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 IL6008023 11/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **14588 WEST HIGHWAY 22** RIVERSIDE FOUNDATION LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z 000 COMMENTS Z 000 Complaint Investigation 2218696/IL152823 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. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents Reporting Act. These regulations are not met as evidenced by: Based on interview and record review, the facility failed to protect 1 of 1 client in the sample (R1) from sexual abuse when an employee sexually abused R1 on 10/26/2022. Attachment A Statement of Licensure Violations Findings include:

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATI	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER				11/	16/2022	
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			SHIRE, IL 6	30069			
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			20000				
	0. 10/26/2022	feether as to tempt the	22.	•			
	Department of Bull	facility notified IDPH (Illinois			*	60	
1.5	On October 26, 203	lic Health) of the following: 22 at 8:23pm, E6 (Program	12				
	Assistant) was obse	erved by E3 (Shift Supervisor /		¥ .		됨 .	
	Program Assistant)	in R1's client room by himself.	_ =				
•	E6 stated he was in	her room to change her,		12		1	
	where he knows that	at is against (facility) rules. E3	-				
	stated E6 had his p	ants down by his waist.		Si		1.	
	Administrator on call was reached and instructed						
	staff to send R1 out	to the hospital and make				1	
- 1	police report. Facili	ity will investigate further.					
	R1's medical and n	rogram records were	E				
	reviewed R1 is a 3	34 year old female whose					
	diagnoses include F	Profound Intellectual Disability,	*	\$ ⁷⁷ .			
	Autism, Seizure Dis	order and Elective					
	Hysterectomy.					·	
- G	R1's 3/15/2022 IPP	(Individual Program Plan)					
,	identifies R1 as non	i-verbal; R1 is ambulatory.		# ₁ 0			
	R1's 3/11/2019 Ann	ual Sexual Screening notes					
	compone if they me	le and will not be able to stop					
	would she be able to	de sexual advances, neither or report an incident of					
	unwanted sexual na	o report arrindicident of					
				ľ			
	On 10/28/2022 at 3:	:18pm, E1 (Administrator) and					
	E2 (Director of Qual	lity Assurance) were		1.5			
	interviewed.				12		
	E1 stated the facility	has an allegation R1 was					
	sexually abused on						
i	badroom) and found	2022 E3 walked into (R1's					
	pants down around	d a male staff (E6) with his his hip, and R1 had her pants	,			5.	
	down to her hin and	her adult incontinence brief	v				
į	was also pulled dow	/n.					
	E3 asked E6 what h	ne was doing, and E6 pulled					
	up his pants. E3 tol	d E6 to leave R1's bedroom					
	and go to the staff n	neeting room.				·	
	E1 stated E6 went to	o the dining room, and was in		·			

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 IL6008023 11/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **14588 WEST HIGHWAY 22** RIVERSIDE FOUNDATION LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Continued From page 2 Z9999 the dining room with E7 (Program Assistant). E1 identified E7 as E6's brother. E1 stated the facility has a Policy that male staff can not go into female resident bedrooms alone. E1 explained E6 was also in the hallway, based on review of video camera footage, and was observed pacing. E1 stated E5 (Shift Supervisor / Program Assistant) was also involved in assisting E3 during this time. E1 stated she was notified of the allegation of sexual abuse on 10/26/2022 at 8:31pm. E1 stated E6 left the facility just after 8:30pm. E1 stated she was notified by E5 of the allegation of sexual abuse of R1, and she told E5 to contact the police via 911. E1 stated E6 left the facility with his brother (E7) and his girlfriend (E8 - Program Assistant). E2 stated the police picked up E6 on 10/27/2022 at 1:30am. E2 stated E6 was arrested and charged with attempted sexual assault and aggravated assault. E2 stated R1 went to the hospital, via 911 call. E2 stated R1's parents / quardians met R1 at the hospital. E2 stated evidence was taken by the police and a rape kit was completed. E2 stated she reviewed video camera footage. and E6 was observed entering R1's bedroom on 10/26/2022 the first time for 3 seconds, then a 2nd time for 1 1/2 minutes, then 4 minutes, at which time E3 enters R1's bedroom. E2 stated she spoke to E3, and E3 reported when she entered R1's bedroom, R1 had her hands on her roommates bed and E6 was behind her. R1 had her pants and incontinence brief pulled down, and E6 had his pants down to his hip. E2 stated E6 pulled up his pants as did R1. E2

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stated E3 reported R1 immediately put a blanket

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6008023 11/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **14588 WEST HIGHWAY 22** RIVERSIDE FOUNDATION LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Z9999 Continued From page 3 Z9999 over her head and her eyes were glassy. E2 stated when the paramedics arrived (male paramedics) R1 was upset and scared by them. E3 (Shift Supervisor / Program Assistant) was interviewed on 10/28/2022 at 3:56pm. E3 stated she has been employed at the facility for 21 years and usually works the 2nd shift (2:30pm - 10:30pm). E3 stated on 10/26/2022, she went to look for R1 because she is usually in the (large activity room) with some of her peers, however, she was not there. E3 stated around 8:21pm, she went to R1's bedroom to look for her to assist her with her shower. E3 stated when she entered R1's bedroom, she saw E6 in R1's bedroom. E3 stated E6 was bent over R1, from behind, and his pants were down below his waist. E3 stated R1's pants and incontinence brief were down past her hip. E3 said she observed R1 bent over with her hands on her roommates bed and E6 was behind her humping her. E3 stated E6 immediately stopped, pulled up his pants, his face was colored, and E6 said. "I'm sorry, I don't know what happened to me." E3 stated she then opened R1's bedroom door and saw E5 (Shift Supervisor / Program Assistant) and motioned for her to come to R1's bedroom. E5 asked what happened and E6 said - "I touched, I'm sorry." E3 stated E6 kept repeating "I touched, I'm sorry." E3 stated E4 (Shift Supervisor / Program Assistant) was made aware and he took E6 to the staff break room.

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over her head.

E3 stated she stayed with R1. E3 stated R1 looked scared, she put a blanket tightly on and

E3 stated E5 called the Administrator and the

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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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Z9 999	Continued From p	age 4	Z9999		50 TECHNO		
	police.						
		e paramedics arrived (4 or 5	i				
	male paramedics)	R1 was scared of them				3	
	because they were	e all males.					
	E3 stated R1 was	then transported to the hospital		<u> </u>		25 - 35	
	and her parents m			5 2		13	
	R1.	she was initially looking for			77 × 4		
94		e it was unusual for R1 to not be	.]	-			
	in the TV room wit	h her peers. E3 stated, "So I	1				
	went to her bedroo	om to see if she was ready for				135	
5-	her shower."	LE TOTAL CONTRACTOR OF THE PARTY OF THE PART					
	E3 again stated, "\	When I opened the door I saw	25	959			
12	him humping her f	rom behind." E3 stated, "I					
	shaking " E3 then	at night after I saw this; I was stated, "Where is the		* *			
0.0	humanity?"	Stated, Wilele IS tile	£21				
		him what are you doing? E6		0.0	55		
	said R1 was wet (i	ncontinent) and he was going		10 10			
	to change her. E3	stated, "I told (E6) only female				=	
	staff are allowed to	change female clients - not				(a)	
.20	male staff are not	ated the facility has a policy that allowed to provide personal	1	505			
	care to female clie	nts				- 5	
	10 10 10 10						
,	E4 (Shift Supervise	or / Program Assistant) was	* 5				
111	interviewed on 10/	28/2022 at 4:18pm.		*	i <u>i</u> i	81	
-0.	E4 stated on 10/26	3/2022, he was in the hallway					
		6 come out of a client's			27		
	bedroom E6 was d	ed he was not sure whose			22 (*)	. 6	
	E4 stated he notice	ed E6 rubbing his head. "He				4	
8 9	seemed worried ar	nd then I talked to him."					
		d E6 what happened and E6		50			
	said, "I touched he	г."			12.4		
	E4 stated he asked	d E6 who did he touch, and he			5		
20	said he touched R			Et			
		6, "That is sexual abuse." E6		a = = = = = = = = = = = = = = = = = = =	W		
	responded that he	knows. E6 to the staff room and told					
		mo to the stall fould alle tele					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6008023	B. WING		11/1	6/2022
NAME OF B	PROVIDER OR SUPPLIER	STREET AD	DESS CITY S	STATE, ZIP CODE		
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	DE FOUNDATION	LINCOLN	SHIRE, IL 60	0069	·	· -
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Z9999	Continued From pa	ge 5	Z9999			
-: 	called E12 (Training E6 out of the facility	the Administrator and he g Director). E12 told me to get				
,	and his girlfriend (E	:8). 6 left the facility, he took his				
		at the facility on 11/3/2022 at eating lunch and was observed y.	6 1	5	Tele	
	investigation of the abused R1 on 10/2 includes the followi	ality Assurance) conducted an allegation that E6 sexually 6/2022. The investigation ng: 3pm, E6 was observed by E3			Ø	
	in R1's bedroom by R1's room to chang against (facility) rul pants down by his	whimself. E6 stated he was in ge her, when he know that is es. E3 stated E6 had his waist.	fa	# #		
)) -	staff to send R1 to report. The Administrator, notified on 10/26/20 The following inform	mation was gathered:		± €		.2
200	ambulance on 10/2 her parent / guardia R1 remained at ho on 10/29/2022.	d to the emergency room, via 26/2022. R1 was discharged to an on 10/27/2022 around 3am. me with parents and will return rived to the facility on	4	93 34 ±1		
**************************************	10/26/2022 between evidence and took E6 is being charge Assault and Aggrav Per R1's annual sta	n 8:30pm / 9pm, and collected	8	77 		

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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: _ C B. WING IL6008023 11/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **14588 WEST HIGHWAY 22** RIVERSIDE FOUNDATION LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 6 Z9999 non-verbal and sometimes will use physical gestures by pulling or pushing away if she doesn't want to do something. R1's 3/11/2019 Annual Sexual Screening notes R1 can not say "No" or push away unwanted sexual advances. E2 interviewed E3, per facility investigation, on 10/27/2022. E3 provided the following information: E3 stated she went to R1's bedroom to see if she wanted to take a shower. E3 stated she knocked on R1's bedroom door and then opened the door. E3 stated she observed R1 on her roommates bed with her face toward the wall, on her knees. with her butt in the air. E3 stated R1's pants and (incontinence brief) were pulled down by her hip / thigh area. E3 stated E6 had his pants pulled down around his hip / thigh area. E3 stated she did see E6 humping R1 from behind her butt. E3 stated E6's hands were on R2's mattress on each side of R1's knees. E3 stated E6 was shaking, face was red in color and he appeared nervous. E6 kept repeating, "I'm sorry, I'm sorry, I admit, I touched her." E3 stated R1 did appear to be afraid. E2 interviewed E5, per facility investigation, on 10/27/2022. E5 provided the following information: E5 stated E3 called her down to R1's bedroom by waving her hand and motioning for her. E5 stated E6 said, "I touched (R1). I fu**ing touched (R1), I am going to be fired, I am going to lose my iob." E5 stated she observed R1 sitting on her bed with her blankets over her head. E5 stated she slightly pulled the blanket down and saw that R1's

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eyes looked glossy, different than usual.

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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: _ C B. WING IL6008023 11/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **14588 WEST HIGHWAY 22** RIVERSIDE FOUNDATION LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Z9999 Continued From page 7 Z9999 E5 stated she notified E1 (Administrator) who told her to call the police and paramedics via 911. E2 documented the following was observed per the facility video camera footage: On 10/26/2022 at 20:17:19pm (8:17pm), E6 approached R1's bedroom door. On 10/26/2022 at 20:17:21pm (8:17pm), E6 entered R1's bedroom. On 10/26/2022 at 20:21:44pm (8:21pm), E3 enters R1's bedroom and partially steps out but held the door open. E6 is observed stepping out of R1's bedroom with At 20:21:56pm (8:21pm), E6's pants were observed to be unfastened while in the hallway. E6 can be seen fastening his pants while walking down the hallway with E3. E6 is observed leaving the facility with E7 at 20:38:30pm (8:38pm). E2 documented in the facility's investigation -"The conclusion to this investigation is founded for sexual abuse to have occurred toward (R1) on October 26, 2022." The facility's Abuse and Neglect Policy, dated 1/26/2016 was reviewed and includes the following: "Policy: This facility affirms the right of our residents to be free from abuse, neglect misappropriation of resident property, corporal punishment and involuntary seclusion. This facility therefore prohibits mistreatment, neglect, or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. Purpose: The purpose of this policy is to assure that the facility is doing all that is within its control

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to prevent occurrences of mistreatment, neglect

PRINTED: 12/29/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6008023 B. WING 11/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **14588 WEST HIGHWAY 22 RIVERSIDE FOUNDATION** LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Z9999 Continued From page 8 Z9999 or abuse of our residents. ..." Definitions: ... Sexual Abuse: Any sexual behavior, sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual activity that results in sexual contact, intimate physical contact. sexual behavior or intimate physical behavior. Examples include touching of an individual's genitals, buttocks or breasts, or exposing one's self. ... (A) Illinois Department of Public Health

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