on 15 minute checks." R2's Psychosocial Note dated 7/19/10 showed, "Around 10:13am this morning Psychosocial and certified nursing assistant observed resident #5203 (R2) holding resident #5748 (R8) leg and he was rubbing her leg up and down. Psychosocial told R2 he could not do that so Psychosocial explained to resident #5203 (R2) that was socially inappropriate and that he can not do that and he said okay. And Psychosocial redirected resident #5203 (R2) to the activity room to watch television." On 8/18/10 at 8:30am, E7 (LPN) stated, "I charted an incident where R2 touched a female resident R8 on the leg not too long ago. I told social services. Apparently he touched her again or touched her leg. I think I let Z2 (Nurse Practitioner-NP) know it was beginning to be a problem. (R8) was not alert and oriented. She passed away recently." On 8/18/10 at 8:45am, E10 (CNA) said, "I saw him touch R8 once and R1 once. I don't know if E1 (Administrator) knew, but social services knew." On 8/18/10 at 8:50am, E6 (Licensed Practical Nurse - LPN) stated, "There was an incident reported that R2 was touching R8. I saw R2 touch R8. I removed him and told his nurse E7 (LPN) and she took over from there. It is the only time I have seen R2 do it. I heard it happened once prior to that time. I heard the Certified Nursing Assistants (CNA's) talking."	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 63 On 8/18/10 at 9:00am, E8 (CNA) stated, "I remember when E7 (LPN) reported he rubbed R8's legs. When I saw him do it (inappropriate touching), I told E7. On 8/18/10 at 1:35pm E14 (Psych Social) said, "I saw him rub R8 on her leg. She was in her chair, just looking at him. R8 is confused." Physician's Order Sheet of August 2010, documents R8 with diagnoses to include Dementia and Mental Status Change. R8's Minimum Data Set dated 6/18/10 assessed R8 as having long and short term memory problems and being severely impaired in decision making. The assessment showed R8 does not walk and was totally dependent on staff for all care and locomotion. Assessment also showed R8 was transferred using a mechanical lift. Nurse's notes of 7/10/10 and 7/27 showed R8 sat up in a geriatric chair (reclining chair with wheels). Review of the "15 Minute Check" sheets for R2 showed they were initiated on 7/22/10, three days after R2 touched R8 on 7/19/10. 3. R2's Nurses Notes dated 7/25/10 at 2:00pm showed, "Up in wheelchair propelling self. Attempted to put hand on leg of female resident. Moved away from resident. Every 1/2 hour checks." (The female resident was not identified) There was no documentation to show that R2's 15 minute checks had been changed to 1/2 hour checks. R2's 15 minute check sheet showed R2 in dining room from 7:00am to 6:45pm.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 64 4. R2's Nurses Notes dated 7/26/10 at 2:00pm showed, "Tried several times to touch another female resident. Redirection successful." (The female resident was not identified) 5. On 8/6/10 at 8:30am, R2's Nurses Notes showed, "R2 was touching resident #5127 (R7) inappropriately. R2 was redirected away from resident (R7) and Social Services was notified. At 9:00am Social Services came up and talked to R2 about inappropriate touching. At 9:30am, R2 went back to resident #5127 (R7) and again touched (R7) inappropriately. Notified Z2 (Nurse Practitioner-NP). At 9:40am, Gave order to send R2 to first floor." R2's Physician Order Sheet (POS) dated 8/1/10 showed an order on 8/6/10 to move R2 to first floor. R2's Psychosocial Note dated 8/6/10 showed, "Resident #5203 (R2) was caught touching resident #5127 (R7) on her breast and when Psychosocial talked with resident #5203 (R2) to redirect him he then grabbed Psychosocial by the breast. So Psychosocial took resident #5203 (R2) to a private area to counsel him and ask why he did that because it was socially inappropriate to touch people in that way. And resident #5203 (R2) response was that, "Psychosocial you have beautiful breasts and why can't I touch them?" and explained that it is inappropriate to touch people in that way." On 8/18/10 at 1:35pm, E14 (Psych Social) stated, "He was sitting at the dining room table when he touched R7 on the breast. He grabbed my breast	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 65 and I told him to stop. He asked why? and I told him it was inappropriate. He said, "you have beautiful breasts." I got E13 (Psych Social) from downstairs to talk to R2." On 8/18/10 at 2:00pm, E13 (Psych Social) said, "Once I remember E14 had asked me to come up and talk to R2 because he had inappropriately touched R7 and her (E14) too. I told him he was inappropriate (R2 has Alzheimer's diagnosis) and people don't like to be touched like that. He then tried to reach up and grab me." On 8/18/10 at 9:15am, E9 (Social Services) stated, "He (R2) touched R7 (2nd floor) and R1 on their chest on the outside of their clothes. Psych Social documented the incident that happened on the 2nd floor." The Physician's Order Sheet of August 2010 showed R7 had diagnoses to include Alzheimer's Disease, Anxiety and Depression. R7's Minimum Data Set dated 5/14/10 assessed R7 as having long and short term memory problems and being severely impaired in decision making. The assessment showed R7 has daily behaviors of wandering and resisting care. R7 required limited to extensive assistance of 1 staff for ADL's (Activities of Daily Living). Monthly nursing assessment dated 7/14/10 showed R7 is alert with confusion, wanders and is hard to redirect at times. On 8/18/10 at 8:20am, R7 was observed wandering around the 2nd floor dining room. When spoken to by her name (Hello R7), she responded by saying "hello," and continued to	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 66 wander around in the dining room. 6. The Psychosocial Note dated 8/11/10 for R2 showed, "Resident (R2) was caught around 10:30am on 8/11/2010 rubbing resident #5240 (R1) on her right breast so Psychosocial had resident #5203 (R2) to move away from resident #5240 (R1). Resident #5240 (R1) was taken to dining room to activities. When Psychosocial questioned resident #5203 (R2) observed touching breast of a female resident #5240 (R1). R2 removed from area. When Psychosocial questioned resident #5203 (R2) why he did it R2 state's he doesn't know why he did it." R1's Nurses Notes dated 8/11/10 at 10:00pm documented, "Resident kept away from #5203 (R2). Daughter here to visit and very concerned. Reassured her that measures were in place to prevent further occurrence." R2's Nurses Notes dated 8/16/10 at 12:45pm showed, "Resident (R2) observed touching the breast of resident #5240 (R1). Resident (R2) redirected and removed from area. Incident occurred in the hallway." On 8/17/10 at 2:00pm, E3 (Registered Nurse - RN) stated, "R2 was upstairs and came down stairs 2 weeks ago. R2 was moved from upstairs due to him touching female residents. R1 was in a reclining wheelchair by the nurses station and that is when he touched R1 on 8/11/10 and 8/16/10, touched her on the breast both times." The Physician's Order Sheet (POS) of August 2010, documents R1 with diagnoses to include Alzheimer's with Psychosis, Parkinson's Disease and Seizure Disorder. The POS also documents	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 67 R1 may be up in geri chair (reclining chair with wheels) as tolerated for proper positioning. R1's Minimum Data Set dated 6/18/10 assessed R1 as having long and short term memory problems and being severely impaired in decision making. R1 is dependent on staff for ADL's and locomotion when in geri chair . The assessment showed R1 is unable to attempt sitting and standing balance without physical help. R1 has limitations in range of motion in both arms, legs, hands and feet with partial loss of voluntary movement. On 8/17/10 at 2:30pm, R1 was laying in bed awake, but made no response when she was spoken to. On 8/18/10 at 2:05pm, during a confidential interview, it was stated, "R1 is not responsive. When you call her name she will look at you. One time he (R2) was rubbing her leg, another time, [it was] her breasts. She can't fend for herself or tell him (R2) to stop." On 8/18/10 at 3:05pm, R6 (identified as alert and oriented by the facility) said, "It was after lunch and I was late coming out of the dining room. R1 was all alone in the hallway. I saw him (R2) reach down and grab her breast. R1 jumped, she had a knee jerk reaction. I told E6 the nurse. It [inappropriate touching] made me feel angry! She [R1] had no way to defend herself!" 7. On 8/18/10 at 3:05pm, R6 said, "He (R2) still continued to do it [inappropriate touching] after R1. R10 told me he did it to her. She lives on the 2nd floor but comes down to the 1st floor dining room to visit. R10 told one of the staff	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 68 nurses." POS of 2010, showed R10 with diagnoses to include Mild Mental Retardation, Psychosis, and Depression. The Minimum Data Set dated 5/7/10 assessed R10 as having no memory problems and being moderately impaired in decision making. The assessment showed R10 has behaviors of being verbal and physically abusive and socially inappropriate. Monthly nursing assessment dated 7/28/10 documented, R10 ambulates independently to meals with rolling walker. Slow gait. Able to make needs known. R10 likes to go to the 1st floor, per monthly nursing assessment note of 6/28/10. On 8/18/10 at 2:40pm, R10 was in the 1st floor activity/dining room 8. On 8/18/10 at 1:30pm, during confidential interview, it was stated, "I saw him (R2) touch R9 in between her legs and I've seen him touch R1. He touches the ladies, the ones who are in wheelchairs and can't defend themselves. I have seen where his hands have went and told him 'No!' Then I have reported it to E9 (Social Services)." The Physician's Order Sheet (POS) of August 2010, documents R9 with diagnoses to include Severe Alzheimer's Dementia. Social Service Progress Note dated 2/12/10 documented R9 is alert to name only and is legally blind. The Minimum Data Set dated 2/12/10 assessed R9 as having long and short term memory problems and being severely impaired in decision making. R9 required limited to extensive assistance of 1 staff for ADL's (Activities of Daily	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	**707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 69 Living). On 8/18/10 at 2:45pm, R9 was up in the wheelchair in 2nd floor dining room. R9 was bumping into things while using her feet to propel around in the dining room. E7 (LPN) stated, "[She is] very confused." 9. On 8/17/10 at 2:30pm, R2 was interviewed and asked about touching females. R2 admitted he touched females in the facility. R2 was asked why he touched the females and R2 replied, "I just do." R2 was asked what the females' reactions were to him touching them? R2 stated, "They don't say anything." On 8/18/10 at 8:45am, E10 (CNA) said, "He (R2) fondles women; rubbing their arms and thighs, reaches out and grabs their butts (staff)." On 8/18/10 at 9:05am, Z2 (NP) stated, "They called me about R2, he touched someone's breast. I had them move him downstairs. I ordered a MMSE (Mini Mental Status Evaluation) and discontinued his Paxil. When R2 was moved downstairs I had him placed on 1:1 or every 15 minute checks. There were 3 incidents of R2 touching. After the first incident, I had R2 moved downstairs. After the second incident, I ordered a MMSE and decreased and discontinued his Paxil and talked to the State Guardian. After the third incident I had R2 transferred out. R8 was the first person R2 touched. I know R1 was the third person R2 touched." On 8/18/10 at 2:00pm, E13 (CNA) said, "R2 was only doing it [inappropriate touching] to the residents who were confused."	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	**707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 70 On 8/19/10 at 2:20pm, E17 (CNA) stated, "He (R2) [started] touching people, some of the residents. [He was] feeling on the residents that couldn't do anything for themselves." On 8/19/10 at 1:27pm, during a confidential interview, the person stated, "R2 touches the ladies, the ones that were in wheelchairs and can't help themselves. I saw him touch R9 (second floor resident) in between the her legs." This person stated R2 touched R1(first floor resident) and R9 and "others." On 8/19/10 at 2:05pm, during a confidential interview, the person stated, "R1 is not responsive. When you call her name she will look at you. R1 can't fend for herself or tell R2 to stop. On time R2 touched her (R1) leg and another time her (R1) arm and breast. R2 was touching people upstairs so he was moved downstairs. R2 kept going on (touching) R1 so his room was moved closer to the nurses station. R1 sits near the nurses station and moving R2's room near the nurses station doesn't work." During a confidential interview conducted on 8/19/10 at 1:30pm, the person stated, "On second shift there are 3 people upstairs and 3 people downstairs. You can't take care of your residents. You can't monitor a person and take care of your residents. There should be 4 CNA's upstairs and 4 CNA's downstairs on first shift. On third shift people call in and they are short and have just one CNA on the floor. We can't do everything. It is a demanding job." During a confidential interview conducted on 8/19/10 at 2:05pm, the person stated, "There are not enough CNA's. A few beds might not get	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	Continued From page 71 made or I don't empty linen. There used to be 4 CNA's or more on (each floor) but people get fired and are not being replaced." During a confidential interview conducted on 8/19/10 at 2:20pm, the person stated, "It's hard (to watch R2 on every 15 minute checks) but I try to do it. The sheet is supposed to be at the nurses desk. R2 moves so fast and we get so busy doing care that we can't get to him before he is with another resident. We don't have enough staff. Some of the assignments are heavy. There are 3 aides (upstairs & downstairs). On 8/18/10 at 11:00am, E2 (DON) confirmed no report or investigation was done involving R2 touching female residents. E2 stated, "It's just in the nurses notes." E2 stated E9 (Social Services) is the Abuse Coordinator. The facility's Abuse Prevention Program showed, "Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means in a facility.; Physical Abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.; Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault." (A)	F9999		