STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A151	A. BUILDING _____ B. WING _____	C 10/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOURBONNAIS TERRACE NURSING HOME	**133 MOHAWK DRIVE BOURBONNAIS, IL 60914**

(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 000	INITIAL COMMENTS	F 000		
F 225 SS=D	Original Investigation 1374182/Il65920 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 225	Continued From page 1 days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate and report an allegation of possible abuse by staff towards 1 resident (R2) and failed to follow their abuse policy. This applies to 1 resident out of 3 reviewed for abuse. Findings include: On 10/8/13 at 9:40 am, E1 (Administrator) during interview stated that R2 was discharged from the facility in May 2013. R2's diagnoses provided on his face sheet contained in his medical record include bipolar disorder and unspecified psychosis. E1 stated that her first notice of a possible relationship between R2 and E8 (housekeeper) was in mid to late August 2013, when an employee mentioned seeing E8 with R2 in the community. E1 stated that at the time, she made some notes and talked to E8. At 3:05 pm, on 10/8/13, E1 stated that she interviewed E8, and E8 denied having any relationship with R2 while he resided in the facility. E1 also stated that sometime in August, personnel from the agency assisting with R2's transition to the community came to the facility and reported that R2 was claiming that E8 and R2 had a sexual relationship and that R2 was pregnant with his child. At that time, the agency personnel spoke with E8, and according to E1, E8 denied having a	F 225		

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F 225	Continued From page 2	F 225		

sexual relationship with R2; she stated that they were friends, but had only become friends after his discharge from the facility. E1 provided a handwritten note, which was undated, which documents that she spoke with E8 due to a rumor that she had been seen walking with R2. E8 was questioned as to whether she was pregnant, and E8 denied it, stating that she and R2 were just friends. E8 also stated that she did not become friends with R2 until after he left the facility. This note was signed by E1.

On 10/8/13 at 10:50 am, E8 stated during interview that she became friends with R2 after his discharge. She denied having any relationship with R2 while he was a resident. She stated that for the first two months after he was discharged, they were just friends, and then they began dating. She stated that she did become pregnant by him, and is currently eleven weeks pregnant. She stated that she had since broken off their relationship. When agency personnel had questioned her in August, she denied the relationship because at that time, they were just friends and she was not pregnant.

At 3:05 pm on 10/8/13, E1 stated that other than talking to E8, she did not do any further investigation: she did not talk to R2's roommates, nor did she talk to any other staff. She did not notify IDPH of this allegation of possible abuse. She did not suspend E8 pending any further investigation. At 11:20 am on 10/8/13, E1 stated that she did not know why she didn't submit a formal abuse investigation regarding this allegation, accept that the employee denied any contact with the resident prior to his discharge. At 3:05 pm on 10/8/13, E1 stated she had

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F 225	Continued From page 3 suspended E8 and she started an investigation. Facility abuse policy states on page 4a that, "2. Any incident or allegation involving abuse, neglect or misappropriation will result in an abuse investigation". Additionally, Section V11, entitled "External Reporting of Potential Abuse" , Number 1, does not state that if alleged mistreatment has occurred, the resident's representative and the department of Public Health shall be informed immediately.	F 225		