PRINTED: 03/07/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED	
		145794	B. WING				C <b>03/02/2016</b>	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  605 NORTH 4TH STREET  FAIRBURY, IL 61739					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH	OVIDER'S PLAN OF CORR CORRECTIVE ACTION S REFERENCED TO THE AF DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	00				
F 225 SS=D	2/24/2016/IL 83695 483.13(c)(1)(ii)-(iii), INVESTIGATE/REF ALLEGATIONS/IND The facility must no	(c)(2) - (4) PORT DIVIDUALS  It employ individuals who have	F 2	25				
	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.							
	involving mistreatm including injuries of misappropriation of immediately to the to other officials in a	sure that all alleged violations ent, neglect, or abuse, unknown source and resident property are reported administrator of the facility and accordance with State law I procedures (including to the ertification agency).						
	violations are thoro	eve evidence that all alleged ughly investigated, and must ential abuse while the rogress.						
	to the administrator representative and with State law (inclu	vestigations must be reported for his designated to other officials in accordance uding to the State survey and ) within 5 working days of the						

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

TITLE

Facility ID: IL6003040

(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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145794	B. WING			03/0	C 02/2016
	PROVIDER OR SUPPLIER			6	STREET ADDRESS, CITY, STATE, ZIP CODE 505 NORTH 4TH STREET FAIRBURY, IL 61739		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 225		ge 1 alleged violation is verified ive action must be taken.	F 2	25			
	by: Based on record refailed to report an a Department of Publ	NT is not met as evidenced eview and interview, the facility allegation of abuse to Illinois lic Health for one of three ewed for abuse in the sample					
	Findings Include:						
	Diagnoses: Delusio Behavioral Disturba	sheet documents the following anal Disorder, Dementia with ances, Encephalopathy, acular Degeneration and trophic Vaginitis.					
	The facility Daily Codocuments R1 as in	ensus Report dated 3/1/2016 nterviewable.					
	R1's MDS (Minimur documents R1 is al	m Data Set) dated 1/22/16 ert and oriented.					
	exhibits some forge delusional tendenci adjustment disorde	ed 1/28/16 documents, "(R1) etfulness and has shown some es. (R1) has a diagnosis of r with depressed mood and depression and anxiety.					
	(Licensed Practical (Certified Nursing A that (R1) was upset a whore, but that (F	es dated 2/15/16 by E4 LPN Nurse) documents, "(E5 CNA assistant)) reported this am at and stating that (R1) was not R1) had been raped; stated berson, I'm not a slut, that					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION NG	COM	(X3) DATE SURVEY COMPLETED	
		145794	B. WING _			C / <b>02/2016</b>
	PROVIDER OR SUPPLIER W HAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH 4TH STREET FAIRBURY, IL 61739		02/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 225	"laying there naked of (R1) and looking nurse (E4) that "I justory and they got in (E5) "I was offered wasn't gonna take thas a history of deli (Social Service Direcontact family in rephistoryupdate ser regards to (R1's) decomments and med 2/10/2015."  R1's Social Service documents, "(E3) his previous conversat	Also told (E5) that (R1) was and men were taking pictures at (R1)." Further told the st tried to tell someone my life t all mixed up." (R1) also told a job in the Kitchen and I the job, she can have it." (R1) usional thinking; (E3 SSD ector)) updated and will gards to (R1's) past at to (Z1, R1's Physician) in elusional history, recent dication increase on  Notes dated 2/15/16 by E3 ad 1:1 visit with (R1) re: ion with nursing today. (R1) io where she was in a gym on	F 22	25		
	a stage with another and a lot of people course of conversal been a bad dream, not seem distresse stories of (R1's) life to (Z2, R1's POA (Final (R1) has a hist home (i.e. things fly (R1) was in bed). (Zaware of any histor R1's Progress Note (R1) became upset morning. Stating "Eraped ad then it wa CNA {unnamed} off stated, "I think I jus dummy."2/18/16	er woman who was also naked were looking at them. In the tion, (R1) stated: "it may have but it was so real." (R1) did d and went on to tell (E3) experiences. (E3) also talked ower of Attorney)). (Z2) states ory of delusional episodes at ring thru the air at (R1) when Z2) states that (Z2) is not y of sexual abuse in (R1's) life. It is also documents, "2/16/16 - and tearful during shower this exercity was good until I got is in the newspaper." When the tered reassurances, (R1) then the tered that I'm such a Tearful this evening. When man put my name in the				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		145794	B. WING		03	C 3/ <b>02/2016</b>
	PROVIDER OR SUPPLIER W HAVEN		•	STREET ADDRESS, CITY, STATE, ZIP CO 605 NORTH 4TH STREET FAIRBURY, IL 61739		, , = , = ,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 225	did naughty things (Occupational Ther that (R1) was continuous about being sexual to (E2 DON (Direct further investigation).  On 3/1/16 at 9:30 at an Incident Report 2-24-16, which had Department of Pub documents, "(R1) of the night. She do happened and has are investigating the report did not mentallegation on 2/15/1 Abuse Coordinator.)	2/21/16 (R1) stated, "they to me."2/24/16 (Z3 OT rapist) reported to this writer nuing to delusional thoughts ly abused. This was reported or of Nursing)) and (E3) for	F 2	25		
	CNA) was the first (R1's) abuse allegal investigate what (R with (R1). (R1) was and (R1) said a lot conversation, it was short statements as spoke with (Z1) and history of delusional order for a new me exactly what was sufficiently told to (E1) Administratory.	2-15-16 has direct quotes of				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SLIPPI IER/CLIA

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		145794	B. WING	l		03/0	) 2/2016
	PROVIDER OR SUPPLIER  W HAVEN			STREET ADDRESS, CITY, STATE, ZIP 605 NORTH 4TH STREET FAIRBURY, IL 61739	CODE	00/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD	BE	(X5) COMPLETION DATE
F 225	said. (E3) then wen it {R1's allegation} we report and report it was a delusion. The (Z3 OT) on 2-24-16 we needed to do ar sure it really was ju when we sent the rethat the documental had initially claimed On 3/1/16 at 1:05 proom. R1 was tearf out for me. A girl, I ome up at 1:30 am ado therapy. She said When I got down that I didn't have me standing all around don't remember any said, "is it my turn in my room and my tummy was tender. me to the gymnasiu we where both nake taking pictures of mexcept now my son killed." R1 is unable what color her hair I could see was shat talking, I never real could tell they were voices."	ge 4 3 SSD) about what (R1) had t and talked with (R1). Clearly wasn't true. We did not do up a to IDPH because we felt like it en, when (R1) reported it to with more details, we decided nother investigation to make st delusional thinkingthat is eport to IDPH." E2 confirmed tion was accurate and that R1 she had been raped.  m, R1 was sitting in R1's ul and stated, "someone had it don't know who it was, woke and took me down to where I d I needed to have an X-ray. Here, I was cold and realized such on. There were men at I think I passed out because I withing other than one of them hext?" When I came to, I was mouth was chapped and my Another time, that girl took am with another person and end on stage and people were not recall who the "girl" was, was or the built. R1 stated, "All adows and I could hear people by saw the girl or the men, but I men from the sound of their		225			
	Public Relations) re	egarding the report (R1) had (R1) told me of a scenario in					

AND BLAN OF CORRECTION   IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		145794	B. WING				C <b>02/2016</b>
	PROVIDER OR SUPPLIER W HAVEN			60	REET ADDRESS, CITY, STATE, ZIP CODE  5 NORTH 4TH STREET  AIRBURY, IL 61739	<u> </u>	02/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225	which (R1) and and stage, naked and p them. (R1) never m The situation was a specifics; no perpermentioned, and afte Z2) and learning abwe did not consider therefore it was not On 3/1/16 at 4:30 p of (R1's) initial state we didn't consider i substance to (R1's) (cause we don't have history of delusions it might have been such. On 2-24-16 ((R1) had said that (time, (R1) had a straincluding a location actually investigate reported (this time) conclusionit didn't On 3/2/16 at 8:40 at talked about (R1's) to (R1) about it. We something from (R1)	wither lady where up on a gym eople were taking pictures of tentioned being raped to me. It dream scenario with no real trator, no date or time was er having talked with (Z1 and tout (R1's) history of delusions, it an allegation of abuse, reported to public health."  In the stated, "(E1) was aware ements made on 2-15-16 but the abuse. There was no story: no perpetrator, location we a gym} or time. (R1) has a and (R1) even stated to (E3) that a dream so we treated it as the action of the state and the action of the substance and we had something to a so it was reinvestigated and and we came up with the same		225			
	didn't offer (R1) a jo a gym and there is came into this facili After talking with (Z delusional past, we of abuse and that's The facility's Abuse	g (RT) mentioned was true, we ob and we {facility} don't have no way that a gang of men ty in the middle of the night. 1) and hearing about (R1's) didn't consider it an allegation why it was never reported.  and Neglect Prevention ed 5/15/15 documents, "It is					

	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  N OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 225	abuse or neglect of individualthe followand guidelines shall neglect, and related requirementsAbus of injury, unreasons or punishment with or mental anguish not limited to any seconductAll alleges shall be reported by two hours of the incident performed by Abuse will include staff and Abuse Prevention Otto make sure all interequirements are de 483.13(c) DEVELO ABUSE/NEGLECT.  The facility must de policies and proced mistreatment, negle and misappropriation.  This REQUIREMENT by:  Based on record refailed to operational Policy for reporting	cility to not knowingly tolerate its residents by any wing policy definitions, criteria I be used to determine abuse, I reporting se means the willful infliction able confinement, intimidation resulting physical harm, pain sexual abuse may include but exual penetration or direports of abuse or neglect or phone or fax to IDPH within cident and in writing within five in Investigation will be reprevention Coordinators and diresident interviews. The Coordinators are responsible ernal and State reporting one properly and timely.  P/IMPLMENT, ETC POLICIES	F 2			
	Findings Include:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145794	B. WING		0:	C 3/ <b>02/2016</b>
	PROVIDER OR SUPPLIER W HAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH 4TH STREET FAIRBURY, IL 61739		5,02,2010
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F 226	The facility's Abuse Protocol Policy date the policy of this faca abuse or neglect of individualthe follo and guidelines shall neglect, and related requirementsAbuse of injury, unreasons or punishment with or mental anguish not limited to any seconductAll allege shall be reported by two hours of the incident performed by Abuse will include staff and Abuse Prevention (to make sure all intrequirements are described by the incident performed by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intrequirements are described by Abuse Prevention (to make sure all intreduced by Abuse Prevention (to make sure a	e and Neglect Prevention ed 5/15/15 documents, "It is cility to not knowingly tolerate if its residents by any wing policy definitions, criteria Il be used to determine abuse, d reporting se means the willful infliction able confinement, intimidation resulting physical harm, painsexual abuse may include but exual penetration or d reports of abuse or neglect y phone or fax to IDPH within cident and in writing within five t. Investigation will be e Prevention Coordinators and d resident interviews. The Coordinators are responsible ternal and State reporting one properly and timely.  sheet documents the following onal Disorder, Dementia with ances, Encephalopathy, acular Degeneration and trophic Vaginitis.  ensus Report dated 3/1/2016 interviewable.  m Data Set) dated 1/22/16	F 2	26		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRE		1 03/	02/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOUL -REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 226	does exhibit some of R1's Progress Note (Licensed Practical (Certified Nursing Athat (R1) was upset a whore, but that (F"I'm not a horrible p bastard raped me." "laying there naked of (R1) and looking nurse (E4) that "I ju story and they got if (E5) "I was offered wasn't gonna take thas a history of delic (Social Service Direcontact family in rechistoryupdate sen regards to (R1's) decomments and med 2/10/2015."  R1's Social Service documents, "(E3) h previous conversatidescribed a scenaria a stage with another and a lot of people course of conversatibeen a bad dream, not seem distressed stories of (R1's) life to (Z2, R1's POA (Fthat (R1) has a histone (i.e. things fly (R1) was in bed). (Z2)	depression and anxiety.  s dated 2/15/16 by E4 LPN Nurse) documents, "(E5 CNA ssistant)) reported this am and stating that (R1) was not t1) had been raped; stated erson, I'm not a slut, that Also told (E5) that (R1) was and men were taking pictures at (R1)." Further told the st tried to tell someone my life all mixed up." (R1) also told a job in the Kitchen and I he job, she can have it." (R1) usional thinking; (E3 SSD ector)) updated and will	F 2	26			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION IG	` ´CON	(X3) DATE SURVEY COMPLETED	
		145794	B. WING _			C / <b>02/2016</b>
	PROVIDER OR SUPPLIER W HAVEN			STREET ADDRESS, CITY, STATE, ZIP CODE 605 NORTH 4TH STREET FAIRBURY, IL 61739	<b>.</b>	702/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	RY STATEMENT OF DEFICIENCIES  ID PROVIDER'S PLAN OF CORRECTION CIENCY MUST BE PRECEDED BY FULL (OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	(X5) COMPLETION DATE	
F 226	R1's Progress Note (R1) became upset morning. Stating "E raped ad then it wa CNA {unnamed} of stated, "I think I just dummy."2/18/16 asked stated, "that newspaper again." did naughty things (Occupational Ther that (R1) was conticated about being sexual to (E2 DON (Direct further investigation). On 3/1/16 at 9:30 a Abuse Coordinator for Abuse/Neglect of sent to IDPH (Illino Health) for R1. This claims she was tak she was raped in the does not know the idea who was involvalidity of the claim anything about the and E1 stated that the inital comments 2-15-16.  On 3/1/16 at 1:05 proom. R1 was teard out for me. A girl, I me up at 1:30 am a do therapy. She sa When I got down the that I didn't have me.	es also documents, "2/16/16 - and tearful during shower this everything was good until I got is in the newspaper." When fered reassurances, (R1) then it dreamed that. I'm such a Tearful this evening. When man put my name in the2/21/16 (R1) stated, "they it o me."2/24/16 (Z3 OT rapist) reported to this writer nuing to delusional thoughts ly abused. This was reported or of Nursing)) and (E3) for	F 22	26		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION UNG	(X3) DA	(X3) DATE SURVEY COMPLETED	
		145794	B. WING		0:	C <b>3/02/2016</b>
	PROVIDER OR SUPPLIER W HAVEN			STREET ADDRESS, CITY, STATE, ZIP 605 NORTH 4TH STREET FAIRBURY, IL 61739		0,02,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE
F 226	don't remember an said, "is it my turn r in my room and my tummy was tender. me to the gymnasiu we where both nak taking pictures of mexcept now my son killed." R1 is unable what color her hair I could see was shatalking, I never real could tell they were voices."  On 3/1/16 at 4:20 pto talk with (R1) by Public Relations) remade to (E5 CNA). which (R1) and and stage, naked and pthem. (R1) never made to (R1) never made to (R1) and and stage, naked and pthem. (R1) never made it was not on 3/1/16 at 4:30 pof (R1's) initial state we didn't consider it substance to (R1's) {cause we don't har history of delusions it might have been such. On 2-24-16 ((R1) had said that (R1) ha	ge 10  ything other than one of them next?" When I came to, I was mouth was chapped and my Another time, that girl took am with another person and ed on stage and people were ne. Things are better now and grandson have been e to recall who the "girl" was, was or the built. R1 stated, "All adows and I could hear people ly saw the girl or the men, but I men from the sound of their  m, E3 stated, "(E3) was asked (E2 DON and E12 Director of egarding the report (R1) had (R1) told me of a scenario in other lady where up on a gym eople were taking pictures of nentioned being raped to me. In dream scenario with no real trator, no date or time was er having talked with (Z1 and bout (R1's) history of delusions, if it an allegation of abuse, reported to public health."  m, E1 stated, "(E1) was aware ements made on 2-15-16 but the abuse. There was no extended to the control of the control and the control of the control of the control and the control of the co		226		

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		145794	B. WING		0,	C 3/ <b>02/2016</b>
	PROVIDER OR SUPPLIER	1,670		STREET ADDRESS, CITY, STATE, ZIP C 605 NORTH 4TH STREET FAIRBURY, IL 61739		5/02/2016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
F 226	including a location actually investigate, reported {this time}, conclusionit didn't On 3/2/16 at 8:40 a talked about (R1's) to (R1) about it. We something from (R1 or a dream. Nothing didn't offer (R1) a journal of a gym and there is came into this facility. After talking with (Z delusional past, we	, and we had something to so it was reinvestigated and . We came up with the same	F 2	226		