PRINTED: 03/14/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		146151	B. WING _			l	23/2016
NAME OF PR	ROVIDER OR SUPPLIER G, THE	•		625 E	EET ADDRESS, CITY, STATE, ZIP CODE EAST MONROE STREET BA, IL 61427		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	3	F	000			
F 223 SS=G	483.13(b), 483.13(c)(ABUSE/INVOLUNTA	RY SECLUSION	F2	223			
		right to be free from verbal, mental abuse, corporal duntary seclusion.					
	-	use verbal, mental, sexual, rporal punishment, or					
	by: Based on record rev failed to ensure that of from verbal abuse for abuse reviewed. Thi	is not met as evidenced iew and interview, the facility one resident (R1) was free one of three allegations of s failure resulted in R1 being 1 (Administrator), and R1					
	Identification and Reprocedure (dated 3/0 Abuse is the use of clanguage that willfully derogatory terms to response	ed "Abuse Prevention, porting Program Policy and 16/14)", documents "Verbal ral, written or gestured ral, includes disparaging and esidentsThe facility makes e a resident sensitive and					
	R1 as having a BIMS Status) score of 15 o	dated 1/12/16, documents (Brief Interview for Mental ut of 15, indicative of R1 ct, and without behavioral					

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.

Facility ID: IL6001838

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		146151	B. WING		C 02/23/2016		
NAME OF P	ROVIDER OR SUPPLIER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST MONROE STREET UBA, IL 61427	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
F 223	she had questioned beauty shop that we Account. R1 stated wasn't right." R1 stated wasn't right." R1 stated 10:10 a.r about the incident was recall the exact date "(E1) yelled at me wand "it was hurtful (E1) can be hard on me or anyone in that going to speak to me that job." R1 stated E1 spoke to her was On 2/17/16 at 10:20 Nurse) stated sever (visitor) and E4 (Re Nurses Station and wheelchair into the stated she heard E1 here to argue about told you very clearly will be back tomorrotalk to. But, no. Yo with me, don't you? E1's office crying ar stated she immedia E2 (Director of Nursafraid" of E1. E3 stabused R1.	oss. o a.m., R1 stated E1 recently "yelled" at her when some charges from the ere listed in her Resident Trust E1 "yelled" at her and "that ated she was "scared" when d is "still scared of (E1)." On m., R1 was further questioned with E1. R1 still was unable to e of the incident, but stated when I asked about the money she spoke to me so rough. In us. I don't like (E1) to talk to at tone of voice. If she (E1) is the that way, she shouldn't do I she "certainly" felt the way	F 223				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED
		146151	B. WING		C
NAME OF PE	ROVIDER OR SUPPLIER G, THE	140101		STREET ADDRESS, CITY, STATE, ZIP CODE 625 EAST MONROE STREET CUBA, IL 61427	02/23/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
F 223	overheard from the N sternly" to R1. E4 sta R1, "Are you really was about this (R1)?" E4 crying and E3 console someone talked to me shaken. No one show On 2/17/16 at 12:40 p was in the facility visit week prior. Z2 stated loudly" to R1, "Are yowith me today?" Z2 secause it was so lous ituation. It sounded tone as "mean." Z1 stated she observed immediately after the	urses Station E1 "talking ated E1 repeatedly said to anting to argue with me stated R1 left E1's office at R1. E4 stated, "If a like that, I'd be visibly ald be spoken to like that." o.m., Z2 (visitor) stated she ting her family member the I she overheard E1 "talking u going to sit here and argue stated, "I was in awe, and. It was an uncomfortable bad." Z2 described E1's stated R1 was crying about at the Nurses Station. Z2 E3 and E2 comforting R1 incident occurred.	F 22	23	
F 225 SS=D	Nurses Station to the measured. The door is located 11 feet inside office, just off the mai Administrator's office from the Nurses Stati 483.13(c)(1)(ii)-(iii), (c) INVESTIGATE/REPOALLEGATIONS/INDIVITIES found guilty of a mistreating residents had a finding entered registry concerning all of residents or misappears.	c)(2) - (4) PRT	F 22	25	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			OMPLETED			
		146151	B. WING			C 02/23/2016
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 EAST MONROE STREET CUBA, IL 61427	<u> </u>	02/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 225	indicate unfitness fo other facility staff to or licensing authoritic The facility must ensinvolving mistreatment including injuries of misappropriation of immediately to the atoother officials in a through established State survey and ce The facility must haviolations are thoroup revent further pote investigation is in property of the administrator representative and the with State law (inclusted incident, and if the administration incident inciden	an employee, which would r service as a nurse aide or the State nurse aide registry es. Sure that all alleged violations ent, neglect, or abuse, unknown source and resident property are reported dministrator of the facility and ccordance with State law procedures (including to the rtification agency). We evidence that all alleged ighly investigated, and must intial abuse while the ogress.	F 22	25		
	by: Based on record re failed to ensure E1 (an allegation of verb Service Director) tov an additional allegat towards R1 was imm	T is not met as evidenced view and interview, the facility (Administrator) investigated bal abuse by E6 (Social wards R1 and failed to ensure ion of verbal abuse by E1 nediately reported to the investigated, for two of three reviewed.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		146151	B. WING			C 2/23/2016	
NAME OF P	ROVIDER OR SUPPLIER G, THE			STREET ADDRESS, CITY, STATE, ZIP CO 625 EAST MONROE STREET CUBA, IL 61427		2/23/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 225	Continued From pag	e 4	F 2	25			
	Identification and Reperocedure (dated 3/0 Abuse is the use of a language that willfully derogatory terms to refacility who have been instreatment will be immediately until the have been reviewed. documents, "The fact provide a resident seen environment by: Time problem or concerner Resident and families report any allegations immediately to ensure addressed in a timely mannerEmployees report any occurrence abuse or mistreatment or suspect to the Admit immediate initiation of the report, the Admin immediate initiation of Concern 12/17/16 at 11:45 and Assistant) stated the approximately 10:00 (Social Service Direct Stern voice." E5 indicts state to R1, "You need E3 (Licensed Practicate) to her at the time and the same. According the and the same a	results of the investigation " The policy further ility makes every effort to ensitive and secure lely response to allegation, eporting and follow-up. Is will be encouraged to so, problems or concerns the that their issues are of and comprehensive are required to immediately the encouraged to immediately					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION 3		DATE SURVEY COMPLETED
		146151	B. WING			C
NAME OF PI	ROVIDER OR SUPPLIER	1,0,0,		STREET ADDRESS, CITY, STATE, ZIP CODE 625 EAST MONROE STREET CUBA, IL 61427	ı	02/23/2016
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 225	overheard E6 say to "demonstrated the was suspecting it was suspecting it was not the conversation did not observe E1 investigate further. were questioned an overheard. E5 state work since the incident ocheon recent. E3 state at R1; however, E3 date the incident ocheon recent. E3 state overheard E6 yell at we can't keep anyor stated she felt how abusive and it sound scolding R1 for not roommate. E3 state about the allegation. On 2/17/16 at 2:05 pated E5 (Certified her (on 2/05/16) that (R1) and I think you she went down the with R1 about her rovoice was not abnorindicated E6 had be her hearing aids we never came up in the incident was not invitation.	E1 and told her what she had R1. E5 stated she coice" she heard to E1, as she as verbal abuse. E5 stated is going to go and "eavesdrop." However, E5 stated she ever go down the hall to E5 stated neither she, nor E3 of further about what they id E6 has continued to be at ent occurred. a.m., E3 (Licensed Practical ecalled overhearing E6 "yell" could not recall the specific curred, but knew that it had atted R1's roommate had a room change, and she R1 "It's absolutely ridiculous in the room with you." E3 E6 was speaking to R1 was ded as though E6 was being able to keep a ded E1 never questioned her born., E1 (Administrator) Nursing Assistant) reported to to te "(E6) is talking very loud to need to go look." E1 stated in all and overheard E6 talking bommate situation and E6's imal or loud at that time. E1 en talking loud to R1 because in the conversation and the estigated, nor did she speak bout her conversation with E6,	F 22	25		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DATE SURVEY COMPLETED	
		146151	B. WING _			C 02/23/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 EAST MONROE STREET CUBA, IL 61427	_	02/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 225	suspended, as E1 of abuse had been repart of abuse having a BIM Status) score of 15 being cognitively in issues or memory leading to a lot lately conversation between prior and denied even however, R1 stated recently "yelled" at some charges from listed in her Reside E1 "yelled" at her a stated she was "scand is "still scared of a.m., R1 was further incident with E1. Rexact date of the in at me when I asked hurtfulshe spoke hard on us. I don't anyone in that tone to speak to me that job." R1 stated she spoke to her was at On 2/17/15 at 10:20 Nurse) stated sever (visitor) and E4 (Re Nurses Station and wheelchair into the stated she heard E	E1 stated E6 was not did not feel an allegation of corted. et, dated 1/12/16, documents IS (Brief Interview for Mental out of 15, indicative of R1 tact, and without behavioral coss. a.m., R1 stated "I've been y" and could not recall the en her and E6 in the days er feeling abused by E6; E1 (Administrator) had her when she had questioned the beauty shop that were not Trust Account. R1 stated and "that wasn't right." R1 ared" when E1 yelled at her, of (E1)." On 2/18/16 at 10:10 or questioned about the 1 still was unable to recall the cident, but stated "(E1) yelled I about the money and "it was to me so rough. (E1) can be like (E1) to talk to me or of voice. If she (E1) is going way, she shouldn't do that	F 2	25		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE COMP	SURVEY LETED				
		146151	B. WING _			1	23/2016
NAME OF PE	ROVIDER OR SUPPLIER G, THE			STREET ADDRESS, CITY, STATE, 625 EAST MONROE STREET CUBA, IL 61427	ZIP CODE	1 0211	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVI CROSS-REFERENCED	NN OF CORRECTION E ACTION SHOULD BI D TO THE APPROPRIA CIENCY)		(X5) COMPLETION DATE
F 225	no. You want to sit in don't you?" E3 stated crying and "gasping a immediately reported of Nursing). E3 stated stated she believes E Stated, on what she be overheard from the Noverheard	that (E6) will be back who you need to talk to. But, in here and argue with me, id R1 came out of E1's office and upset." E3 stated she the incident to E2 (Director id "staff are afraid" of E1. E3 if verbally abused R1. Im., E4 (Registered Nurse) believed to be 2/08/15, she lurses Station E1 "talking ated E1 repeatedly said to anting to argue with me stated R1 left E1's office ed R1. E4 stated, "If ie like that, I'd be visibly ald be spoken to like that." In., Z2 (visitor) stated she ting her family member the id she overheard E1 "talking in going to sit here and argue stated, "I was in awe, id. It was an uncomfortable bad." Z2 described E1's stated R1 was crying about	F:	225	JIENCY)		
	stated she observed immediately after the On 2/17/16 at 11:00 a stated E3 had reporte was speaking loudly questioned R1 about indicated she didn't fe seeing R1 crying about	a.m., E2 (Director of Nursing) ed to her last week that E1 to R1. E2 stated she what had occurred, but R1 eel threatened. E2 denied out the incident. E2 stated about what she overheard					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146151	B. WING			C 02/23/2016	
NAME OF P	ROVIDER OR SUPPLIER	1.0.0.			STREET ADDRESS, CITY, STATE, ZIP CODE	02/	23/2016
	to the Little of the Little				625 EAST MONROE STREET		
CLAYBER	G, THE				CUBA, IL 61427		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 225	Continued From page	e 8	F	225			
		ed Z2 told her "it depends on	,				
		ted she didn't do a formal					
		e R1 told her she didn't feel					
		led E4 telling her the way E1					
		ight." E2 stated she did not					
		or home after the allegation					
		because she was "not sure I					
	have the authority to	do so." E2 stated the r" E1. E2 didn't report the					
	incident to anyone on						
	On 2/17/16 at 2:05 n	m., E1 (Administrator)					
		are that an allegation of					
		en made against her. E1					
		ommand after her is the					
		the County Board and that					
	any concerns about h	er should have been					
	reported to them.						
	On 2/17/16 at 3:00 p.	m., E7 (County Board					
		allegation of abuse by E1					
	(Administrator) should	d have been reported to any					
		ard Members to ensure a					
	full investigation woul	d be conducted.					
	The Facility Accident/	Incident Log for January and					
		it idenifiy any allegations of					
	abuse involving R1.						
F 226	_	'IMPLMENT	F	226			
SS=D	ABUSE/NEGLECT, E	TC POLICIES					
	The feeilite	olon and implementitter					
	policies and procedur	elop and implement written					
		t, and abuse of residents					
	and misappropriation						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		146151	B. WING _			C 02/23/2016	
NAME OF P	ROVIDER OR SUPPLIER	1.000		STREET ADDRESS, CITY, STATE, ZIP CODE 625 EAST MONROE STREET CUBA, IL 61427		02/23/2016	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 226	by: Based on record refailed to follow operaprocedures for the refailed to follow operaprocedures for the refailed to immers (E1-Ad Service Director), for abuse reviewed. Findings include: The facility policy, tildentification and Reform (dated 3/Abuse is the use of language that willful derogatory terms to facility who have be mistreatment will be immediately until the have been reviewed documents, "The faprovide a resident senvironment by: Tirproblem or concern Resident and familiar report any allegation immediately to ensuaddressed in a time mannerEmployee report any occurrent abuse or mistreatment or suspect to the Additimmediate initiation	view and interview, the facility ational policies and eporting and investigation of tions of verbal abuse towards nediately suspend the alleged ministrator and E6-Social r two of three allegations of three allegations of two of three allegations of two of three allegations of the en accused of abuse or removed from duty the results of the investigation three cility makes every effort to ensitive and secure mely response to allegation, reporting and follow-up. The work of the investigation to ensitive and secure mely response to allegation, reporting and follow-up. The work of the investigation and the problems or concerns are that their issues are that their issues are that their issues are all and comprehensive are required to immediately the of the problems of t	F 2	26			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	LE CONSTRUCTION	· '	ATE SURVEY DMPLETED
		146151	B. WING			C 02/23/2016
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 EAST MONROE STREET CUBA, IL 61427	<u> </u>	02/23/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 226	approximately 10:00 (Social Service Dire stern voice." E5 ind state to R1, "You ne she immediately we had overheard E6 s "demonstrated the was suspecting it was suspecting it was suspecting it was suspecting it was event down the law to determine aids we never came up in the incident was not invivith R1 in private at to determine if the rethreatened/abused. Suspended, as E1 dabuse had been rep.	e morning of 2/05/16 at 0 a.m., she overheard E6 ctor) speak to R1, "in a loud, icated she clearly heard E6 ed to knock it off!" E5 stated nt to E1 and told her what she ay to R1. E5 stated she roice" she heard to E1, as she as verbal abuse. D.m., E1 (Administrator) Nursing Assistant) reported to t "(E6) is talking very loud to need to go look." E1 stated hall and overheard E6 talking bommate situation and E6's mal or loud at that time. E1 en talking loud to R1 because re not in. E1 stated "abuse" e conversation and the estigated, nor did she speak bout her conversation with E6, esident felt E1 stated E6 was not id not feel an allegation of orted. a.m., E3 (Licensed Practical al days prior, she and Z2	F 22	6		
	Nurses Station and R1, "You're just here you (R1)? I told you back tomorrow and But, no! You want tome, don't you." E3 office crying and "gashe immediately rep	gistered Nurse) were at the they overheard E1 yelling at e to argue about money, aren't is very clearly that (E6) will be that's who you need to talk to. To sit in here and argue with stated R1 came out of E1's asping and upset." E3 stated ported the incident to E2, as she believed E1 verbally				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		440454				С	
		146151	B. WING			02/	23/2016
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
CLAYBER	G, THE				25 EAST MONROE STREET CUBA, IL 61427		
			1		T		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 226	stated E3 had reporte was speaking loudly t	a.m., E2 (Director of Nursing) ed to her last week that E1 to R1. E2 stated she	F	226			
	indicated she didn't fe believe it was abuse. formal investigation ir explained that the Abi the Abuse Coordinato on what to do if the Al alleged abuser. E2 s Administrator home a reported to her, becan the authority to do so	use Policy identifies E1 as or, but does not direct staff buse Coordinator is the tated she did not send the allegation was use she was "not sure I have "." E2 stated the County E2 didn't report the incident anty Board and was					
	stated she was unawaverbal abuse had bee stated the Chain of C	m., E1 (Administrator) are that an allegation of en made against her. E1 ommand after her is the the County Board and that her should have been					
	Chairman) stated any (Administrator) should	m., E7 (County Board vallegation of abuse by E1 d have been reported to any ard Members to ensure a d be conducted.					
		Incident Log for January and of identify any allegations of					