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: A. BUILDING: __ COMPLETED IL6009872 B. WING 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 928 JOLIET ROAD **WEST CHICAGO TERRACE** WEST CHICAGO, IL 60185 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Investigation (FRI) to Incident of 03/02/222/ IL144579 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.1220b)2) 300.3240a) Section 300.610 Resident Care Policies 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.

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

Section 300.1210 General Requirements for

The facility shall provide the necessary care and services to attain or maintain the highest

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDENTIFE IDENTIFE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	well-being of the research resident's complan. Adequate and care and personal care and personal care and personal care needs of the resident to meet the care needs of the resident to mursing care shall in following and shall be seven-day-a-week to 3) Objective ob resident's condition, emotional changes, determining care reconstructions and the condition of the care reconstruction of the care rec	subsection (a), general solude, at a minimum, the per practiced on a 24-hour, pasis: servations of changes in a including mental and as a means for analyzing and quired and the need for unation and treatment shall be ff and recorded in the					
	Section 300.1220 S Services	upervision of Nursing					
	b) The DON sh nursing services of the	all supervise and oversee the he facility, including:					
	assessment of the reinclude medically defunctional status, ser impairments, nutrition psychosocial status, condition, activities p	he comprehensive esidents' needs, which fined conditions and medical asory and physical nal status and requirements, discharge potential, dental otential, rehabilitation eatus, and drug therapy.			*4.		
	Section 300.3240 At	ouse and Neglect					

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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:** A. BUILDING: _ COMPLETED IL6009872 B. WING 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 928 JOLIET ROAD **WEST CHICAGO TERRACE** WEST CHICAGO, IL 60185 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 COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 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 were Not Met evidenced by: Based on observation, interview and record review, the facility failed to protect a resident from sexual abuse by a facility staff member. As a result of this failure, R1 was exposed to sexually abusive behaviors from V11 (CNA- Certified Nurse Aide). This applies to 1 of 3 residents (R1) reviewed for abuse. The findings include: On 3/15/22 at 2:40 PM, V4 CNA (Certified Nursing Assistant) said R2 reported to her last week V11 CNA was always coming to their room, and R2 saw V11 trying to kiss R1. V4 said she immediately reported it to V5, Lead CNA. On 3/15/22 at 1:32 PM, V5 CNA said last week V4 informed her R2 told her V11 was always in their room and was hugging and kissing R1. V5 said she reported to V1 and V2 DON (Director or Nursing) immediately. On 3/15/22 at 2:09 PM, V2 DON said at the beginning of March, V5 CNA reported R2 had reported some inappropriate interactions between V11 and R1. She said R2 said she heard some "kissing and some noises." V2 stated V1 was

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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 C IL6009872 B. WING 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 928 JOLIET ROAD **WEST CHICAGO TERRACE** WEST CHICAGO, IL 60185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 notified and initiated the investigation and V11 was suspended pending investigation. V2 said R2 does not have an history of making allegations. R1's Face Sheet dated 3/15/22, shows R1 is 45 years old and was admitted to the facility on 5/24/21. Her diagnoses included: bipolar disorder- current episode depressed, gastritis, alcohol dependence with intoxication, alcohol abuse with intoxication, cannabis abuse, mental disorder, nicotine disorder, major depressive disorder, anxiety disorder, suicidal ideation, insomnia, fibromyalgia. On 3/15/22 at 11:06 AM, R1 and R2 were in the room they shared. R1 resided in the bed by the wall, and R2's bed was the first bed closest to the door. R1's MDS (Minimum Data Set) dated 2/28/22 shows R1's cognition is intact, the behavior section showed she does not exhibit physical or verbal behavioral symptoms directed towards others. R1 said V11 was gone on vacation for about a month and returned to work around the middle of February, R1 stated V11 came back, the advances "got bad when he came back a little stronger" with the attempts to kiss and hug her; he made around five different attempts in the previous weeks. R1 said sometimes her roommate, R2, would come into the room and interrupt him. R1 stated she told V11 he needed to stop, and saying things like "I'm not interested. it is not good for your job, it is against the rules." R1 stated she tried to stress to him he would lose his job. R1 stated V11 asked her "You like me, right? Maybe we can have something?" R1 said V11 had touched her breast and kissed her twice on her lips since returning from his vacation.

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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 C IL6009872 B. WING 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 928 JOLIET ROAD **WEST CHICAGO TERRACE** WEST CHICAGO, IL 60185 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 R1 said she told V11, "no kissing" but she would give him a hug, V11 would take advantage of the hug and kiss her on the lips. R1 said on some occasions, she would turn her head, and he would kiss her on her cheeks. R1 said while she was in bed, V11 would sit on her bed and rub her feet. R1 said she knew it was inappropriate but did not want to get him fired. R1 said she did not tell anyone about the incidents when V11 returned from his vacation. R1 said R2 (R1's roommate) was in the room when the abuse occurred, and it made R2 feel uncomfortable. R1 stated V11 would pull the privacy curtain and would kiss her while R2 was in the room. R1 said V11 would also buy her iced coffee, donuts, tacos, and a moisturizer even though she told him not to buy her anything. R1 said she "felt she could not be safe in her room and was thankful R2 was in the room." R1 said she was not aware of when R2 reported the incidents to staff; but was thankful she did. On 3/16/22 at 11:40 AM, R1 said she did not know how to handle the situation because V11 was a staff member. R1 said V11 would hold on to her face and she could not pull away. R1 said she felt her "safety was compromised, the situation was awkward, and was relieved V11 was gone." R1 said while the incidents were occurring, she "felt depressed, and slightly suicidal." R1 said she had such tendencies due to her mental health condition; she felt like a "recluse" and did not want to talk about it. R1 stated, "I feel bad and responsible it happened, I feel like it was my fault, I didn't know what to do." R1 said she also had history of sexual abuse. R1 said there were no other incidents with other staff. R1 said after R2 reported it to staff, V1

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(Administrator) and V2 DON (Director of Nursing)

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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	said she told (V1) ar	day and the day after. R1 nd (V2) that V11 would come d kiss her, she denied telling ner breast.	·	W Se			
	(V4, CNA) that V11 v R1. R2 stated she re	AM, R2 said she reported to was being inappropriate with eported it between one and was a week after she heard					
	R2 said V11 would c he worked, and he w R2 stated R1 and V1 and V11 would hug a V11 kissing R1 on th	ot take "No" for an answer. ome to their room every night rould try to hug and kiss R1. I would stand by (R1's) bed and kiss R1. R2 said she saw e lips in their room about I went on vacation in				8	
529	and massage her fee comfortable when V1 would not listen to R1 was frustrating." R2: was aware of what w would hug and kiss R watched R1 tell V11 " kissed R1 before he I	VV11 take off (R1's) socks et. R2 said she was not 1 was around, and V11 I when R1 said no, adding "it said V11 had to know she as going on because V11 R1 in front of her. R2 said she no" but V11 still hugged and left the room. R2 said she buts, tacos, and iced coffee			ļ		
23	short period of time in where R1 did not wan said after a while, R1 the room because should be room with V11 designarded and scared.	it was consensual for a nitially, but it got to a point at the attention anymore. R2 would tell her not to leave a did not want to be alone in scribing that R1 was "R2 said she decided to staff because she felt like					

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6009872 B. WING 03/18/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 928 JOLIET ROAD **WEST CHICAGO TERRACE** WEST CHICAGO, IL 60185 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 she was (R1's) "bodyguard, was upset and frustrated about it because my friend was being abused." R2 stated R1 would tell her not to leave the room if we saw V11 in the hallway or see him coming to their room. R2 said during those times, R1 was "anxious and uptight," she would see her clenching her hands. On 3/15/22 at 2:57 PM, V1 (Administrator) said on 3/2/22 around 3:00 PM, V5 CNA informed her R2 reported to V4 CNA she heard R1 and V11 were hugging and kissing in the bedroom. V1 stated she initiated an investigation immediately. V1 said they suspended V11 pending investigation. V1 said she met with V11 the next day and based on V11's interview, he violated the code of conduct by engaging in inappropriate behavior. He crossed the professional boundaries between staff and residents, the physical interaction, he was hugging and kissing R1 on top of her head and the gifting of items." V11 was terminated. V1 said they did not do a head-to-toe assessment on R1 because she told them nothing happened, and that she always stopped V11's attempts. R1's care plan dated initiated on 5/24/21 and revised on 11/17/22 shows, "(R1) is at risk for abuse/neglect based on comprehensive assessment as evidenced by (R1) has a mental illness." R2's MDS dated 2/28/22 shows R2's cognition is intact, the behavior section showed that R2 does not exhibit physical or verbal behavioral symptoms directed towards others. On 3/16/22 at 10:35 AM, V9 (R1 and R2's Psychiatrist) via phone said R1 is at the facility for mental illness and has problems with social

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stability, the goal is to get her stable enough to

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S9999	Continued From page	ge 7	S9999			
•	has alcohol disease	n the community. He said R1 and is Bipolar. He said staff ed with resident, "there is a e drawn."				
	Practitioner) via pho staff to hug or kiss re	PM, V10 (R1's Nurse ne said it is inappropriate for esidents, staff should know ndaries with residents.				
	Abuse Investigation" indicated that he has her head and has hu she has kissed him. to be supported and talk about suicidal salike a family member pressured (R1) and (pative report, "Final Report of dated 3/2/22 states "(V11) is kissed (R1) on the top of the stated that he wants her safe, and they often pray and the stated that he wants her safe, and they often pray and the stated that he never (R1) is tated he never (R1) never told him to stop.	-			
	(V11) stated he has t has never given her i	prought her food before, but money."				
1	"This facility affirms to be free from verbal, p abuse, neglect, explo property, involuntary s Exploitation means	policy dated 4/2020, shows the right of our residents to oblysical, sexual, mental place of a seclusion, or mistreatment is taking advantage of a gain using manipulation, or coercion."				,
		(B)				
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