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 IL6008833 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH NEWARK **CELEBRATE SENIOR LIVING NILES** NILES, IL 60714 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2296286/IL149949 Facility Reported Incident Investigation FRI of 8/8/22, IL149951 S9999' Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest

Illinois Department of Public Health

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

each resident's comprehensive resident care

practicable physical, mental, and psychological well-being of the resident, in accordance with

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: A. BUILDING: ___ COMPLETED IL6008833 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH NEWARK **CELEBRATE SENIOR LIVING NILES** NILES, IL 60714 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on interviews and record reviews, the facility failed to follow their abuse policy. The facility failed to affirm the right of their residents to be free from sexual abuse. This affects 2 (R1 and R2) of 3 residents reviewed for sexual abuse. This failure resulted in R1 and R2 transferring to a local hospital for further evaluation. R1 reported that R1 does not feel safe and afraid that the facility may discharge R1 for reporting a sexual abuse. R2 admitted in the hospital for superficial vaginal laceration. Findings Include: Facility Reported Incident dated (8/8/22), reads in part: On 8-8-22 at approximately 12:45 PM, it was reported to Administrator by nurse on duty that R1 verbalized "at night 8-8-22 at 5am male CNA made me touch his private part with my hand". R1 was able to describe CNA. CNA was called and immediately suspended pending further investigation. Full investigation in progress. R1 sent out to local hospital on 8/8/22. Hospital record dated 8/8/22, reads in part: R1 alert and oriented 2-3, and able to recall events multiple times stating the same details. I performed the

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING IL6008833 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH NEWARK **CELEBRATE SENIOR LIVING NILES** NILES, IL 60714 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 digital exam which revealed some slight tenderness with labial retraction that she describes as more of a pulling sensation, R1 describes that the vaginal discomfort was her main complaint for coming in today for evaluation. R1 describes with the NCT (Nurse Care Technician) changing R1 diaper during the overnight shift and sexually assaulting R1. R1 says that the NCT inserted his fingers into her vagina, causing pain. He also placed R1's hand multiple time in his penis. R1 says that NCT was not wearing gloves. R1 does not believe that NCT removed his pants or expose genitalia. R1 was evaluated and treated for sexual assault. Police report was made. Reviewed police report dated 8/8/22, reads in part: R1 advised that male/black was very polite and soft spoken when he was in the room, R1 advised R1 was half asleep but did know that CNA had taken her hand and had placed it on to his penis under his pants. R1 advised R1 pulled R1's hand back, and this occurred 2 more times. R1 advised as R1 was being changed CNA told R1 to spread R1's leg apart real far and at one point inserted his finger into R1's vagina with force. R1 advised that it hurts and R1 cried out a little. R1 advised that CNA did not say anything, but he did clean R1 up and finished changing R1. At the ER (Emergency Room), R1 did tell staff members the same version of events as R1 related at the nursing home, including the unwanted, forced, contact of R1's hand with the penis of CNA and of CNA penetrating R1's vagina with his finger, which was also unwanted and forced, causing her pain and emotional distress. R1 with a BIMS (Brief Interview for Mental Status) score of 11 (8-12 moderately impaired).

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008833 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH NEWARK **CELEBRATE SENIOR LIVING NILES** NILES, IL 60714 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 On 8/10/22 at 12pm, R1 orientation assessed. R1 is alert and oriented x 3. R1 stated that there was a male (V15), black with braided hair that came in R1's room around 5am. R1 stated that V15 started to clean R1's private area. R1 reported that V15 grabbed R1's hand and place it in V15's penis, with the pants on. R1 stated R1 pulled back R1's hand and V15 again tried 2-3 more times. V15 continued to clean R1, and V15 put his finger inside R1's vagina and it hurts. R1 not able to report how long was the finger inside R1. but long enough to feel bad about it. R1 also stated feeling hopeless and ashamed". On 8/11/22 at 1030am, V12 stated "R1 reported it to the nurse. Nurse called me in my office asking me to talk to R1. I went to see R1 and R1 reported to me that a male, with black braids (V15). R1 thinks that V15 is from the agency. R1 reported to me that V15 put R1's hand to V15's penis". On 8/11/22 at 11:00am, V15 stated that V15 worked on 8/7/22 night shift in the facility, 5th floor. V15 reported coming in late for V15's shift. Reported that this was V15 first time working in this facility. V15 reported that V15 worked by himself, V15 was the only CNA on the unit, V15 does not recall who were the residents V15 cleaned, does not remember names or rooms. V15 remembers getting up one male and one female in the morning, and the rest received personal care. On 8/11/22 at 1:30pm, V16 (nurse, worked on 8/7/22, night shift) stated that V15 came in late that night shift and no CNA in the beginning of her shift until V15 arrived in the unit. V16 reported that R1 pressed the call light around 5mins after 5am and when V16 answered the call, R1 asked Illinois Department of Public Health

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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 IL6008833 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH NEWARK **CELEBRATE SENIOR LIVING NILES** NILES, IL 60714 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 Complaint: Laceration. Presents to the emergency department via EMS from nursing home after the day shift RN noticed vaginal bleeding when changing R2's diaper, physical exam at the facility performed by the physician showed a vaginal laceration and was sent to the ER for possible stitches. R2 alert and oriented x1, unable to provide HPI, this appears to be R2's baseline. Genitourinary: Comments: 2cm superficial laceration along inferior aspect of the vagina internal to labia minora, not actively bleeding. ED attending physician spoke with R2's son, who gave consent for a sexual assault kit over the phone along with speaking with physician who performed the exam at the facility who reported that there is some concern for possible elder abuse/sexual assault given the location as it is unclear as to how R2 would gotten this and R2 is alert and oriented x 1 (self) at baseline and unable to provide history. ED diagnoses: Vaginal laceration, initial encounter and Sexual Assault of Adult, initial encounter. Reviewed police report dated 8/8/22, reads in part: Responding officer arrived on scene and met with nurse with local hospital. Nurse advised on today's date, the victim, R2 was brought in for a laceration to her vaginal area. She stated upon doing her examination, she observed the laceration was more of a tear, which could be consistent with a sexual assault. Nurse advised because another resident from the same building. was just in the emergency room for the same thing, Nurse called the local police. On 8/10/22 at 11:15 am, V1 (Administrator) stated that R2's laceration was reported really late by primary care physician. V17 stopped by my office and V17 told me that V17 was here to examine R2 for vaginal bleeding. V17 saw laceration and

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		evaluation. V17 sa but there is a very s understand how this this is the reason V reported it. Investigathat R2 had a vagin nurse called V17, V to evaluate R2.	sending R2 to hospital for id there is no more bleeding strange laceration. V17 cannot is laceration could happen and 17 wants R2 to be evaluated. I ation initiated. Nurse reported al bleeding after lunch and 17 said he will be in the facility				25	
	9 7 3	lunch when V10 (CI reported to me that I went and checked noticed that a scant R2's vagina. I did no because R2 has resiegs. I called R2's dethe time for another	om, V6 (Nurse) stated "After NA) was providing care, V10 there is blood on R2's diaper. on R2, I assessed, and I amount of blood coming from ot see any cuts at the time, sistance when opening R2's octor and was in surgery at 30 mins. I talked to R2's V17 would come in the		:: ::			
		stated "I cannot say strange wound. R2 i the wound, it was on the vagina. Laceratic Looked like a clean thas to be investigated asked the nurse to ointment. I just saw j see any scratches. I told them the same fresh and should be have to admit and do discoloration in the ato the wound. I report On 8/10/22 at 4:10pr	m, V17 (Attending Physician) sexual assault, but It is a s non-verbal and when I saw right upper inner outside of on, not like torn wound. Cut. Any wound in that area ed. I did not clean the wound. put 4x4 and antibiotic just one laceration; I didn't spoke to the ER doctor, and thing, clear wound, looks sutured. ED doctor said they investigation. No rea, and I only pay attention ted to the administration".			n n		

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _____ COMPLETED IL6008833 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7000 NORTH NEWARK **CELEBRATE SENIOR LIVING NILES** NILES, IL 60714 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRO PRIATE TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 attempted to establish a resident sensitive and resident secure environment. Abuse means any physical or mental injury of sexual assault inflicted on resident other that accidental means. Sexual abuse includes but not limited to sexual harassment, sexual coercion or sexual assault. (A) Illinois Department of Public Health

STATE FORM