		AND HUMAN SERVICES					APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			(X3) DATE SURVEY COMPLETED	
145673		B. WI	√G _		C 07/15/2009		
NAME OF P	ROVIDER OR SUPPLIER	I		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
APOSTO	LIC CHR HOME OF E	UREKA			610 CRUGER EUREKA, IL 61530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	TS	F	000			
	Investigation of Co	mplaint # 0922960/IL42389.					
F 223 SS=G	No extended surve 483.13(b), 483.13(l	-	F	223	3		
33=6	sexual, physical, ar	ne right to be free from verbal, nd mental abuse, corporal voluntary seclusion.					
		ot use verbal, mental, sexual, corporal punishment, or on.					
	by: Based on interview staff failed to re-dire involved in a behav a non-confrontation caused an escalation	NT is not met as evidenced and record review, facility ect one of one resident (R1) vioral incident toward a peer in hal manner. This failure on of the situation and an the staff's part. R1 exhibited after the event.					
	Findings include:						
	7/7/09 indicated that allegation of physic E8 toward R1 for a approximately 9:15 stated that E8 was an investigation do Director). The repo exchange between R1's repeated atter	buse Incident report dated at two staff persons made an cal and verbal abuse by nurse n incident that had occurred at AM that same day. The report sent home, pending results of ne by E2 (Social Service rt illustrated a verbal E8 and R1 that resulted from mpts to pull a pillow out from hile R4 was napping in the					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

TITLE

(X6) DATE

PRINTED: 07/21/2009

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.

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES				FORM OMB NO.	07/21/2009 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
145673			B. WI	NG	i		5/2009
NAME OF PROVIDER OR SUPPLIER				S	STREET ADDRESS, CITY, STATE, ZIP CODE		
APOSTO	LIC CHR HOME OF E	UREKA			610 CRUGER EUREKA, IL 61530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	=IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	central sitting area Unit. The report sta previously tried to u from this behavior b report also stated th of R1's arm to prev again, causing R1 t strike out at E8. The requested assistant they escorted R1 b three remained for report stated that R and had no more b that bruises were la were examined late Medical Director, w cause or time of ori The 7/7/09 report o by E2 with E5 (active E6, E7 and also R1 report also mention regarding the matter was unsuccessful of with E2. The report place on the part of handle this situation refrained from getti resident who suffer E5 (activity aide) st that she was workin Unit at 8:45 to 9 AM repeatedly kept pul R4's head in the ce redirection attempts E8 became involve that, or R1 would h	of the Alzheimer/Dementia ted that other staff had insuccessfully re-direct R1 before E8's involvement. The hat E8 at one point took hold ent R1 from taking R4's pillow to become aggressive and e report stated that E8 ce from nurse aide E9, and ack to her room, where the five to ten minutes. The 1 then came out of her room ehaviors. The report stated ater noted on R1's arms, which er that day by the facility's ho could not determine their gin. utlined interviews conducted <i>v</i> ity aide), nurse aides E4, E9, 's family representative. The ed that an interview with R1 er was attempted by E2, but due to R1's reluctance to talk concluded that no abuse took E8, however E8 "did not in well," and "could have ing into a verbal debate with a	F	22	'3		

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		AND HUMAN SERVICES				FORM	07/21/2009 APPROVED 0938-0391
STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145673	B. WII	NG _			C 5/2009
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
APOSTO	OLIC CHR HOME OF E	UREKA			610 CRUGER EUREKA, IL 61530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	louder while telling walked away, came reached around E8 said that E8 grabbe R1 again that she ( room if she (R1) dia replied, "You are no replied, "You are no doctor and get med replied, "I am your doctor and get med replied," I would like said that E8 then si and give it to you in then responded wit turned R1 around a assist. E5 said that her room holding R the three were in R E5 said that later R E5 bruises on R1's E5 further stated the incident to E2, who she was told that E said that she then n Coordinator. E5 sa actions were "too e had "threatened (R E4 (nurse aide) stat that on the morning taking R4's pillow a the center area of t 8:45 AM to 9 AM, n began to "bicker ba R1's behavior. E4 s very loud tone, say like this, then you of while E8 was point	R1 to stop. E5 said that R1 b back to the area, and then to grab R4's pillow again. E5 ed one of R1's arms and told R1) would have to go to her d not stop it, to which R1 bot my boss." E5 said that E8 boss, I am going to call your dication for you," to which R1 e to see you give me pills." E5 aid to R1, "I will get you a shot, n your butt." E5 said that R1 h a vulgar reply, to which E8 and requested aide E9 to E8 and E9 then took R1 to 1 by her arms. E5 said that 1's room for about 10 minutes. 1 came up to E5 and showed	F	223			

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		AND HUMAN SERVICES				FORM	07/21/2009 APPROVED 0938-0391
AND PLAN OF CORRECTION		(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		145673	B. WI	NG _			5/2009
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
APOSTO	LIC CHR HOME OF E	UREKA			610 CRUGER EUREKA, IL 61530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	"furious" at this point kid, I don't need to that R1 then stormed thereafter and tried E4 said that E8 gra "I am the nurse, I a going to go down to E4 said that E8 was who verbalized that going to call the do are going to get son problem." E4 said that exchange, R1 used to take any medica R1, "Well, we'll get butt." After this, E4 down to R1's room, going down the hall E4 stated that E8, B for maybe five to si audible in the hallw R1 came out and w that she went up to "OK," and at that tir after that, R1 was r and "kept to herself that after the incide abuse coordinator, E4 said that she the about 9:30 AM that E4 said that she the about 9:30 AM that E4 said that she the acted was wrong, a abusive to R1.	At and said, "I am not a little go to my bedroom." E4 said ed off, but came back shortly to reach for R4's pillow again. bbed R1's right arm and said, m the boss here. You are b your room and stay there." s yelling this at the time to R1, t she would not go to her E8 then yelled at R1, "I am ctor who is your boss, and we mething to control this hat after more verbal I vulgar language and refused tion. E4 said that E8 replied to a shot, and stick it in your stated that E8 and E9 took R1 and R1 was screaming while	F	223			

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		I AND HUMAN SERVICES				FORM	07/21/2009 APPROVED 0938-0391	
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			JRVEY TED	
		145673	B. WI	NG _		C 07/15/2009		
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
APOSTOLIC CHR HOME OF EUREKA					610 CRUGER EUREKA, IL 61530			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	ΞIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 223	that she witnessed R1 on the morning sitting next to R4 or of the Unit reading around 9 AM that m "something like" the when R1 kept takin stop or I'll give you told R1 to go to her pointing in the direct that E6 removed he area, and went ove distance away. E6 side of R1 with E9 down the hall to he E6 said that after st noted bruising on R E6 stated that she this happen on the worked there. E6 st to calm R1 down du she thought E8 was behavior before it le E6 stated that E8's and that E8 was ab she thought the pro- talked to R1, but "h E7 (nurse aide) sta that she witnessed E8 on the Unit on th nurse E8 told R1 st to get medication to then went on break that she did not thin those things to the	the incident between E8 and of 7/7/08. E6 said that E6 was in the couch in the center area a Bible story to residents norning. E6 stated that E8 said e following to R1 at the time g R4's pillow: "You'd better medication." E6 said that E8 room in a louder voice, while ction down the hall. E6 said erself from the immediate r to fold blankets a short said that she saw E8 on one on the other side taking R1 r room in a forceful manner. he came back from lunch, E6 R1's forearms. had never seen anything like Unit during the year she has aid that staff are usually able uring her behaviors. E6 said s trying to control R1's ed to other resident behaviors. approach "crossed the line," usive towards R1. E6 said oblem was not how loud E8	F	223				

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DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE &					FORM	07/21/2009 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X <sup>7</sup> AND PLAN OF CORRECTION			ILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	145673	B. WIN	NG _			5/2009
NAME OF PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
APOSTOLIC CHR HOME OF EUREKA				610 CRUGER EUREKA, IL 61530		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
<ul> <li>now, and had never w abuse until last Tuesd said that he was walki Unit that morning whe R1, "I don't like your b the doctor to get medi these things loud enou- hear them half-way do that he then witnessed "Just go to your room, that direction. E9 said was charting nearby, I while E9 was facing th he turned around to se arm at that time, with out at E8. E9 said that help to walk R1 down he then got on R1's le and walked R1 with E that R1 resisted some</li> <li>E9 said that when the sat on her bed, and E9 said that E8 was "up a sitting or standing pos and E8 argued "back a was "very loud" when the room, and that E9 regarding this situation never seen E8 act like but that E8 does have personality. E9 said th and was yelling at E8, on E8's neck. E9 said resident room did E8 ' said that E8 told R1, " of this room until you f</li> </ul>	facility for about three years vitnessed staff to resident day morning (7/7/09). E9 ing down a hallway of the en he heard E8 saying to behavior" and "I have to call ication." E9 stated E8 said ugh to R1 that E9 could own the hallway. E9 said d E8 say to R1 very loudly: ," while E8 was pointing in t that a little later while he he heard a commotion he other direction. E9 said ee E8 holding R1's right R1 struggling and striking it E8 then asked him for to her room. E9 said that eft side, took her left arm, E8 to R1's room. E9 stated ewhat at the time. ey arrived at R1's room, R1 9 sat down next to R1. E9 and down" (referring to sition in the room) while R1 and forth." E9 said that E8 she was talking to R1 in 9 was "uncomfortable" in. E9 said that he had e that towards a resident, e a "strong and opinionated" hat resident R1 was "mean" , while grabbing at the skin	F	223			

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES				FORM OMB NO.	07/21/2009 APPROVED 0938-0391
	STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145673	B. WI	NG _			C 5/2009
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
APOSTO	DLIC CHR HOME OF E	UREKA			610 CRUGER EUREKA, IL 61530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	cooperate with E8 a that "she would sto resident room then take R4's pillow aw E9 stated that about came up to E8 and arms. E9 said that a "size of a deck of car ight arm. R9 said that about the comment resident with deme E8 (nurse) stated of became involved w and R4's pillow on an aide informed he R1 had taken R4's told R1 that E8 nee room. E8 said that and E9 took R1's o down to her room. away" and punch of were walking R1 to told R1 in the residu to call the doctor ar would not stop bein E8 that E8 "was no my (R1's) mouth." If medication could be said she asked R1 alone. E8 said that the day. E8 said that after E8 left the roo said,"Look what yo was rubbing her arr on the bruises on F	at first, but finally did tell E8 p it." E9 said they all left the , and R1 no longer tried to ay. at five to ten minutes later, R1 E9 and showed them her there was a bruise about the ards or a little smaller" on R1's that he was uncomfortable ts that E8 had made toward a ntia. on 7/10/09 at 2:35 PM that she rith the situation regarding R1 7/7/09 at about 8:30 AM when er of the problem. E8 said that pillow three times, and that E8 eded to talk to R1 down in her she took one of R1's arms, ther arm, and they walked R1 E8 said that R1 tried to "yank or pinch E8 and E9 while they the room. E8 said that she ent room that E8 would have nd get medication for R1 if R1 ng mean. E8 said that R1 told t going to get medication in E8 stated that she told R1 that e done by shots as well. E8 to calm down and leave R4 R1 was then "fine" the rest of at maybe ten to fifteen minutes om, R1 came up to E8 and u guys did to me," while R1 ms. E8 said that she "charted " R1's arms, made out an ified the physician and R1's	F	223	3		

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		I AND HUMAN SERVICES				FORM	07/21/2009 APPROVED 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		145673	B. WI	NG _			C 5/2009
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
APOSTO	DLIC CHR HOME OF E	UREKA			610 CRUGER EUREKA, IL 61530		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 223	Continued From pa	ige 7	F	223	3		
	electronic-mail repo	ort to E2 regarding the matter.					
	home by her super of abuse made aga investigation into the E2 (Social Service stated on 7/10/09 a investigation into the against E8 on the m concluded that E8 of state that E8 and of to receive more trais with resident behave longer be working of E8's request to wor E2 said that E8 ma expressed the belief "out to get her." E2 the Unit twice a we R1's admission Fac for her original adm Diagnosis List date including Dementia	Iunch that day, she was sent visor because of an allegation inst her, and that an he matter had begun. Director/Abuse Coordinator) it 9:50 AM that after his he abuse allegation made norning of 7/7/09, he was not abusive to R1. E2 did ther staff on the Unit are going ining in the area of dealing viors. E2 said that E8 will no on the Unit in the future due to ik in other areas of the facility. de this request because E8 ef that staff on the Unit were stated that E8 had worked on ek, at the most. ce Sheet was dated 3/13/08 hit date. R1's Cumulative d 3/26/08 listed diagnoses h, Paranoia, Psychosis and plan under the Behavior					
	or inappropriate thi remind the resident R1's comments and something else. R1 assessment dated Cognitive Skills sec impaired with poor requiring supervision Interview with R1 of	at R1 will sometimes say rude ngs, to which staff are to t of the inappropriateness of d redirect her attention to 's MDS (Minimum Data Set) 5/4/09 indicated in the ction that R1 was moderately decision-making skills on/cueing. n 7/7/09 at 11 AM was not s defensiveness and					

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		AND HUMAN SERVICES			FORM	07/21/2009 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		145673	B. WING			5/2009
NAME OF F	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
APOSTOLIC CHR HOME OF EUREKA				610 CRUGER EUREKA, IL 61530		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 223	Continued From pa unwillingness to tal		F 22	3		

Facility ID: IL6002885