PRINTED: 10/05/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUP IDENTIFICATION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6009328	B. WING		C 09/05/202	
AME OF	PROVIDER OR SUPPLIER	STREETA	DORESS, CITY, S	TATE, ZIP CODE	50.00.202	
	REHABILITATION & I	CANTON	ITH 1ST AVEN I, IL 61520	UE		
(X4) ID REFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) PE COUNTY	
S 000	Initial Comments		S 000			
-	Complaint Investiga	tion 2327112/IL163671				
S9999	Final Observations	ž.	59999			
- The state of the	Statement of License	ure Violations:				
- 1914 between the desirable and processes the desirable process of the second section of the second	300.610 a) 300.1210 b) 300.3240 a) 300.3240 b) 300.3240 c) 300.3240 f)					
	procedures governing facility. The written post formulated by a Recommittee consisting administrator, the admedical advisory compost for the second complete shall complete the facility and shall be facility and shall be	pall have written policies and gall services provided by the colicies and procedures shall esident Care Policy of at least the visory physician or the smittee, and representatives services in the facility. The with the Act and this Part. In the person of				
b c p	Nursing and Personal The facility sha eare and services to a practicable physical, nurell-being of the resident	all provide the necessary ttain or maintain the highest nental, and psychological ent, in accordance with		Attachment A		
e	ach resident's compr Ian. Adequate and pr	ehensive resident care operly supervised nursing a shall be provided to each		Statement of Licensure Violations		

(X8) 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 IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION IO. (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX 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 1 S9999 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) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act) A facility administrator who becomes C) 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. (Section 3-610(a) of the Act) A facility that becomes aware of photographing or recording of a resident, without the resident's consent or knowledge, or any other abuse, shall comply with subsections (a) through (e) of this Section. Based on interview and record review, the Facility failed to protect one resident (R6) from ongoing sexual abuse by two staff members, for one of three residents reviewed for sexual abuse. This failure resulted in R6 discharging from the Facility, relapsing on drugs, and requiring admission to an in-patient treatment center. These requirements are not met as evidenced by: Based on interview and record review, the Facility failed to protect one resident (R6) from ongoing sexual abuse by two staff members, and failed to report a sexual allegation of abuse, for one of three residents reviewed for sexual abuse. This

Illinois Department of Public Health

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000	E CONSTRUCTION	1	PLETED
		1L6009328	B. WING			C 05/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNSET	REHABILITATION &	HLIH C	TH 1ST AVEN , IL 61520	UE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	failure resulted in R Facility, relapsing o	R6 discharging from the on drugs, and requiring	S9999			100
	failure resulted in R6 discharging from the Facility, relapsing on drugs, and requiring admission to an in-patient treatment center. Findings include: Facility Abuse Prevention Program Policy, revised 11/28/16, documents: "the Facility affirms the right of our Residents to be free from abuse as defined below; this Facility therefore prohibits mistreatment or abuse of its Residents, and has attempted to establish a Resident sensitive and resident secure environment; the purpose of this policy is assure that the Facility is doing all within its control to prevent occurrences of abuse of our Residents; this will be done by conducting required pre-employment screenings, orienting and training employees on how to deal with difficult situations and how to recognize and report occurrences of mistreatment and abuse; training on activities that constitute abuse; establish an environment that promotes Resident sensitivity, Resident security, mistreatment and abuse; identifying occurrences and patterns of mistreatment and abuse; implementing systems to investigate all reports and allegations of mistreatment and abuse, promptly and aggressively making the necessary changes to prevent future occurrences; reporting of potential incidents of abuse; this Facility if committed to protecting our Residents from abuse by anyone including; but not limited to Facility Staff; Sexual Abuse is defined as non-consensual sexual contact of any type with a Resident; staff obligations to prevent and to immediately report abuse; staff will identify					
1	Residents with incre	eased vulnerability for abuse behaviors that might lead to				

FORM APPROVED lilinois 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 IL6009328 B. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** 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 CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 conflict; employees are required to immediately report any occurrences of potential/alleged mistreatment or abuse of Residents; the Final Investigation Report will be forwarded to the Department of Public Health within five working days of the reported incident; the written report shall be sent to the Department of Public Health and include the name, age, diagnosis and mental status of the resident allegedly abused, type of abuse, date/time/location and circumstances of the alleged incident and steps the Facility has taken to protect the Resident; inform the Law Enforcement Authorities of sexual abuse of a Resident by a staff member: Sexual Abuse is non-consensual sexual contact of any type with a Resident; and determination if the allegation involved either physical sexual contact involving penetration, verbal harassment or physical contact that did not involve penetration." The Facility Assessment Tool, updated 9/19/23. documents: the Facility will manage Mental Health and Behaviors including medical conditions causing psychiatric symptoms and behavior, identify and implement interventions to help support individuals with issues such a dealing with Anxiety, care of individuals with Depression and other psychiatric diagnoses; provide person centered/directed care for psycho/social support by building a relationship, find out Resident preferences and routines, what upsets him/her and incorporate information into the care planning process; make sure staff caring for Resident have this information, support emotional and mental health well-being, support helpful coping mechanisms; and prevent Abuse and identify hazards and risks for Residents.

Facility Safe Working and Training (SWAT)
Packet and Employee Handbook, for new

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 B. WING IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) \$9999 Continued From page 4 S9999 Employees, effective 5/2021, documents: "the Employee should receive training on Resident Rights and the Abuse/Neglect Policy: establish certain standards of personal conduct and work performance and insure that they are understood and followed by all employees; the intent of the Employee Handbook is a general guide for personnel policies, procedures and standards of personal conduct; our purpose is to provide specialized cafe and assistance enabling our Residents to attain their highest practical. physical, mental and psychosocial well being; our Facility is licensed by the State and Certified by the State/Federal authorities and therefore. employee's activities must be conducted in accordance with strict rules and regulations; employees are expected to be aware of, and follow all applicable State, Federal and local rules and regulations governing the operations of Licensed and Certified Facilities; each of us must observe basic rules of good conduct and treat our fellow Residents with respect and courtesy; and the Facility strongly supports Resident's rights and protections and therefore will not tolerate the physical, emotional/psychological abuse of a resident; and if you ever witness a situation you believe the Resident's physical, mental or general well-being has been or may be, abused or neglected, you must protect the Resident and immediately report the incident to your supervisor. department head and the Facility Administrator." R6's Physician Order Sheet/POS, dated 6/16/23 to 8/21/23, documents an admission date of 6/16/23 to the Facility with diagnoses including Anxiety, Depression, Insomnia, Heroin Addiction, Opioid Use Disorder, Methamphetamine Abuse and Seizures. The POS also documents R6's medication orders for (Seroquel 25 milligrams/mg twice daily, Hydroxyzine Hydrochloride 25 mg

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 IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FUIL) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 5 S9999 three times a day, Melatonin 3 mg at bedtime, Divaloprex 125 mg sprinkle cap three times a day, Venlafaxine 37.5 mg daily and Naloxine 4 mg Nasal Spray as needed for Opioid Overdose). R6's Preadmission Screening and Resident Review (PASRR) Level One Screen, dated 6/14/23, documents R6's suspected/confirmed Mental Health Disability. R6's Power of Attorney for Health Care, dated 5/24/2023, documents V20 (R6's Mother) and V21 (R6's Sibling). R6's current Psychosocial Discipline Care Plan documents: a history of substance abuse/chemical dependency related to Methamphetamine, heroin and occasionally cocaine use; R6 is still engaged in counseling to prevent breakthrough addiction; work with R6 to establish a verbal or written behavioral contract specifying what is or not allowed; meet with Interdisciplinary Team to discuss the extent of R6's illness; present R6 with a list of substance abuse treatment programs and confront concerning the illness and self destructive path; implement increasingly restrictive interventions in an effort to help break the addictive cycle: interventions may include supervision while in the community, restricted independent pass privileges and implementation of money guidance; and provide leisure counseling to help use free time in productive manner. R6's Psychosocial History, dated 6/30/23. documents R6's instability and homeless while in active addiction, at hospital before admission. The Psychosocial History documents R6's Depression, Anxiety, Heroin Addiction and Methamphetamine Abuse.

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** 1L6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID: (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) \$9999 Continued From page 6 S9999 R6's Minimum Data Set/MDS, dated 6/28/23, documents R6's birth year as 1987, and a Brief Interview for Mental Status/BIMS score of 13/15 (slight cognitive impairment). The MDS documents: R6 has little interest or pleasure in doing things; feeling down/depressed/hopeless. feels bad about self or feels like a failure; and trouble concentrating. R6's Cognitive Assessment, dated 6/30/23. documents R6's short term memory loss, difficulty focusing attention and easily distracted. R6's Social Service Assessment, dated 6/20/23. documents R6 as forgetful, withdrawn, anxious, sad and sad about being in a nursing home. The Social Service Assessment also documents a history of Drug Abuse, Depression and Anxiety. R6's Psychosocial Assessment, dated 6/20/23. documents R6 as easily distracted, forgetful short term memory loss, stress management. judgement, substance abuse, worried/fearful. withdrawn, depressed and anxious. R6's Mood Assessment, dated 6/20/23. documents R6 has little interest in doing things. feels down/depressed/hopeless, feels bad about self/failure to self or family and trouble concentrating. R6's Mood Assessment shows a score of Mild Depression. R6's Social Service Progress Notes, dated 7/12/23, documents R6 was interested and willing to receive therapy, and "thinks it will be beneficial" for R6's mental health. R6's Social Service Progress Notes, dated 7/13/23, documents an appointment for therapy at a behavioral health office was scheduled for 8/18/23.

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 IL6009328 B. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **129 SOUTH 1ST AVENUE** SUNSET REHABILITATION & HLTH C **CANTON, IL 81520** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (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 DEFICIENCY) \$9999 Continued From page 7 S9999 R6's Nursing Note, dated 6/24/23, documents R6 was concerned over smoking, loss of control of life, and upset that at the age of 36 years old, was in a nursing home. R6's Nursing Notes, dated 6/27/23, 7/5/23 and 7/6/23, documents R6 was transported by the Facility van to doctor appointments. R6's Release of Responsibility for Discharge Against Medical Advice, dated 8/21/23, documents R6 signed the request for discharge from the Facility. R6's Sign Out/Acceptance of Responsibility for Leave of Absence, documents R6 signing self in and out on 8/12/23, 8/13/23, 8/14/23 and 8/15/23. R6's sign out on 8/12/23 documents that R6 left the Facility at 2:10 pm and returned to the Facility on 8/13/23 at 5:20 am. Facility R6's Timeline Statement, dated 8/15/23 at 8:30 am, documents V17 (Registered Nurse) dropped R6 off at a friend's house, and R6 stayed until around 4:30 am. R6 stated R6 goes to the library with V16 (Transportation Driver). Facility R6's Timeline Statement, dated 8/15/23 at 8:45 am, V21 (R6's Sibling/Power of Attorney/CNA) stated, "That the Facility had been allowing (R6) to sign out and on Saturday (8/12/23), (V21) worked a twelve hour shift, and (R6) was already at (V21's) house when (V21) returned home from work." V21 states V16 (Transportation Driver) messaged V21 and then at 8:15 pm, V17 (Registered Nurse/V16's Husband) picked up R6 from V21's house, and took R6 to V16's and V17's house. V21 states. "I

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 IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 8 S9999 missed a lot of calls from here (Facility) throughout the night" and at 4:45 am (on 8/13/23), V21 responded to the Facility requests that R6 was not at the Facility, and the Facility asking V21 if R6 was with V21. V21 contacted V16 and V16 confirmed R6 was with them (V16 and V17). R6 did not receive R6's 8/12/23 nighttime medication, and V16 dropped off R6 around the corner from the Facility on the morning of 8/13/23. The Statement documents V16 was "telling her (R6), that they are 'soul mates." R6's Facility Sexual Abuse Investigation, dated 8/15/23, documents at 7:26 am, V18 (Regional Representative) was notified by V19 (Regional Representative) that V16 (Transportation Driver) and V17 (Registered Nurse) were having a sexual relationship with R6. At 9:30 am, V16 (Transportation Driver) was interviewed by V1 (Administrator) and V18. V16 stated V16 had been transporting R6 to appointments, as well as to the library. R6's Facility Sexual Abuse Investigation, dated 8/15/23, documents at 10:10 am, V18 (Regional Representative) spoke with R6. The Investigation documents R6 stated R6 had sexual relations with V16 (Transportation Drive/V17's Husband). while V17 (Registered Nurse/V16's Wife) watched on two different occasions. R6 also stated a sexual encounter was on Saturday (8/12/23), when R6 spent the night with V16 and V17. R6 stated V16's condom broke, and R6 would like to take a pregnancy test as soon as possible. R6 stated R6 received several messages to "keep her mouth shut and not tell anyone what they had done." V18 (Regional Representative) did take photos of the messages.

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 IL6009328 8. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 V18's (Regional Representative) typewritten statement with V23 (Licensed Practical Nurse/LPN), dated 8/15/23 at 3:15 pm. documents V23 stated V16 brought R6 back to the Facility before 10:00 pm on Friday, 8/11/23. V16 stated to V18 that V21 (R6's Sibling/Certified Nursing Assistant/CNA) asked V16 to bring R6 back to the Facility because V21 could not leave "(V21's) daughter had a seizure and (V21) could not leave her." V18 states on 8/12/23, R6 did not come back to the Facility. On 8/31/23 at 6:43 am, R6 stated, "I just got to inpatient drug rehab (rehabilitation) and have only been here about two days. I was getting kicked out of the Facility, and I had no where to go. I ended up relapsing, and that is how I got back to drug rehab. I have to call you back because I have to be to breakfast and I will have another break around 9:00 am." On 8/31/23 at 9:32 am, R6 stated, "We started out what I thought was a real friendship and they took advantage of me, and it was unfair how I was treated. We (V16 and V17) started out as friends and after about three weeks, we started a sexual relationship. The first time it happened, V16 (Transportation Driver/V17's Husband) was picking me up from the Library, in the Facility van. and (V16) asked me if I wanted to stop by (V16's) house to smoke a cigarette before we went back (to the Facility), so I agreed. Hey, I was the youngest person in there and I would do anything to get out of there. While (V17/Registered Nurse) was in the house, we were in (V16's) garage smoking, and (V16) said 'there is just something you do to me, you make me so horny.' I am not claiming to be innocent, but honestly I am a mess myself anyway, but it made me feel uncomfortable. (V16) and (V17) knew my past,

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER. A. BUILDING: COMPLETED B. WING IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** (X4) (D SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (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) \$9999 Continued From page 10 S9999 and knew that I had used drugs for years, and (V16) even knew that I had sold my body before so that I could get drugs. Then the next time, we stopped by (V16's) house to smoke, we ended up in the basement, and (V16) asked if I cared that (V16) 'pull his dick out', and I started giving (V16) a 'blow job' right there in his basement with (V17) home. Then after I was done, V16 said 'thanks, you just saved me a lot of money at the massage parlor.' (V16) told me that (V16) likes to go a lot the parlor in town for sex. That made me feel bad, I was like, you just took advantage of me and I thought we were friends. I ended up giving him blow jobs and having sex with him many more times. (V17) would sometimes sit on the bed and watch us, and (V17) also even wanted threesome, but I told them that I already have had threesome's and I was not interested, plus I was not even attracted to (V17). Another time, I was in (V16's) and (V17's) bedroom having sex, (V16) took his shirt off and threw it in the bedroom. Immediately after we started having sex, (V17) called (V16) and said, 'your shirt is on the camera and I cannot see anything.' I was like, what! That is when I found out (V16) and (V17) had a camera in the room. They both admitted to me that (V17) would watch me having sex with (V16). That camera made me very uncomfortable. (V17) knew the whole time what was going on. (V17) either watched or was in the room with us. There were many times that I would go to their house and I felt like they were fighting over me, even fighting who would be the one to sit next to me, now that made me uncomfortable. Looking back it was crazy." (R6) begins crying and states, "I thought we were all friends and I even formed a relationship with their kids. They messed with my head and I even went back to using (drugs)again, and now I am in rehab, it is just not fair. They ended up getting fired over the whole situation.

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: IL6009328 B. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **129 SOUTH 1ST AVENUE** SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 11 S9999 Then (V1) came to talk to me after I stayed out all night at (V16's) and (V17's) house on that last Saturday (8/12/23 to 8/13/23). (V1) said to me 'I had to fire two good employees over you, please just try and not sleep with anymore of my employees.' I was told by (V23/Licensed Practical Nurse) that I was going to have to be discharged, over the firing of (V16 and V17), so I ended up leaving the Facility on my own (AMA/Against Medical Advice), with no where to go, I ended up back where I started, and relapsed on drugs." On 8/30/23 at 10:18 am, V21 (R6's Sibling/Power of Attorney/CNA) stated, "I am a CNA (Certified Nursing Assistant) at the Facility and (R6) is my sister. On 8/12/23, (R6) was at my house and I could not let (R6) stay all night because I am working on adopting a baby, and (R6) is a felon, and I do not want that screwing up my adoption. (R6) came to my house on Saturday (8/12/23), and got picked around 8:00 pm from my house by (V17). (V17) was working second shift that night, but was on break, so (V17) volunteered to come pick up (R6) from my house and was supposed to take (R6) back to the Facility, but I later found out that (R6) was taken back to (V16's and V17's) house. Then, the next day, on 8/13/23 at about 5:00 am, I woke up with about twenty missed phone calls from the Facility, they were trying to find my sister (R6). I called (V16) and asked if (V16) had heard from my sister (R6). (V16) stated, 'Yes, she is right next to me' and (V16) handed the phone to my sister. I knew she was close, because (R6) got on the phone immediately, I could not believe it. (R6) told me that (V16) told (R6) that they were soul mates. (V16) just told my sister (R6) what (R6) wanted to hear. (R6) is already broken down and has a bad past, and they used her. (V16) and (V17) and I

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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 (DENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6009328 B. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (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 12 S9999 were all friends outside of work before all of this happened, now it is a big mess. (R6) started doing meth (Methanphentamine) again after this, and just admitted to rehabilitation yesterday. I believe that my sister (R6) left the Facility because of all of this mess between (V16 and V17). I do not want my sister (R6) looking like a monster, she already has enough problems. (R6) was starting to do so good and had been clean for months. (R6) told me that they (V16 and V17) both were involved in all this sexual interaction and that (R6) did not want (V17/Registered Nurse) to join in on a threesome. so (V17) would just watch them have sex most of the time. This happened a lot according to (R6). I knew that (R6) was really upset about all of this because I could tell that is why my sister (R6) finally confided in me. On that Monday (8/14/23), I immediately went to tell V18 (Corporate Regional) and told them what I knew, no one had brought it to their attention. (R6) is now in drug rehab (rehabilitation) in (city) because she relapsed after leaving here. We did not want her to leave, we wanted her to stay here and get better." On 8/30/23 at 1:42 pm, V16 (Transportation Driver/V17's Husband) stated, "(R6) and I just got to know each other because I would drive (R6) to doctor appointments, the library, and stuff like that. (R6) and I had each other's cell phone numbers because we needed it for dropping off and picking up from the appointments. (R6) had to go to a lot of heart doctor appointments in (city). (R6) had a long history of using drugs and was trying to get clean, and I just wanted to try and help (R6) with all of the stuff that (R6) was going through and (R6) was helping me also. because I was going through a lot of stuff of my own. We were just friends in the beginning

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 IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C** CANTON, IL 61520 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION in (X5) (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 13 S9999 because we would just talk on the long drives to (city) and after a course of a about a month, is when we started having sexual feelings and stuff like that. It went on until the Saturday night (8/12/23) that we got caught. (V17/V16's Wife) was working second shift that night and (V17) dropped (R6) off to our house so we could talk about our problems. My wife (V17) got home from work after second shift, and walked in on (R6) and me (V16) when we were in our bed. (R6) stayed until about 5:00 am the next morning (Sunday, 8/13/23), and had to leave because the Facility could not find her, and they kept calling (V21/R6's Sibling) looking for (R6), and finally found her at our house. So I drove (R6) back, in our personal car, and dropped (R6) off about a block from the Facility, so (R6) would not get in trouble. We had a friendship in the beginning and feelings just got in the way, and we ended up having a sexual relationship that has lasted at least the last month, until they fired my wife (V17) and myself over this. (R6) did give me 'blow jobs'. and we did have sexual intercourse on different occasions. One time, the 'rubber' (condom) did break during us having sex, and we were scared that (R6) would get pregnant. I have went to the hospital for help over this whole situation because it has put me in a severe depression. My wife (V17) and I have young kids that we need to support and bills to pay, and now my wife has lost a job that she has been at for many, many, years. I really did care for (R6). I have tried to contact (R6) after we got fired, but now the whole thing is just a mess. I never did tell anyone else at the Facility, other than my wife, about the sexual relationship." On 8/31/23 at 12:35 pm, V17 (Registered Nurse/V16's Wife) stated, "We began a friendship not long after (R6) admitted. We (V16 and V17)

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 IL6009328 B. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 14 S9999 just felt sorry for her, she was young and we wanted to help her change her life. I did on occasion drive (R6) to my house so that my husband (V17) could help counsel (R6), and they would talk about problems. I also was (R6's), nurse and sometimes I would try and talk to (R6) about (R6's) problems. On Saturday (8/12/23) around 8:00 pm, I picked up (R6) from (V21's) house, and dropped (R6) off at my house to talk to my husband (V16), and went back to work, and later this night, after I got off of second shift, I walked in on them in my bedroom and they were laying on the bed. I did not stop any of it, and (R6) did not leave our house until the next morning around 5:00 am. We did have a camera in our room. I did not report any of this to the Facility that any of this was going on; it hit too close to home. I am not sure how the Facility found out, but we both got fired, and I do not remember what day it was that I got fired. (V1/Administrator) called and fired me over the phone because of all of this." The Facility Abuse In-service Attendance Record. dated 7/10/23, documents V16 (Transportation Driver) and V17 (Registered Nurse) were in attendance. V16's Employee File documents V16, was hired by the Facility on 10/26/20. V16's Employee File does not document a signature of completion for education on Policies Summary for Safe Working and Training (SWAT). V16's Employee File does document V16 completed Abuse and Neglect Policy Training on 11/2/20. V16's Receipt of Employee Handbook, signed 11/2/20, documents V16 received a copy of the Facility Employee Handbook and understands the responsibility for reading and abiding by the policies and V16 acknowledges receipt and understanding of 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 C B. WING IL6009328 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 reporting of suspected Abuse of a Resident. On 8/30/23, 8/31/23 and 9/1/23, the Facility could not locate V17's (Registered Nurse) employee file. The Facility documented V17's Background Check. The Facility could not provide V17's Policies Summary for Safe Working and Training (SWAT). The Facility did provide the Department of Professional Regulation Lookup Detail View Electronic Computer print out, that documents V17's active Registered Nursing License, but could not provide a copy of V17's Registered Nurse License. On 8/30/23 at 10:46 am, V22 (Minimum Data Set/MDS/Care Plan Nurse) stated, "(R6) left on the night of 8/12/23, with (V16 and V17) and did not return until the early morning of 8/13/23. Then I heard that (R6) signed herself out of the Facility, left with (R6's) ex-boyfriend and ended up relapsing and went back to Rehab." On 8/30/23, at 10:19 am, V5 (Housekeeping Supervisor) stated, "(R6) was in a room by herself on (hallway). (V16) would drive (R6) to Doctor appointments (in city). After (V16 and V17) got fired, I did hear rumors that (V16 and V17) were having an affair with (R6)." On 8/30/32 at 10:31 am, V2 (Resident Care Coordinator/RCC) stated, "(V16) would take (R6) 'apparently' to the library all the time, but I never saw (R6) check out any books, I thought that was kind of weird. I have heard that (R6, V16 and V17) had a 'threesome." I also heard that (R6) relapsed and ended up back in Rehab (in city). (V17) was also (R6's) Nurse, that took care of her." On 8/30/23 at 10:53 am, V14 (Social Service

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6009328 B. WING 09/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 129 SOUTH 1ST AVENUE SUNSET REHABILITATION & HLTH C **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 17 S9999 S9999 Representative) called me to tell me that she heard a rumor that (R6, V16 and V17) were having sexual encounters. (V21), (V16) and V17) were apparently friends and I knew that (R6) had been over to their house because (R6) told (V21). I am unsure how (R6) became friends with (V16 and V17) because they were not forthcoming. (R6) would not talk to (V19) during an interview. heard that they had been together twice, but could not say when it happened. Both (V16) and (V17) were suspended and fired. I know that V20 (R6's Mother) did not want R6 leaving the Facility because of her past experience with drugs. We felt that (R6) was in her right mind, and (R6) became angry at me when I told (R6) that (V16 and V17) had been terminated. I was thinking that this was a ethical issues in my mind on their part. (V1) also talked to (R6), and (R6) admitted to sexual interactions with (V16 and V17), " On 8/30/23 at 10:29 am, V1 (Administrator/ADM) stated, "(V17/Registered Nurse) has worked here for about fifteen years, I cannot find an employee file on (V17). The only thing in (V17's) employee file is the Background Check. I will contact corporate and ask if they have anything." On 9/1/23, at 9:05 am, V1 (ADM) stated, "I still do not have (V17's) employee file, we cannot find one." V1 verified V17's SWAT and Abuse training could not be located. On 8/29/23 at 1:00 pm, V1 (Administrator) stated. "We took in (R6) kind of as a favor, even though (R6) was younger than most of our Residents. (R6) had issues and behaviors with drugs, because (V21/CNA/R6's Sibling) works here and the family wanted (R6) as far from (city) and (city) as they could get (R6), to keep (R6) safe and away from (R6's) lifestyle of doing drugs. We do not normally take Residents that are drug addicts.

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\$9999	and looking back we taken (R6), but (R6) admission and had admitted (R6) to hele On 8/13/23, (V21/Rour Regional (V19) confided in (V21), the relations with (V16 at that anything was we pretty cognitively into memory loss. (R6) the Facility a lot, and leave all the time. (R6) did not come be morning (8/13/23), I (V16 and V17) were When I confronted (and was angry that not report this as abwas consensual to the fired (V16 and V17), medical advice." On 8/29/23 at 1:00 per literative in the port this to Public Health Department) 8/13/23." On 9/1/23 at 9:45 and (V16/Transportation Nurse to have interative) state on 8/30/23 at 10:02 Representative)	e probably should not have got pre-screened for just heart surgery, so we possibly with the surgical incision. 6's Sibling/CNA) confronted and told (V19) that (R6) had not (R6) was having sexual and V17). I did no really think rong, because (R6) was act, but did have short term was signing self in and out of diverself was okay to on 8/12/23, the last time that ack that night until the next did find out that (R6) and engaging in sexual relations. R6), (R6) denied this to me, we fired (V16 and V17). I did use, because we felt that R6 his. About a week after we on 8/21/23 (R6) left against om, V1 (Administrator) stated, allegation to the Police or Health (local State Agency at the time it happened on on, V1 (Administrator) stated, I inappropriate for Driver) and (V17/Registered ctions with (R6) like this."	S9999	DEFICIENCY		

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