Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility Reported Incident of February 21, 2022 IL144214	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.3240 c) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care 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.	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ____ B. WING ____	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

Section 300.3240 Abuse and Neglect
c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative and to the Department.

Based on interview and record review, the facility failed to provide adequate supervision to prevent sexual abuse for two of three residents (R1 and R2) reviewed for abuse in the sample of three, and failed to send R2 for a medical evaluation following a possible sexual assault, resulting in a loss of potential evidence. These failures resulted in two residents with the diagnosis of Dementia (R1 and R2) and one resident (R1) with the diagnosis of Sexual Aggression both being found with R1's room door, cubicle curtain closed, in R1's bed, and both R1 and R2 being naked from the waist down. R1 was found lying face down on top of R2 with R1 and R2's genitals touching. R1 stated R1 and R2 had sexual intercourse.

Findings include:

R1's Physician's Order Sheet (POS), dated 2-16-22 through 3-15-22, document R1 has the diagnoses of Dementia with behavioral disturbances, Psychotic Disorder, Manic Episode, Anxiety Disorder, Major Depression, Attention and Concentration Deficit, Narcissist Personality Disorder, and Sexually Inappropriate Behavior. These same POS's document R1 receives Depakote 250 mg (milligrams) three times daily currently for the diagnosis of Sexual Aggression.

R1's Minimum Data Set (MDS) Assessment,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

dated 11-19-21, documents R1 has moderately impaired cognition.

R1's Progress Note, dated 6-27-20 and signed by V27 (R1's Physician), documents, "Increased behaviors. Sexually inappropriate. Grabbing at nurses. Sex comments to everyone. Will add Depakote 125 mg (milligrams) daily for sexual behavior."

R2's Physician's Order Sheets, dated 2-16-22 through 3-15-22, document R2 has the diagnoses of Dementia with behaviors, Memory Loss, and Delusions.

R2's MDS Assessment, dated 12-30-21, documents R2 is severely cognitively impaired and is severely impaired with daily decisions regarding tasks of daily life. This same MDS documents R2 requires oversight/supervision with walking in R2's room, in the corridor, and off of the unit.

V7's (CNA/Certified Nursing Assistant) Incident Investigation Form, dated 2-21-22 at 10:25 AM, and signed by V1 (Administrator), V2 (Director of Nursing), and V7 documents, "(I) went into (R1's) room to get the television remote. (R1's) privacy curtain was closed. I went around the curtain and saw (R1) with (R2). (R1) was only wearing a shirt. (R2) had a shirt on. (R1) was laying on top of (R2). (I) could not tell if intercourse was happening. No pain or distress was noted with (R1 and R2). Immediately separated (R1 and R2)."

V16's (Housekeeper) Incident Investigation Form, dated 2-21-22 at 10:40 AM, and signed by V1, V2, and V16, documents, "On B-wing with (V7). (V7) went to get the television remote from (R1's)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ____ B. WING ____	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

room and (I) was called over to (R1's) room. (I) entered and saw (R1) on top of (R2). Both (R1 and R2) with only shirt on. (I) did not know if intercourse was happening. (R1 and R2) immediately separated by (V7). (I) went to get the nurse (V13/Registered Nurse/RN). Neither resident in distress. No further behaviors noted after incident."

V13's (RN/Registered Nurse) Incident Investigation Form, dated 2-21-22 at 12:50 PM, and signed by V1, V2, and V13, documents, "I was on A-wing and (V16) came and said I was needed on B-wing and told me about the incident (R1 and R2). (V16) said (R1 and R2) were separated. I got up there (B-wing) and (R1) was in the television room sitting and (R2) was still in the room being dressed. No distress or injuries noted."

V26's (Activity Assistant) Incident Investigation Form, dated 2-21-22 at 11:50 AM ,and signed by V1, V2, and V26, documents, "(R1) does make inappropriate remarks at times to women."

The facility's IDPH (Illinois Department of Public Health) Notification Form, dated 2-25-22, and signed by V2, documents, "Date of Incident: 2-21-22. Time of Incident: 8:42 AM. Name of Resident: (R1 and R2). Location of Incident (resident room). Alleged Sexual Abuse. Description of Accident, Causes, Injuries, and Action Taken by Establishment as a Result of Accident: (R2) with the diagnoses of dementia with behavioral disturbance and delusions and a BIMS (Brief Interview of Mental Status) score of three (indicating R2 as severely cognitively impaired) was noted by staff to have entered a male resident's (R1) room. (R1's) diagnoses include dementia with behavioral disturbances,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ___ B. WING ___	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 anxiety, major depressive disorder, and insomnia and a BIMS score of 9 (indicating moderately impaired cognition). Both residents reside on the memory care unit of the facility. Upon staff assessment, residents were noted under the blankets and were unable to confirm if any inappropriate sexual behavior occurred. (R1 and R2) were immediately separated. After thorough investigation and interviews, the facility was unable to conclude if any sexual behaviors occurred, but was able to conclude that there was inappropriate touching." On 3-2-22 at 8:45 AM, V7 (CNA/Certified Nursing Assistant) stated, "On 2-21-22 around 9:00 AM, the remote was missing to the television room and usually (R1) takes the remote to his room. I went to (R1's) room to get the remote and noticed (R1's) door was closed and (R1's) cubicle curtain was closed. When I went around (R1's) curtain I found (R1) lying on top of (R2) facing each other in (R1's) bed. Both (R1 and R2) were naked from the waist down and their clothes were on the floor. I yelled for help so I would have a witness (V16/Housekeeper) as to what I was seeing. (R1 and R2's) private parts were touching, but I did not look to see if (R1) had an erection or if (R1 and R2) had sexual intercourse. (R1 and R2) did not have a blanket on them. I was just trying to get (R1 and R2) separated and dressed as quickly as I could. The last time I saw (R1 and R2) was around breakfast time at 8:00 AM. (R1 and R2) are on 15-minute visual checks, but I do not remember if we were able to get those done that day. (R1) does like the female residents and does tell them they are pretty. (R1) will also hug female residents. (R2) wanders continuously in and out of other resident's rooms. It is hard to supervise all of the residents on this wing."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 On 3-2-22 at 11:50 AM, V16 (Housekeeper) stated, "On 2-21-22 (V7) yelled at me to come help her in (R1's) room. When I entered (R1's) room, I saw (R1) on top of (R2) in (R1's) bed. Both (R1 and R2) were naked from the waist down and facing each other. (R1 and R2's) private parts (genitals) were together and touching. I am not sure if (R1 and R2) had sexual intercourse as I immediately left the room to get a nurse (V13/Registered Nurse/RN). I never returned to (R1's) room after that. (R1) makes remarks to most all of the female residents telling them they are attractive and pretty. (R1) also watches female residents adjust their bra straps. (R1) holds female resident's hands and pats female residents on the shoulders. I have never seen (R1) do any of this with female residents." On 3-2-22 at 9:45 AM, V2 (Director of Nursing) stated, "I did the investigation from the incident between (R1 and R2) on 2-21-22. There were two employees (V7 and V16) that witnessed the incident. (V7) had went into (R1's) room to get the remote and saw (R1 and R2) naked from the waist down and (R1) on top of (R2) in (R1's) bed. (V7) stated she did not know if (R1) had an erection and was unsure if (R1 and R2) had sexual intercourse as she was just in a hurry to get (R1) off of (R2) and dressed. I interviewed (R2) and asked her if she and (R1) had sex. (R2) seemed embarrassed and wanted me to leave her alone. I think (R2) felt bad about herself. (R1) was moved to a different hallway with constant supervision and (R2) was moved to a different hallway and started on Depakote. I know (R1) is on Depakote for sexually aggressive behaviors, but I am not exactly sure what those behaviors are. When I did the investigation (V1/Administrator) was in the room during the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

staff interviews and was fully aware that (R1 and R2) were found in bed with (R1) on top of (R2), and naked from the waist down. (R1) is alert enough to know that if he said he had sex with (R2) then he did. We did not send (R2) in for an assessment or to have a rape kit done after this incident between (R1) and (R2)."

On 3-2-22 at 10:00 AM, V3 (Resident Care Coordinator) stated, "I interviewed (R1) after the incident on 2-21-22. (R1) told me that he was on top of (R1) and could not control his emotions. (R1) stated he felt 'amorous' which means having a strong sexual desire. (R1) felt guilty that he could not control his sexual desire."

On 3-2-22 at 10:30 AM, V12 (R2's Family Member) stated, "(R2) was married to my dad for 43 years. He was (R2's) only love. After dad passed away in 2004, (R2) lived with her sister and with me for around 15 years. (R2) had no desire to have sexual relations with any other man and did not have a boyfriend. (R2) has Dementia and would be so embarrassed if she knew she was making sexual advances towards men in the facility. (R2) definitely would not want to have any kind of sexual interaction with another male. When (V1) notified me of the incident with (R1), (V1) only told me that (R1) and (R2) got 'handsy' with each other. I was not aware that (R1) was found on top of (R2), or that (R1) and (R2) were naked from the waist down. That is totally unacceptable that this happened."

On 3-2-22 at 11:00 AM, V19 (R1's Family Member) stated, "I know (R1) has to take medicine for sexual behaviors. (R1) got in trouble at the previous facility he lived at for taking pictures of female resident's butts. At the previous facility (R1) would bring different women

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

into his room from out in the community. (R1) would know if he had sex with (R2)."

On 3-2-22 at 11:15 AM, V1 (Administrator) stated, "(R2) wanders in and out of other resident's rooms. I know (R1) is friendlier towards female residents. (R1) pats female residents on the shoulders. I was not aware that when (R1) and (R2) were found together on 2-21-22 that both (R1) and (R2) were naked from the waist down. I was in with (V2) when the interviews were done, and I signed the witness statements. (R2) was not sent in for an examination to the hospital."

On 3-2-22 at 11:45 AM, V25 (Social Service Director) stated, "(R1) had a history of bringing women from the public into his room when he lived at the assisted living facility, prior to living here. I know (R1) tries to hug women residents."

On 3-3-22 at 10:30 AM, V22 (CNA) stated, "(R1) like to hug on female residents. (R2) wanders in and out of all the resident's rooms."

On 3-4-22 at 11:15 AM, V26 (Activity Assistant) stated, "(R1) lives on the closed dementia unit. (R1) was always trying to put lipstick on the women residents. (R1) likes to rub the women resident's shoulders and backs. (R1) tries to get women residents to come into his room and has them sit next to him on the bed. (R2) would go into his room and sit next to him more than the other women residents. (R1) targets (R2) more than the other residents. (R1) targets the female residents that are more declined. (R1) knows what he is doing and looks around to see if anyone else is watching. (R1) knows what he is talking about and would know if he had intercourse with (R2)."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8 On 3-4-22 at 2:35 PM, V15 (CNA) stated, "I have found (R2) straddling (R3) on (R2's) bed two different times. (R2's) genital area was straddling (R3's) genitals. (R3) has his hands on (R2's) breasts outside of her clothes. Both (R2) and (R3) had their clothes on when I found them. I separated (R2) and (R3) when I found them. I notified the nurse. I cannot remember what nurse I notified. I did not notify the Administrator." The facility's Abuse Prevention Program policy, dated 11-28-16, documents, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property, and exploitation as defined below. This will be done by establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment, identifying occurrences and patterns of potential mistreatment, exploitation, neglect, and abuse of resident, and dementia management and resident abuse prevention. This facility is committed to protecting our residents from abuse by anyone including, but no limited to, facility staff, other residents, consultants, volunteers, and other agencies providing services to the individuals. Sexual Abuse the non-consensual sexual contact of any type with a resident. Staff supervision: On a regular basis, supervisors will monitor the ability of the staff to meet the needs of the residents, staff understanding of individual resident care needs. Possible sexual abuse: Determine if the allegation involves either physical sexual contact involving penetration, verbal harassment, or physical contact that did not involve penetration. If an allegation of physical sexual contact with penetration is involved: Do not shower, bathe, or change the clothes of the person attacked. If clothes have been changed, save the clothes for inspection.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009328	A. BUILDING: ______ B. WING ______	C 03/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET REHABILITATION & HLTH C	129 SOUTH 1ST AVENUE CANTON, IL 61520

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 Contact the police. In cooperation with the police, have the resident examined at the hospital. Leave any bed linens in place. Do not touch or move anything in the area of the alleged offence." (A)	S9999		