STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 490	Continued From page 33 of the facility. Her past roommate is now occupying a room without a roommate.. Starting 12/7/10 the facility initiated a review of its policies and procedures related to abuse and neglect to ensure they meet regulatory requirements. As of 12/13/10 the facility updated its policy related to reporting to reflect the regulatory expectation that allegations of abuse be referred to IDPH and all other pertinent agencies immediately.. On 12/8/10 the facility interim Director of Nursing and QA Nurse reviewed all violence/sexual abuse assessments and care plans to verify they were consistent with each resident ' s current condition. Care Plans were only updated if indicated. Interventions where appropriate may have included but were not limited to room moves, increased monitoring of identified residents and increasing staff awareness of residents exhibiting at risk behaviors. The facility direct care staff was informed of any significant changes impacting care and will be ongoingly kept informed of changes through small group meetings, in services and postings when appropriate. Risk assessments will be completed at the time of admission by licensed nursing personnel and reviewed by the interdisciplinary Team (IDT) which includes direct care staff and/or communication with direct care staff. The IDT will develop the plan of care. The care plan coordinator through the completion of the MDS 3.0 which includes communication with residents and staff will review and revise when necessary the abuse risk assessment. The IDT will then review and revise, if necessary, the residents plan of care. Communication with direct care staff will occur as previously described.	F 490		
F9999	FINAL OBSERVATIONS	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 34 LICENSURE VIOLATIONS 300.610a) 300.690b) 300.690c) 300.695a)1)3) 300.695b)3) 300.1210a) 300.3240a) 300.3240d) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, it shall	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 35 notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. 300.695 Contacting Local Law Enforcement a) For the purpose of this Section, the following definitions shall apply: 1) "911"-an emergency answer and response system in which the caller need only diall 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue. 3) Sexual abuse- sexual penetration, intentional sexual touching or fondling, or sexual exploitation (i.e. use of an individual for another person's sexual gratification, arousal, advantage, or profit. b) The facility shall immediately contact local law enforcement authorities (e.g. telephoning 911 where available) in the following situations: 3) Sexual abuse of a resident by a staff member, another resident, or a visitor. 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 psychosocial 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.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 36 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 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. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to follow its plan of correction from the March 18, 2010 survey by failing to implement its policies and procedures regarding abuse, and by failing to investigate alleged violations and implement measures to prevent any potential abuse while the investigation is in progress. The facility failed to immediately notify the Department and law enforcement officials of a possible sexual abuse/assault, and failed to initiate a thorough investigation for 1 (R1) of 2 abuse investigations reviewed. The findings include: R1, an 87 year old resident, was admitted to the facility on 5/24/07 with diagnoses, in part, of cerebral vascular accident. R1 was assessed on the 7/28/10 Minimum Data Set (MDS), as moderately cognitively impaired with short and long term memory problems. The 10/21/10 MDS assessed that R1 requires extensive assistance with a one person physical assist for walking in corridor and room, bed mobility, transfer, locomotion off the unit, dressing, toilet use and	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 37 personal hygiene. Behaviors assessed included verbal behavioral symptoms. R1 was assessed as low risk on the "Inappropriate Sexual Behavior Risk Assessment" on 10/21/10. The Care Plan dated 10/29/10 to 1/22/11 identified R1 requires assistance with her activities of daily living. The scheduled toileting program was discontinued on 10/22/10 due to "no success (with) schedule." The care plan identified behaviors of refusing assistance with activities of daily living and refusal "going to bed at nite, insulin, (blood glucose monitoring), elevation of feet, (hose, etc)." The care plan does not identify any sexual behaviors. On 12/4/10 R1 was found in her room at 10:30 PM with blood in her adult diaper. E5, Certified Nurse Aide (CNA) on 12/6/10, and E12, CNA on 12/7/10, confirmed by interview that when they went to provide pericare to R1 they noted blood on R1's diaper and a wheelchair handle grip in R1's vagina. R1 denied putting the grip in her vagina but could not tell staff how the object got there. E5 and E12 reported the incident to E4, Licensed Practical Nurse (LPN). E4 stated on 12/6/10 that she called E11, Nurse on Call, who told her to call E2, Acting Director of Nursing, who told E4 to call E1, Administrator. E4 stated E1 told her to check for missing wheelchair grips and to call the physician. The physician ordered R1 sent to the emergency room. The facility did not notify local law enforcement or immediately notify the Department. E4, LPN, stated on 12/6/10 at 3:30 PM she was on A hall passing medications when the CNAs came up and said "come here." The CNAs looked alarmed and handed her a grip from a	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 38	F9999		

wheelchair. The handle was black and covered in scant blood and the CNAs said they had gotten the handle from R1's vagina. E4 went to R1's room and asked her what was going on and she asked R1 to "let me see you" and asked R1 to open her legs. E4 did not see any blood from the vagina and there was no trauma to the outside, but E4 confirmed that she did not do an internal exam. E4 asked R1 where she got the wheelchair grip and R1 stated "Don't know, didn't do anything with it."

E4 called the supervisor, E11, who told her to call the DON, E2. She then called E2 who told her to call E1. Then she called E1 and told her what happened. E1 told E4 to find out if any grips were missing and call the physician. She called the physician and left a message and waited for the call back. When the physician called back he told her to send R1 to the hospital. E4 checked on R1 at approximately 10:30 PM in her room. E4 called E2 back to tell her what the physician and administrator had said. E4 confirmed that she had not interviewed anyone because she "didn't know the appropriate questions to ask." E4 stated she "Didn't know what to do with this situation" and she was "Still taken aback with this situation." E4 stated she had not had any other issues like this one and was not sure if R1 could have physically done that to herself. E4 did not talk to R2, R1's roommate. E4 stated R2 is "touchy, feely with everyone" and this includes male and female resident and staff. R2 will come up behind you and "invades your space" and "hugs you." E4 had no knowledge if R2 had done anything to R1 before and no other residents had said anything. E4 had "No ideas on how it happened." E4 documented the incident in the nurses notes and left about

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205

(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 39	F9999		

midnight. There was no documented statement by E4. This was confirmed by E3, Corporate Staff, on 12/14/10.

The nurses notes by E4 indicated E11, LPN and on-call nurse, was called at 10:38 PM. E11 told E4 to call E2, Director of Nursing (DON). The nurses note documented at 10:45 PM E2 was called and E2 told E4 to call the Administrator, E1. According to the nurses notes at 10:55 PM, E4 called E1. The next entry at 11:10 PM noted the physician was paged and E4 was awaiting a call back. At 11:40 PM the physician called back and gave orders to send R1 to the emergency room. R1 was not transported to the hospital emergency room until 12/5/10 at 12:30 AM according to the nurses notes. The emergency room record noted R1 arrived at the emergency room at 12:56 AM. E2 confirmed on 12/9/10 that the ambulance was not a "stat" call. E2 also confirmed that R1's bedding was not saved from the bed for possible investigation purposes. There was no documentation in the nurses notes that a law enforcement agency was notified.

E2, DON, stated on 12/6/10 at 12:45 PM that an aide had gone into clean R1 up after she was incontinent and noticed some blood. When the staff rolled R1 over she found a black handgrip in R1's vagina. Staff pulled it out and put it in a biohazard bag and sent it with R1 to the hospital. R1 did have a urinary tract infection so she was admitted to the hospital. E2 confirmed that she was not aware of R1 placing any objects in her vagina before but R1's roommate, R2, did say she had seen R1 use a tube of ointment before. E2 stated R2 was not in the room that evening and had been visiting with another resident. Also, R1 stated she had not done anything and was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 40 not upset. E2 stated on 12/6/10 at 2:55 PM that she and E1 had not come in the facility until the morning on 12/6/10. The staff had called her "right away" and she had told them to call E1. E2 stated no one had seen anything and it was an all women's hall. E2 told staff to check all the wheelchairs and check the status of the resident. E2 stated R1 did not seem upset and R1's roommate was out visiting with another resident most of the evening. E2 confirmed she did not think it was sexual abuse/assault and had not called the police. E2 was not aware a police report had been made by the hospital. A written statement by E2, dated 12/8/10, contained the following information: "On 12/4/2010 I received a call from (E4), LPN around 10:30-10:45 pm. (E4) was calling to report her CNAs (E5) and (E12) finding (R1) (resident) in her bed with a wheelchair hand grip inserted in her vagina. I started asking a series of questions in order to assess the situation and decide what actions to take. I asked (E4) to ask everyone working if they had observed anyone who did not live on A-hall or was assigned to work on that hall on the unit during the time (R1) had been placed in bed to the time she was found with object in her and I was told 'No.' I asked where the resident's roommate had been during the time that (R1) had been placed in bed to the time the resident was found with the object in her and was told that (R2) (R1's roommate) had been out of the room most of the evening visiting with our new admission who was someone that had lived here before and that (R2) had been friends with. I asked if (R2) reports seeing anyone in the room that should not have	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 41	F9999		

been and was told 'No.' I asked if any wheelchairs were missing any of their handgrips and was told 'Not that they could tell so far but they had to finish looking at everyone's chairs/walkers.' I instructed the nurse to have staff complete that. I asked what the demeanor, mood and behaviors of (R1) were and was told she was calm, denying anything was even in her vagina, denied that anyone had abused or assaulted her and was being cooperative with care. Additionally, according to staff she did not behave or indicate having been hurt or violated in any way. I instructed the nurse to call the Administrator and tell her what she told me but to initiate the investigations to include statements from staff who had provided care that evening and start having staff looking at everyone's wheelchairs, call the physician and family and apprise them of the situation and call me back with updates or further instructions. Received update phone call to be informed that physician had ordered resident be sent to hospital for evaluation, that thus far no wheelchairs or walkers had any missing hand grips and no indicators of potential perpetrators were evident. On Sunday evening I spoke to Administrator and was told that the resident was admitted and that she was being treated for a UTI (Urinary Tract Infection). We discussed sending the 24 hour report first thing Monday morning, we conferred on what we knew so far from our investigation and what steps we would continue in the on-going investigation. On Monday morning, I had reports from nurses (E4, LPN) and (E15, LPN), two caregiver CNAs, and the resident's roommate (R2). I reviewed statements and the resident's medical record. Since I did not have any statements that confirmed what I was told regarding non A-hall residents or unauthorized

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 42 staff being observed on hall during 7:00p-10:30p 12/4/10, I made a form and started asking employees that had worked that evening to respond and sign their response to the question. I filled out the 24 hour report and gave it to the Administrator to fax to public health. Further investigatory plans were initiated by the Administrator. Then Public Health walked in." E1, Administrator, stated on 12/6/10 at 12:15 PM that R1 was still in the hospital and they were still investigating. There was nothing to indicate at the onset it was abuse and was "possibly a self inflicted situation." R1 was sent to the hospital and there was some blood but "no vaginal trauma." There was a wheelchair hand grip found in R1's vagina and now they were hearing there was some trauma. R1 was hospitalized for urinary tract infection and was treated as a possible sexual assault originally. When it was found R1 stated "I didn't put nothing in my tail." E1 stated on 12/7/10 at 9:30 AM that she felt the incident was being investigated. E3, Corporate Staff, was also present and stated they were treating the incident as a "self-inflicted" incident. R1 had a urinary tract infection and the incident could have been due to a discomfort felt. E3 confirmed that the Department was not notified immediately and they were "12 hours late" or 36 hours from the time of the incident reporting the incident to the Department. The police had been called by the hospital. The written statement by E1 with no date stated she was called at approximately 11:00 PM by E4. E1 documented that she was informed by E4 that R1 had been found with "a part to a wheelchair in (R1's) vagina." E1 documented that R1 was not	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 43	F9999		

exhibiting "any agitated behavior, voiced no complaints of discomfort., and that (R1) said she was OK." The statement documented "An exam was initiated by the nurse per report to determine any injury and/or the extent there of with negative findings. I began speaking to the investigatory process and was told that statements were already being obtained. The process had been initiated. Again the administrator was assured that the resident was not exhibiting any signs of distress, pain, fear or any signs atypical to her normal disposition."

Written statements were obtained from E5 and E12 on 12/4/10 as stated by E12. E4 did not write a written statement as confirmed by E3 on 12/14/10. The written statement from R2 was not obtained until 1:00 PM on 12/5/10 according to E15, LPN, on 12/13/10. According to the "Five Day Investigation Report" dated 12/9/10, interviews with other residents on the hall were not obtained until 12/7/10 according to the written documentation by E22, Social Service Director. Only one other interview was included in the investigation with no date by E23, LPN. The "Daily Staffing Pattern" documented on 12/4/10 there were 6 other CNAs scheduled in the facility on the 3:00 PM to 11:00 PM evening shift. Only 4 of 6 CNA's were interviewed and not until 12/6/10. There were no interviews included from dietary, housekeeping or maintenance staff that may have been present on the 3:00 PM to 11:00 PM shift on 12/4/10.

Z2, Emergency Room Nurse, stated on 12/6/10 at 4:15 PM that R1 was initially taken care of by this nurse and R1 exhibited no scratching or touching while in the emergency department. R1 did not exhibit any pain except during the pelvic

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 44 exam and did not have any idea of what happened. The "Emergency Department Record" dated 12/5/10 states "87 Year Old F (female) Patient Presents with Alleged Sexual Abuse Vagina." The note also states "Patient was stated by the Nursing Home Staff to have developed Vaginal Bleeding due to a foreign body" and "The Nursing Home Staff stated they could not account for how the foreign body-A Rubber Handle of what appeared to be a wheelchair." The "Emergency Department Nursing Notes and Vital Signs" dated 12/5/10 at 1:00 AM documented "Pt. (patient) here for evaluation following foreign object found in vagina by nursing home staff. Per report from Nursing home, wheelchair handle was found in pt.'s vagina. Wheelchair handle was removed by Nursing home staff during pericare with small amount of vaginal bleeding noted and sent in biohazard bag. Wheelchair handle is grey in color approx. (approximately) 4 inches long and 1/2 inch in diameter." The nurses notes documented at 4:30 AM a rape kit was performed. The History and Physical dated 12/5/10 noted under "History of Present Illness: (R1) is an 87 year old African American female resident of (facility) who was brought in after she reportedly was found with a wheelchair handle inserted in the patient's vagina with some vaginal bleeding. The wheelchair handle was reportedly removed by the nursing home staff and the patient brought to the emergency room. The patient had a rape kit done in the emergency room, as well as pelvic examination also done in the emergency room.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 45 She was subsequently admitted because of the bleeding and also because of the findings of urinary tract infection. The patient is a very poor historian and more detailed history cannot be obtained. She just stated that she did not insert it herself but she is unable to tell any of the other further details." The history and physical also noted R1 had "some vaginal abrasions and small lacerations with very minimal bleeding." The "Assessment" noted "1. Vaginal abrasions and laceration 2. Vaginal bleeding secondary to 1. 3. Alleged sexual assault 4. Urinary tract infection 5. Diabetes Mellitus 6. Hypertension 7. Dementia." R1 was admitted to the hospital for intravenous antibiotics therapy and an OB (obstetrics)/GYN (Gynecology) consult was done for further evaluation and management. The Police Report dated 12/5/10 at 1:05 AM noted that they received a call from the hospital emergency room (ER) staff. The note on the "police dispatch" on the police department "Incident Report Form" states "Spoke to (ER Staff) stated that patient (R1) was founded in her room by a nurse at (Facility) with a handle of a wheelchair inserted in her vagina." The police report documented that the Officer interviewed R1 and documented "She said that a B/F (black female) found a Black wheel chair handle inside of her vagina and did not know how it got inside of her." A written report by E2, Director of Nursing, noted that she had not called the hospital until 12/6/10 at 11:15 AM to inquire of R1's status and her admitting diagnosis. The note states "The nurse stated that the dx (diagnosis) was alleged sexual assault and that she also had a UTI (Urinary Tract Infection) for which the resident is receiving	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 46 IV (intravenous) Levaquin and Zosyn. I inquired as to what all was tested in the ER (emergency room) and the nurse said that they completed an entire assault protocol that included swabs and tests for RPR (Rapid Plasma Reagin-a screening test for Syphilis), etc. The nurse stated the record shows she had some vaginal abrasions and bleeding. The nurse reported that the resident had not had any further bleeding observed." When I inquired about her mental status the nurse stated that, "Well you know she is not oriented but she has seemed okay, not in any distress or upset in anyway." With that the call was concluded. The Department was not notified of the incident until 12/6/10 at 12:14 PM. The "(Department) Reporting Summary" dated 12/6/10 by E2, DON, identified the date and time of the incident as 12/4/10 at 10:30 PM. The description of the incident shows "During rounds, CNA's found a rubber W/C handle grip inserted into this resident's vagina. The resident stated 'I ain't put nothing in my tail' and denied pain or knowledge of how object got there. Inspection of resident's W/C showed both handle grips present and in place. Small amt (amount) of blood was noted on resident's diaper with no other evidence of trauma." The "(Department) Reporting Summary" states the following as "Investigation Results": "We are still in process of investigating incident but the following has been concluded-no unauthorized or nonresidents were observed on residents hall between 7 p (and) 10 p (time resident was placed in bed to time object found). Residents roommate has observed resident using another object between her legs before-but this witness is	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 47 a SMI (severe mental illness) and her story has changed 2 x. Resident does have dx (diagnosis) of Adv. (advanced) Dementia but she has told staff that she would fight anyone who tried to hurt or mess with her. At no time did resident appear fearful or distressed prior to being sent to the hospital. A final report will follow once investigation is concluded." There was no documentation the law enforcement agency was notified. E5, Certified Nurse Aide (CNA) stated on 12/6/10 at 3:10 PM that R1 was put in bed about 7:30 PM on 12/4/10. E5 went in around 8:15 PM to see if she needed to go to the bathroom and R1 said no. R1's adult diaper was dry. Around 10:00 PM E5 went into the room to see if R1 needed to use the restroom and the bed was wet. When E5 went to change R1, she noticed the adult diaper was brown around the rim and she saw blood on the diaper. E5 asked E12, CNA, for help and she turned R1 on her side. At that time she saw a wheelchair grip handle in R1's vagina. E5 instantly pulled the handle out and R1 did not appear to be in any pain. E5 wrapped the handle in a paper towel and went to get the nurse. R1 said "I didn't put nothin' in my tail." E5 did not ask her what happened. R2, R1's roommate, was in the room by the sink washing her hands. R2 did not say anything and no one asked her what happened. E5 had worked at the facility about 2 weeks and was not aware of any other instances of R1 putting objects in her vagina. E5 was not sure where the handle came from but they did check all the wheelchairs and none were missing. E5 stated she was not aware of anyone bothering R1. E5 was asked if R1 could have placed the handle in her vagina and she stated "I don't know."	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 48 E20, Corporate Nurse, interviewed E5 on 12/9/10 and documented the interview. E5 told E20 that she had not seen any other staff or visitors enter R1's room. E5 had checked R1 at approximately 8:15 PM and there was no blood or wetness on the diaper. When E5 returned at approximately 10:00 PM she then noticed the brown color on the top of the diaper. E5 did not ask R1 how the grip got there. R2 was in the room when she went in at 8:15 PM but had gone to the smoke break around 9:00 PM until 9:15 to 9:30 PM and then was back in the room after smoke break. R2 was in the room when she went in at 10:00 PM. R1 did not act in pain or upset. E12, CNA, stated on 12/7/10 at 11:30 AM that she had worked a double shift on 12/4/10 from 7:00 AM that morning til 11:00 PM. E12 had toileted R1 around 4:30 PM and then between 6:15 to 6:30 PM she sat R1 on her bed. E12 did not complete any care and E5 put her to bed. About 10:00 PM E12 and E5 had completed their rounds on A Hall and met at R1's room. R1 was laying on her left side and she asked E5 if she needed help. E12 saw some brownish red dried blood on the adult diaper and she noticed a black object between R1's legs. E5 removed the object and E12 went with the object to E4, Licensed Nurse. R1 said "I didn't stick nothin' up my tail." R1 did not say she had any pain and did not appear in distress. There were drops of bright red blood on the pad in the bed and she was not sure if that occurred when the object was removed. There was no blood on the wheelchair pad when E12 put her on the bed around 6:00 PM. Saturday was her shower day but she had not given her a shower only a bed bath and had not noticed anything then. R1 was able to wipe	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 49	F9999		

herself after toileting. R1 had never had an object in her vagina before.

E12 stated R2 was in the room when she transferred R1 to the bed about 6:45 PM. Around 6:30 PM to 7:15 PM there was a new admission, R4, to the facility. R2 visited with R4 "for a minute" but from 8:00 PM til 10:00 PM she had not seen R2 out of her room. R2 was in the room when they discovered the wheelchair handle in R1's vagina. E12 and E5 had done 15 minute checks on R2 that evening and documented it on the sheet. The 15 minutes checks are to "say where they are." E12 and E5 wrote a statement before they left on 12/4/10 between 10:50 PM and 11:15 PM.

E24, Marketing Director, wrote a statement on 12/7/10 that noted at approximately 6:53 the new admission arrived and she assisted bringing in the personal belongings from the car into her room. E24 noted she left the facility at 7:35 PM.

E14, LPN, stated on 12/7/10 that the 15 minute checks had been discontinued for R2. E14 was told that staff had done 15 minute checks on R2. E14 found the 15 minute documentation sheet for 12/5/10 but not for 12/4/10. E20, Corporate Nurse, confirmed on 12/13/10 that the 15 minute check sheet for R2 for 12/4/10 could not be found.

R2, R1's roommate, is a 51 year old resident who has diagnoses, in part, of paranoid schizophrenia, psychosis, alcohol and cocaine abuse. The Minimum Data Set dated 7/30/10 assessed R2 as modified independence for cognition and independent with ambulation. No "Behavioral Symptoms" were assessed. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 50	F9999		

MDS "Section S" noted R2 does meet the criteria for severe mental illness. There were no behaviors, substance abuse, or harmful behaviors identified. The assessment did note R2 was "checked at 15 minute intervals." R2 was assessed on 10/21/10 as moderate risk on the "Inappropriate Sexual Behavior Risk Assessment." The assessment states "* Residents scoring in this category will be considered high risk." The assessment for R2 notes under "Inappropriate Sexual Behaviors" that R2 scored under a "*" with "Any recent history (within past year) of inappropriate sexual behavior which includes touching, fondling, exposing oneself, or solicitation for sex."

The care plan dated 10/22/10 for R2 documented under "Behavior Problems" that "(R2) has been noted in a male res (resident's) rm. (room) on her knees at the bedside inappropriately. She is A & O (alert and oriented) x 3, has hx: (history) of dhgt (daughter) trying to exploit her sexually for money to provide her drugs. She is not to go to dghts. home, must sign out AMA (against medical advice). Scored moderate risk on the Inappropriate Sex Behavior Risk assessment." The care plan noted on 10/22/10 "No sexual behaviors noted." The care plan documented as a current approach on 10/22/10 "15 min. (minute) checks (with) documentation."

R2 stated on 12/6/10 at 1:45 PM that her roommate went to the hospital the other night. Three guys came to get her and they asked me to write what happened. R1 was on her side and a tube of AD ointment was by her leg. R2 then got up and went to get two tubes of ointment from R2's drawer. R2 stated "I wouldn't do anything to hurt her." R1 could walk to the bathroom. R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 51 stated "I love her" and "They treat her like a baby" and then said R1 wears adult diapers. R2 was not aware of how the tube of ointment got there. R2 had not seen anyone bothering R1. R2 also stated that she had seen candy wrappers in R1's bed she thought on Thursday. R2 stated "Someone down the hall gives me candy." On the written statement by R2, she documented a date of "8:30 Saturday Jan 4, 2010." The statement read "One night while I was laying in my bed I heard one of the CNA's come into the bedroom to change (R1). I sit up too look and I seen that she had a empty presume too look like a tube of (name) Ointment she was unclothed without pamper and waited for the nurse. Last night the nurse was new she said (R1) you're bleeding, so I still got hesitate, after awhile the L.P.N. came and asked her some questions about candy wrappings They called the ambulance (R2) I don't remember just the shadow are more leaving." E15, LPN, stated on 12/13/10 at 11:40 AM that she worked 7:00 AM to 3:00 PM on 12/4/10 and 12/5/10. E15 stated she received report from E21, LPN, who worked from 11:00 PM to 7:00 AM. E15 stated E21, LPN, had not looked for missing wheelchair handles or interviewed any staff or residents. E15 went around looking for the grips and did not find any missing. E15 talked to R2 about 7:30 AM and asked her if she had seen or heard anything. R2 said she had heard the girls changing R1 and they had found something in her diaper. R2 said she had once seen R1 "rubbing in between her legs with A and D." E15 asked R2 to write a statement and gave her a pen and paper after breakfast. R2 did not write the statement until 1:00 PM and then wrote	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 52 something different. E15 stated she did not interview any staff. E15 did niot know what happened but thought R1 could have done it herself. E15 then stated "At the same time can't see to do it to the point of bleeding." E15 did not know where the wheelchair handle had come from. E15 had not had any problems with R1 and R2 in the past and had not seen any sexual behavior except for R2. R2 would "cozy up to men" but she had never seen R2 do anything inappropriate with R1. E15 did not see the Administrator or Director of Nursing in the building on 12/5/10 while she was there. E15 stated that the staff was talking about the "Bizarre happening" and everyone "seemed shocked." E15 stated everyone had an opinion but no one knew what happened. The written statement by E15 dated 12/5/10 confirmed her statements. An interview with R1 on 12/7/10 at 3:00 PM was conducted with Z3 and Z4, State Police Officers. R1 stated at first to the surveyor that she was not aware of who put the wheelchair handle in her vagina. R1 stated her roommate, R2, had not put the handle in her vagina. R1 stated she did not put the handle in her vagina. When Z3 asked R1 who put the handle in her privates she stated a man with a coat had "stuck it in" and she had kicked him. R1 stated she did not know who the man was and had not seen him before. R1 stated he had dark hair and was a black man. The facility policy "Abuse Prevention Program" states: "The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. This will be done by:	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145705	A. BUILDING _____ B. WING _____	C 12/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NATHAN HEALTH CARE CENTER	**5050 SUMMIT AVENUE EAST SAINT LOUIS, IL 62205**

(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 53 ..."Identifying occurrences and patterns of potential mistreatment"...Immediately protecting residents involved in identified reports of possible abuse"...Implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent further occurrences" and "Filing accurate and timely investigative reports." The policy states: "The appointed investigator will follow the Resident Protection Investigation Procedures...." The policy also states: "The Procedures contain specific investigation paths depending on the nature of the allegation, and procedures for investigation, interview parameters, and reporting requirements." The policy states: "This procedure is implemented where there is reasonable cause to suspect that willful abuse, neglect or theft may have occurred." The "Resident protection Investigation Paths" for "Possible Sexual Abuse" states: "If an allegation of physical sexual contact with penetration is involved" the facility will follow these steps: "Do not shower, bath or change clothes of the person attacked. If the clothes have been changed, save the clothes for inspection," "Contact the Police," In cooperation with the police, have resident examined at the hospital," "Leave any bed linens in place, do not touch or move anything in the area of the alleged offense, pending further direction form involved law enforcement agencies," In consultation with the police, proceed with the facility's own investigation procedures ...." R1 diagnoses on the emergency room record dated 12/5/10, in part, were "Alleged Sexual Abuse," "Alleged Sexual Assault," "Vaginal Abrasion Superficial,	F9999		