PRINTED: 10/21/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ C IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z 000 COMMENTS Z 000 Complaint Investigations 2195269/IL136354 2195537/IL136677 Z9999 FINDINGS Z9999 Statement of Licensure Violations: 350.620 a) 350.3240 a) Section 350.620 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that residents are not subjected to sexual abuse, for 2 of 2 (R1, R3) residents, in the sample, who reported

Illinois Department of Public Health

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

solicitation for sex. As a result of this failure, R1

and R3 required immediate medical evaluations.

R1 also required a mental health evaluation, with a subsequent mental health hospitalization, for

multiple incidents of sexual assault and

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) Z9999 Z9999 Continued From page 1 suicidal ideation. Findings Include: 1. Per review of face sheet and individual support plan (ISP) dated 3/24/21, R1 is a 26 year old female, with diagnoses including: mild intellectual disability, post-traumatic stress disorder, reactive attachment disorder, intermittent rage disorder, obsessive stress disorder, and bipolar disorder Per review of police report, dated 7/23/21 at 20:12 (8:12 PM), with incident # 21MS12614, the local police department was dispatched to the facility in reference to a criminal sexual assault. The offense was forcible rape and the victim named is R1. R1 gave consent for a medical forensic exam and evidence collection. The local police department picked up a completed sexual assault kit from R1 at the local hospital. R1 told the local police that: "(E5, Maintenance Worker) gave (R1) alcohol around her birthday (7/4/21). (E5) called (R1) in the hallway and offered (R1) a Mexican drink. (E5) gave (R1) an energy drink (venom). (E5) tells (R1) to come in the garage because (E5) has something for (R1). (E5) hugged (R1). (E5) put his finger in (R1's) private part. (E5) pulled (R1's) shorts down, pulled (E5's) pants down, and (E5) put his penis in (R1's) vagina. (E5) put his penis in (R1) multiple times. It happened a lot of times, like four times. Most of the time it happened in the garage. (E5) put (R1) on the dresser, inside of the garage and put his penis inside of (R1). (E5) never used a condom (E5) looked out of the small garage door and told

Illinois Department of Public Health

someone coming

(R1) to hide behind the cabinet when (E5) heard

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE MATTESON COURT MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 2 (E5) walked out first and then (R1) came outside (R1) didn't tell anyone what happened at that time Per review of a letter addressed to the Illinois Department of Public Health (IDPH), from E1 (Administrator), dated 7/24/21, R1 reported R1 and E5 (Maintenance Worker) had sexual intercourse. E5 was immediately suspended, the local police department was called, and R1 was sent to a local hospital's emergency room. Per review of hospital records, dated 7/23/21, R1 was evaluated in a local hospital's emergency room, for a diagnosis, of sexual assault. R1 reported an alleged sexual assault that occurred on 7/22/21, around noon time. R1 noted about ten episodes of intercourse with assault, between 7/4/21 and 7/23/21. The assaults happened at the facility, in the garage. R1 named E5 as the assailant. A physical exam on 7/23/21 revealed R1 had a trace amount of a white discharge, in her vagina. Per review of hospital records, dated 7/25/21, R1 was evaluated in a local hospital's emergency room, for a treating complaint of suicidal ideation. R1 presented at the local hospital with a plan to walk out in front of a car. An inpatient hospitalization was recommended, as R1 appeared to be a danger to herself at that time. R1 stated she reported a sexual assault by a maintenance employee at the facility. R1 was subsequently transferred to a psychiatric hospital for an inpatient hospitalization, on 7/27/21. On 7/27/21 at 3:26 PM, E2 (Administrator) stated,

Illinois Department of Public Health

"There is an alleged sexual assault incident with (R1), that the facility became aware of, on

7/23/21. On 7/23/21, (R1) reported that (E5) had

PRINTED: 10/21/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBERS COMPLETED A. BUILDING: B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PRFFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Z9999 Continued From page 3 Z9999 sexual intercourse with (R1). (R1) reported this to (E6, Direct Support Person). (E6) reported this to (E1). (E1, Administrator) called (E2) to transport (R1) to a local hospital for a rape kit. (E2) took (R1) to a local hospital on 7/23/21. around 9:00 PM - 10:00 PM. The local hospital did a rape kit. The sexual assault nurse told (E2), that there is evidence of sexual penetration." On 7/27/21 at 6:04 PM, E1 stated, "(E1) got a call from (R1) on 7/23/21. (R1) told (E1) that (E5) raped (R1). (R1) told (E1) that (E5) had sex with (R1) on 7/22/21, around lunch time, in the garage. (E1) asked (R1) if this was the first time. (R1) said "No, it started around 7/4/21." (E1) asked (R1) about how many times did this happen. (R1) told (E) that it seems like every day. (E5) comes to the facility almost, on a daily, basis, Monday - Friday. (E5) checks for needed maintenance repairs and sprays the facility, with a disinfectant, for the Covid 19, virus. (R1) said that she didn't tell anyone. (E1) asked (R1) if (R1) had showered, since the incident, on the day before (7/22/21). (R1) said "No". (E1) told (R1) to not take a shower. (E1) asked (R1) if (R1) had the clothes that (R1) wore on 7/22/21. (R1) said "Yes". (E1) told (R1) to give her clothes to (E6). (E1) called (E7, Executive Director) and told (E7) what happened. (E7) called (E5) to suspend (E5). (E2) called the local police department. (E2) took (R1) to a local hospital and (R1)

Illinois Department of Public Health

received a rape kit. (R1's) diagnosis at the local hospital was sexual assault. (R1) returned to the facility on the morning of 7/24/21. When (E1) saw (R1) on 7/24/21, (R1) seemed very sad. When (E1) came the facility on Sunday, 7/25/21, (R2) told (E1) that (R1) was feeling sad. (R2) thought that (R1) wanted to commit suicide. (E1) spoke with (R1), and (R1) told (E1) that (R1) didn't know how she could live with herself. (E10,

PRINTED: 10/21/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Continued From page 4 Z9999 Registered Nurse) asked (R1) if she had a plan. (R1) said that she wanted to jump in front of a car. (E1) drove (R1) to a local hospital, for a psychiatric evaluation. (Z1, Direct Support Person) called (E1) on 7/26/21 and told (E1) that (E5) had called (Z1). (E5) told (Z1) that (E5) was suspended. (E5) asked (Z1) if (R1) had reached out to (Z1). (E5) told (Z1) that (E5) bought (R1) coffee and food. (E5) was wondering if that is what got (E5) suspended. (E5) asked (Z1) if (Z1) had any other details." On 7/27/21 at 5:44 PM, E6 stated, "After dinner, when (E6) went to (R1's) room to check on (R1) and (R2), (R1) and (R2) told (E6) that sexual things were happening between (R1) and (E5). (R1) told (E6) that (R1) was continually being raped by (E5), since 7/5/21, the day after (R1's) birthday. (E6) called (E1) and (R1) and (R2) spoke to (E1). (E6) confirmed what (R1) and (R2) had told (E6). (R1) said it happened every time (E5) was in the facility, which is on a weekly basis." On 7/27/21 at 5:19 PM, R2 stated, "On 7/23/21, (R1) told (R2) that (E5) and (R1) were having sex. (R1) told (R2) that (R1) and (E5) had sex about four-five times. (R1) said that it happened in the garage, and in the room next to the bathroom, by (R1's) room and by the north exit door. (R1) also told (E6) about the sex with (E5). (R1) and (R2) talked to (E1) and told (E1) what was going on. (R2) sees (R1) and (E5) outside alone, a lot, by the garage, around lunch time. (E5) comes to the facility before lunch. (E5) buys

Illinois Department of Public Health

(R1) and (R2) energy drinks."

On 7/28/21 at 11:04 AM, Z2 (Family Member) stated, "On 7/23/21, (R1) called (Z2), between 7:00 PM - 8:00 PM, and (R1) told (Z2) that (R1)

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Continued From page 5 Z9999 had been raped. (R1) said that she was raped by (E5). The first time was in the garage, around 7/4/21. (R1) wasn't able to give (Z2) a date for the second time, but (R1) said that it happened in the furnace room. (E5) gave (R1) energy drinks and treats before the first time the rape happened. When (E5) gave (R1) energy drinks, (R1) felt drunk. That makes (Z2) think that (E5) added something to the energy drinks. (Z2) asked (R1) what exactly did (E5) do. (R1) said "Mom, (E5) put his dick in me." (R1) must have told the staff. (R1) talked to the police. (R1) went to a local hospital. (R1) tried to explain what the staff in the hospital did in her private area. (Z2) don't think that (R1) can reasonably consent to sex. (R1) reads at a first grade level. (R1) is 26 years old, but (R1) doesn't think like a 26 year old, psychologically and emotionally. (Z2) received a telephone call from a staff member at a local hospital on 7/26/21. The staff member told (Z2) that (R1) had been brought to the local hospital on the night before (7/25/21), for suicidal thoughts. When (Z2) saw (R1) in the local hospital, (R1) told (Z2) that (R1) was outside and wanted to go in the street and get hit by a car, because (R1) had been raped." On 7/28/21, during a tour of the facility with E2 at 12:26 PM, there was a medium, brown colored dresser on the right side of the floor, in the garage, close to the overhead garage door. In the electrical room, right next to the north, exit door, there was a large plumbing rod in the middle of the floor, and fire and electrical panels and a sprinkler system on the wall. E2 stated, "On 7/23/21, the rod was pushed back toward the

Illinois Department of Public Health

back wall. The first half of the floor was open. when the police looked in the room, on 7/23/21. (R1) told the police that (R1) and (E5) broke a

chair in the electrical room."

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6014393 08/31/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 237 CENTRAL AVENUE MATTESON COURT MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 6 On 8/11/21, at 10:40 AM, E3 (Regional Trainer) stated, "The overall age equivalent on the Inventory for Client and Agency Planning (ICAP) assessment, is the age that the resident functions at intellectually. In the interpersonal and support risk section, on the individual risk assessment tool, yes, means that the resident is at risk, and no, means that the resident is not at risk. In the functional sexual assessment section, on the individual risk assessment tool, yes, means that the resident is able to do what the questions ask. and no, means that the resident is not able to do what the questions ask." Per review of ICAP assessment, dated 3/23/21, R1 has an overall age equivalent at eight years and ten months. (R1 functions intellectually as an, eigth year, ten month, old child) Per review of individual risk assessment, dated "R1 is not at risk for reluctance or inability to report abuse or potential abuse (R1 functions intellectually as an, eight year, ten month, old child) R1 is not at risk for being vulnerable to solicitation via personal, telephone, or internet contact (R1 functions intellectually as an, eight year, ten month, old child) R1 is able to stop unwanted sexual attention (R1 functions intellectually as an, eight year, ten month, old child) R1 is able to indicate what to do if unwanted attention/assault/rape occurs (R1 functions intellectually as an, eight year, ten month, old

Illinois Department of Public Health

supervision"

child)

R1 requires on site general household

PRINTED: 10/21/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Z9999 Continued From page 7 Z9999 2. Per review of face sheet and ISP dated, 9/15/20, R3 is a 66 year old female, with diagnoses that include: moderate intellectual disability, major depression, and anxiety. Per review of ICAP assessment, dated 9/14/20, R3 has an overall age equivalent at three years and one month. (R3 functions intellectually as a three year, one month, old child) Per review of individual risk assessment dated 9/14/20: "R3 is not at risk for reluctance or inability to report abuse or potential abuse (R3 functions intellectually as a three year, one month, old child) R3 is not at risk for being vulnerable to solicitation via personal, telephone, or internet contact (R3 functions intellectually as a three year, one month, old child) R3 is able to stop unwanted sexual attention (R1 functions intellectually as a three year, one month, old child) R3 is able to indicate what to do if unwanted attention/assault/rape occurs (R3 functions intellectually as a three year, one month, old child) R3 requires on site general household supervision" Per review of police report, dated 7/29/21 at 13:37 (1:37 PM), with incident #21MS13000, the local police department received a telephone call

Illinois Department of Public Health

via 911, regarding a criminal sexual assault. The victim named is R3. R3 was not able to provide a lot of details of the incident, but did state E5 had put his private area in R3. At one point, R3 indicated E5 was doing it to R3. R3 is uncertain of a timeframe. R3 also indicated after E5 would finish having sex with her, E5 would give her a

STATE FORM

Illinois Department of Public Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: CO	MPLETED
IL6014393 B. WING 0	C 3/31/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
MATTESON COURT 237 CENTRAL AVENUE MATTESON, IL 60443	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999 Continued From page 8 Z9999	
cup of coffee, and told R3 not to say anything to anyone.	
On 7/29/21 at 1:06 PM, when asked if any staff or residents have touched your private parts or made you feel uncomfortable about your body, R3 stated, "Yes, he comes every week and sprays. (E5) touched (R3's) vagina, three times, when (R3) was in my room. When (E5) sprays the mist, (R3) is in (R3's) bed. (R3) didn't say anything to anyone." E2 and E8 (Regional Trainer) were present during the interview. E2 asked R3, "Does (E5) touch (R3) with his penis?" R3 stated, "Yes." E2 asked R3, "Does (E5) put his penis inside of (R3)?" R3 stated "Yes." E2 asked R3 how many times has E5 put his penis inside of R3. R3 stated, "Three times". E2 asked R3, is (E5's) name, J-e," R3 stated, "I think so." E2 asked R3 if R3 told any of staff. R3 stated, "No, the staff aren't ever here." E2 asked R3 if E5 brings R3 food. R3 stated "(E5) brings (R3) coffee." On 7/29/21 at 2:53 PM, E2 stated, "(R3) told the local police officer that (E5) put his body on top of (R3). (E5) put his male private parts in (R3) three times. (R3) is very detalled, except for the time. (R3) can't give a time frame. It happens when (E5) sprays (R3's) room, when (R3) is in bed. (R3) can't tell when." Per review of hospital records, dated 7/29/21, R3 was evaluated in a local hospital's emergency room, for a chief complaint of an alleged sexual assault. R3 stated a male touched her in her private parts, in the front. R3 was unable to give further details. R3 was tested and treated prophylactically for sexually, transmitted	

Illinois Department of Public Health

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE	SURVEY
AND FLAN	OF CORRECTION	BENTIFICATION NOMBER.	A. BUILDING:			-
		IL6014393	B. WING			31/2021
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MATTES	ON COURT		RAL AVENU			
			N, IL 60443		TION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ige 9	Z9999			
	During an interview 12:47 PM, E1 state punch in and out fo needed based on n is in the facility, he there are any need	conducted on 7/29/21 at d., "(E5) comes to the facility to br work. (E5) makes repairs as naintenance logs. When (E5) does a walk through to see if ed repairs."				
	out, for work, at the Day of Week Punch Out	time card, E5 punched in and facility, on the following days: Date Punch In				
	Tuesday 7/6 Wednesday PM	5/21 6:51 AM 3:34 PM 5/21 6:57 AM 3:32 PM 7/7/21 6:08 AM 3:33				
	Friday 7/5 Monday 7/12/2 Tuesday 7/7 Wednesday Thursday 7/7 Friday 7/7 Monday 7/7 Tuesday 7/2 Wednesday Thursday 7/2 Friday 7/2	3/21 6:57 AM 3:34 PM 3/21 6:53 AM 3:32 PM 1 6:52 AM 3:32 PM 13/21 6:54 AM 3:32 PM 7/14/21 6:53 AM 3:32 PM 15/21 6:52 AM 3:33 PM 16/21 6:55 AM 3:33 PM 19/21 6:57 AM 3:32 PM 20/21 6:51 AM 3:32 PM 22/21 6:54 AM 3:31 PM 23/21 6:55 AM 3:36 PM				
	workers don't have daily tasks. They a the maintenance be They have master properties, because building emergence home and perimeter assigned duties."	PM, E2 stated, "Maintenance a set schedule as it relates to are monitored through audits of ook, and maintenance log. keys and access to all of the e they have to respond to ies. They move around the er freely, while performing their				
	1	mentation on documents				

Illinois Department of Public Health STATE FORM

PRINTED: 10/21/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6014393 08/31/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Z9999 Continued From page 10 Z9999 assigned duties, E5 performed the following duties, in the facility and signed the following documents, on the following dates: "Smoke detector/pull station/functionality test, checklist - all over facility" - 7/5/21 "Weekly based fire protection system" - 7/5/21. 7/12/21, 7/19/21 "Weekly/monthly maintenance checks around the facility" - 7/5/21, 7/12/21, 7/19/21 "Water temperature checks" - 7/5/21, 7/12/21, "Fogger disinfection record"- 7/5/21, 7/7/21, 7/9/21, 7/12/21, 7/14/21, 7/16/21, 7/19/21, 7/21/21, and 7/23/21 "Maintenance Record" - for ceptic waste coming out of drain on the men's side" - 7/7/21 3. Per review of a letter addressed to the Illinois Department of Public Health (IDPH) from E1 and dated 7/24/21, E1 received a report on 7/23/21 from Z3 (Direct Support Person), regarding E9 (Direct Support Person) sending R1 messages via social media and text. The messages from E9 indicated sexual advances toward R1. E9 was suspended. The local police department was notified. On 7/27/21 at 3:26 PM, E2 stated, "There is an alleged sexual harassment incident with (R1). that the facility became aware of on 7/23/21. The sexual harassment is from (E9). (E2) overheard (R1) tell the nurse and police officer that (E9) sent (R1) messages via social media (tiktok)."

Illinois Department of Public Health

Per review of messages from E9 to R1 via social

media (tiktok), on 7/27/21, E9 asked R1: "If (R1) ever thought about how it feels to have sex and if (R1) was curious about how sex feels

"Does (R1) ever think about having sex"

Illinois Department of Public Health

AND BLAN OF CORRECTION		A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		IL6014393	B. WING		08/3	: 1/2021
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
		237 CENT	RAL AVENU	E		
MAITES	ON COURT	MATTESO	N, IL 60443			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ge 11	Z9999			
	media (tiktok), on 7 "If (R1) thinks abou (R1) with that." "(R1) should not tel talked." "(E9) wants to see "(E9) wants to be fr "Whenever (R1) is shift, nobody is wol- come in the front, v sleep" Per review of the m (tiktok), on 7/27/21	It having sex, (E9) can help				
	text message on 7/E9 thought R1 and trying to blackmail on 7/27/21, at 3:59 (E3) on 7/23/21 are that (E1) received a (E1) that (R1) and social media (tiktok cell phone that wer (E9). (E1) told (E3 be investigated. (Escreenshots of the messages from (R the tiktok message asked (E9) about (Initially, (E9) commmessages. That is communication before the strong that the tiktok message asked (E9) about (Initially, (E9) commmessages. That is communication before the strong that th	nessages from E9 to R1 via (27/21, E9 told R1 and R2 that R2 were cool. R1 and R2 was E9 and get E9 fired. PM, E3 stated, "(E1) called bund 4:30 PM, and told (E3) a report from (E6). (E6) told (R) had just showed (E6) (R) had just showed (E6) (R) and text messages on (R1's) the sexual in nature, and from (P1) that this allegation needs to (P1) sent (E3) copies of the tiktok messages and text (P3) cell phone. (E3) reviewed the sand text messages. (E3) (E9's) username on tiktok. The sunicated with (R1) via tiktok is not an appropriate method of the tween employees and bould not have communicated				

Illinois Department of Public Health

6899

Illinois Department of Public Health

	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE	SURVEY
		A. BOILDING			•
	L6014393	B. WING			C 8 1/2021
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MATTESON COURT	237 CENT	RAL AVENU	JE		
		ON, IL 60443	3		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST B TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
and in that way. The copie evidence that the message (R1) started on 7/7/21. The directly to (R1's) cell phone messages are from (E9) to shaded messages are from the tiktok messages are from the tiktok messages are from the tiktok messages are from the Office of Inspector (Sexual abuse because of the Office of Inspector (Sexual abuse because of the Messages via social media about sex. The timeline shit. (E3) interviewed (R2) of (E3) that (R2) typed (R1's) tiktok and text, because (Rich was watching videos on (Rich messages popped up while the videos. (R2) admitted to see how far (E9) would (R1) to tell on (E9). During with (E9) on 7/27/21, (E3) asked (R1) to be friends where answered "No". (E3) started messages that (E9) sent (R1) that was just (E9) and (R1). On 7/27/21 at 5:19 PM, R2 know about the messages text messages, between (R1) type the messages. (Say. (R2) wanted E9 to ge (R2) told (R1) to type the messages money to not say anything.	es between (E9) and le messages came e. The unshaded of (R1), and dark in (R1) to (E9). All of om 7/7/21. After E3) thinks that (E9) with (R1). According General (OIG), this is the unwanted and text messages nows that (E9) initiated in 7/26/21. (R2) told messages to (E9) on (R1) can't spell. (R2) (R2) this phone and the e (R2) was looking at to texting about money go. (R2) encouraged of a telephone interview asked (E9) if (E9) if (E9) if (E9) ith benefits. (E9) ed reading the R1) via social media then (E9) stated, "Yes, of talking." It stated, "Yes, (R2) via social media and (R1) and (E9). (E9) a messages on social sages. (R2) helped (R2) told (R1) what to the straight to the point. The essage regarding (R2) les, and giving (R2)	Z9999	DEFICIENCY		

Illinois Department of Public Health

Illinois Department of Public Health

- · · · · · - · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		IL6014393	B. WING		0013	; 1/2021
					1 00/3	1/2021
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
MATTES	ON COURT		RAL AVENU N, IL 60443			
	0.0000000000000000000000000000000000000					
(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 APPR DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
Z9999	Continued From pa	ae 13	Z9999			
	messenger on 7/23 room and (R1) and messages via tiktol messages from tikt	/21. (E6) came into (R1's) (R2) told (E6) about the k, and showed (E6) the ok and text messages. (E1) and (R1) and (R2) talked to (E1)				
	On 7/27/21 at 5:44 PM, E6 stated, "(R1) and (R2) showed (E6) messages on R1's cell phone from a social media platform called tiktok. The messages were from (E9). (E6) read the messages. The messages were leading to a sexual assault. (E9) asked R1 to be friends with benefits and asked (R1) for sexual favors. (E9) kept asking the question, "Has R1 ever had sex?" (R1) and (R2) told (E1) what happened. (E6) confirmed what (R1) and (R2) told and showed (E6), and what (E6) read."					
	reports of sexual had called (E1) around (E1) that (E9) was a messages to (R1). to (Z3). (E1) called (R2). (R2) said that (R1) on social med messages to (E1) if spoke to (R1). (E1) started communicate (R1) told (E1) that (E9) initiated the concept (E1) asked (R1) if (E1) tiktok. (R1) said "Y screen shot of the resend the messages (E1) asked (R1) if (E1) said "Yes". (E1) said "Yes". (E2) screen shot of the rescreen shot of the rescription.	PM, E1 stated, "(E1) received arassment from (Z3). (Z3) 5:15 PM on 7/23/21. (Z3) told sending sexually inappropriate (Z3) said that (R2) reported it the facility and spoke with t (E9) had been messaging ia (tiktok). (R2) read the rom (R1's) phone. Then (E1) asked (R1) about how (R1) ting with (E9) in that way. (E9) added (R1) on tiktok. Inversation via the messages. (E9) had videos on (E9's) (E1) told (R1) to take a messages from tiktok and is to (E1) via text message. (E1) asked (R1) to take a messages.				

Illinois Department of Public Health

Illinois Department of Public Health

AND DIAN OF CORRECTION INTERPRETATION AND IMPER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014393	B. WING		08/3	31/2021
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MATTES	ON COURT		RAL AVENU N, IL 60443			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Z9999	and verified that it videos of (E9), on timessages, (E1) vernumber. (E1) class harassment. (E9's) E1) called (E9) and Per review of E3's i on 7/26/21, R2 told the facility, because with R1. R2 doesn'at the facility. R2 w phone and a message ask you a question? R2 was helping R1 point of what E9 was started the message message about R2 R2 wanted to see E cell phone number. Per review of E3's i on 7/27/21, E9 said	d looked for (E9's) username vas (E9), because (E1) saw ktok. After (E1) got the text rified (E9's) cell phone diffied this incident as sexual as behavior was inappropriate. (Suspended (E9) on 7/23/21." Interview with R2, conducted E3 that R2 doesn't feel safe at the of E9's and E5's situations at feel safe with men that work was looking at tiktok on R1's was proposed up about "Can Interview and forth to the situations to say to R1. E9 with the situations of E9's and E9's and E9's response. E9 gave R1 his enterview with E9, conducted that E9 does not text R1. E9	Z9999			
	tiktok. E9 said that did not ask R1 to be also admitted that v E9 he would have to On 7/27/21, at 3:59 that (R2) doesn't fee	a conversation with R1 on E9 did not ask R1 for sex and e friends with benefits. E9 when E9 talked to R1, R2 told o pay R2, so R2 "wouldn't tell." PM, E3 stated, "(R2) told (E3) el safe around men, because				
	On 7/27/21 at 5:12 Director) stated, "(E (E9's) telephone int that (E9) sent those to (R1). (E4) thinks	PM, E4 (Residential Services E4) was present today during erview. (E9) did acknowledge messages via tiktok and text the messages are sexual should not have sent those				

Illinois Department of Public Health

Illinois Department of Public Health

	NT OF DEFICIENCIES N OF CORRECTION	IDENTIFICATION NUMBER:	' '	CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6014393	B. WING			31/2021
	PROVIDER OR SUPPLIER	237 CENT	DRESS, CITY, S RAL AVENUI DN, IL 60443	TATE, ZIP CODE E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
Z9999	messages to (R1). (R1) are very inapport of themselves. (R2) or residents that live in themselves. (R2) or residents don't have don't need to be in safe. (R2) used to (Z4) (Direct Support facility." On 7/28/21 at 11:04 (Z2) that (E9) sent (R2) told (Z2) that (E9) sent (R2) told (Z2) that (C1) that (C2) that (C2) that (C3) the staff of the s	The messages that (E9) sent	Z9999			

Illinois Department of Public Health

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING_ 08/31/2021 IL6014393 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 237 CENTRAL AVENUE **MATTESON COURT** MATTESON, IL 60443 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 16 Investigative Committee policies, with revision date of April, 2019, do not contain information regarding protecting the residents from abuse and regarding, defining, identifying, and preventing sexual abuse. (A)

Illinois Department of Public Health