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 IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4340 NORTH KEYSTONE **IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 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** PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **TAG DEFICIENCY**) S 000 Initial Comments S 000 Facility Reported Incident of 02.14.2023-IL156492 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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. Attachment A Statement of Licensure Violations Section 300.3240 Abuse and Neglect

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND, PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4340 NORTH KEYSTONE **IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect residents from sexual abuse by an employee for three of three residents (R1, R2, R3) reviewed for abuse. This deficient practice caused residents to experience fear, shame, and anger. Findings include: An investigation was initiated in response to incident reports submitted to IDPH (Illinois Department of Public Health) on 02.13.2023 and 02.14.2023. Both reports alleged sexual abuse of R1 and R2 by V3 (Contract COTA-Certified Occupational Therapy Assistant). 1)R1's medical record (Face Sheet, MDS-Minimum Data Set) documents R1 is a cognitively intact 38-year-old admitted to the facility on 01.24.2023 with diagnoses including but not limited to: Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Cerebral Infarction Due to Embolism of Right Middle Cerebral Artery. Diabetes Mellitus Due to Underlying Condition with Diabetic Autonomic (Poly)Neuropathy, and End Stage Renal Disease. On 02.15.2023 at 10:30 AM, V1 said, R1 reported to V1, around 02.08.2023, that R1 initially felt uncomfortable in therapy. A concern form was completed (dated 02.03.2023). Local police were notified but not IDPH because there was no

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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: IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 allegation of abuse. An investigation was later initiated and reported to IDPH after R1 alleged V3 touched R1's vaginal area during therapy session. R2 reported to V1 on 02.08.2023 that V3 raped R2 in R2's room after a therapy session. V1 said R1's investigation was in progress: allegation would not be substantiated; R2's allegation was not substantiated. On 02.16.2023 at 12:03 PM, R1 was observed sitting on the side of bed eating lunch. R1 was pleasant, neat, clean, and dressed in-patient gown. R1 agreed to speak with surveyor regarding incident involving V3 (Contract COTA-Certified Occupational Therapist). R1 said, "The day it happened (01.31.2023), I was sitting on the bed, like I am now, with my legs closed, I was wearing two gowns (using one as a robe). The door was closed, the privacy curtain was drawn (to end of bed). V3 said we were going to do arm stretches. V3 came in front of me, forcing V3's knee in between my knees. Now V3 is right in my face, my head was on V3's chest. I had to move my head in order to breathe. V3 wrapped V3's arms around me, forcing V3's way to get through my gown, to get at my skin. V3 was breathing heavily into my ear. Somehow V3 got V3's hands under the waist band of my panties. onto my buttocks. V3 grabbed my butt, thrusting into my body. I said (to myself), this isn't right, V3's not supposed to be grabbing my a**. V3 touched my vagina; grabbed my hair as if V3 was going to kiss me. I put my arm between V3 and myself (demonstrated putting arm across chest). I felt V3's erection. I felt uncomfortable. I said to V3, I think I've had enough for today. I did cry out (in pain), I said, 'ow.' Then V3 said let's do some leg stretches. I was flat in bed, one leg over the knee. I had my hand over my forehead (demonstrated hand to forehead, palm out). V3

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002851 02/23/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4340 NORTH KEYSTONE** IRVING PARK LIVING & REHAB CTR CHICAGO, IL 60641 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 tickled the palm of my hand. In my culture when someone does that, it means they want to have sex. V3 did this twice. I told V3 it's too much, I can't, I can't, I'm in too much pain in order to end the session. This happened during my third session with V3. The second session was pretty much like the third session. V3 was pushing really close to my body, breathing heavily into my ear. During the first session, V3 did leg stretches, pushing my leg towards my head. I had on a gown but no panties (was recently admitted to facility and did have their clothing). My gown was up to here (indicates groin). I felt uncomfortable." Surveyor asked R1 why they did not report this immediately, R1 said, "I was molested by a family member when I was five years old. I asked (myself) am I overthinking this, am I letting my past get the best of me? I needed to process this. After the third session, but before I made the complaint, I was afraid I would run into V3. I told my father the day it happened. I told V4 (RN-Registered Nurse), two-three days after the incident. I told V4 that I had an interaction with V3 that made me feel uncomfortable. V4 did not probe further but did reassure me that I had the right to feel safe in the facility. I reported V3 to V5 (Guest Relations) the next day (after speaking with V4). R1 said, "what V3 did was wrong. V3 took advantage over the situation, the power V3 held over me. It was disgusting, horrible." R1 was tearful at times during the interview. R1's abuse/neglect care plan (initiated/revised 02.09.2023) documents in part, R1 demonstrates difficulty in adjustment and general mood distress, observable signs of distress, verbal expressions of distress.

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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: COMPLETED A. BUILDING: C IL6002851 B. WING 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 4 Final incident report (02.17.2023) documents in part, R1 informed V1 and V9 (Police Detective) on 02.13.2023 that V3 provided R1 physical therapy on 01.31.2023 and R1 feels that V3 touched R1 inappropriately. The report does not document if allegation was substantiated or unsubstantiated. 2)R2's medical record (Face Sheet, MDS) documents R2 is a cognitively intact 47-year-old admitted to the facility on 04.23.2021 with diagnoses including, but not limited to: Major Depressive Disorder, Recurrent; Moderate Bipolar, Current Episode Depressed; Opioid Dependence, Other Sites of Candidiasis. On 02.26.2023 at 1:10 PM, R2 was observed sitting in their room. R2 was neat, clean and dressed appropriately, soft spoken (tracheostomy tube in place, which R2 covered with their finger in order to speak). R2 agreed to speak with surveyor. Surveyor asked R2 if they would tell surveyor about the incident between R2 and V3. R2 became upset, asking surveyor how they knew about the incident and said, "I'm so tired of repeating it. How am I supposed to heal?" Surveyor explained how they had knowledge of the incident and what the investigative process is in general, involved. R2 said, "Okay, I'll talk to you, have a seat." R2 said, "when I got here, they told me I needed therapy and I was like, okay. V7 (OT-Occupational Therapist) evaluated me. On 10.25.2022, I had a session with V3 in my room. The door was closed, the privacy curtain was

bed again. V3 pulled my pants down and played Ilinois Department of Public Health

drawn. I was in bed, facing the TV. I got up to walk V3 to the door because my room is my home. V3 threw me on the bed, I landed on all fours. I went to get up and V3 threw me on the

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: C IL6002851 02/23/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4340 NORTH KEYSTONE** IRVING PARK LIVING & REHAB CTR CHICAGO, IL 60641 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 5 with my "nana" (genital area) but did not put V3's fingers in my vagina. Then V3 took V3's pants down or off, I was facing the window. I said, what the f*** (V3), what are you doing to me? V3 just rammed into me. The next thing I knew, V3 was pulling out. I saw V3 was coming into a glove (exam glove). V3 said give me a minute then left. I stood there in shock. I said, I can't believe this s**t just happened to me. I didn't tell anyone. I just sat there for a good hour. I felt no one would believe me if I told them. I wrote down what happened and told V5 (Guest Relations) last week. The turning point was when I heard some lady down the hall was calling the police because V3 touched her inapprojately. A bulb went on. I was mad at myself because I let it happen. I felt relieved when I told V5. I had just blocked it out." R2 appeared anxious as evidenced by pacing at times, during the interview. R2's abuse/neglect care plan (initiated 02.08.2023, revised 02.09.2023) documents in part, R2 demonstrates difficulty in adjustment and general mood distress, observable signs of distress, verbal expressions of distress. Final incident report (02.14.2023) documents in part, R2 reported to V1 on 02.08.2023, that V3 allegedly raped R2 in R2's room on 10.25.2022 after providing R2 physical therapy session. The alleged employee has no known record of sexual abuse on file. MD, family, and Ombudsman were notified of the outcome of the outcome of the investigation and are happy with the outcome. The report does not document if allegation was substantiated or unsubstantiated. 3)R3's medical record (Face Sheet, MDS) document R3 is a moderately cognitively impaired

Illinois Department of Public Health

STATE FORM

75-year-old admitted to the facility on 10.11.2022

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 IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4340 NORTH KEYSTONE **IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PŘEFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 with diagnoses including, but not limited to: Alzheimer's Disease, Dementia, Paranoid Schizophrenia with Agitation, Psychosis, and Neurocognitive Disorder. On 02.16.2023 at 2:25 PM, R3 was observed sitting on the edge of bed, eating candy and watching TV. R3 agreed to speak with surveyor about the incident involving V3. R3 was pleasant and spoke clearly and concisely during the interview. R3 said, "V3 came here (in resident's room), giving me exercises. Then V3 wanted to unbuckle my bra. V3 said to me, "let me unbuckle your bra so you can be more comfortable." I said, "no, I'm comfortable. V3 did stop. It made me feel bad. I was going to tell V3 that V3 is a pervert, but I didn't want to hurt V3's feelings. This happened sometime last year in my room. V3 did come back another day and asked me if I wanted therapy. I said no, I didn't want V3 to come and give me therapy after that (incident). V3 would stand in front of me and put V3's hands like this (demonstrated putting hands into R3's sleeves) and massage my back. V3 would massage my back, my legs. I never told V3 that my shoulders hurt. No other therapist ever massaged me. The door was closed, the (privacy) curtain was drawn."I did not report this. I was afraid they would fire V3. I told my daughter a month later. She came to the facility and spoke with V1." On 02.21.2023 at 7:24 PM via Telephone, V11 (R3's Daughter) said, "I bring R3 home on weekends. (R3) mentioned, was complaining of. a lot of pain, body hurting. R3 was receiving therapy in R3's room. R3 keeps R3's bra on all the time, even while sleeping. R3 told me V3 came into R3's room and asked to remove R3's

Illinois Department of Public Health

bra. Can you remove it or can I remove it so you'll be more comfortable, V3 said. R3 told me V3 was

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 IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 standing so close R3 that R3 could feel V3's hard penis on R3's chest; R3's face was in V3's belly. R3 didn't report V3 because R3 was afraid V3 might get fired. The day after R3 told me this. I told the facility what R3 told me. I went to the facility. I met with V1 and other staff. I told them what R3 told me. R3's Trauma-Informed Care care plan (initiated/revised 12.01.2022) documents in part R3 demonstrates difficulty in adjustment and general mood distress at times. Facility final incident report (11.30.2022) documents in part, on 11.29.2022, R3 notified V1 that V3 attempted to unstrap R3's bra during Occupational Therapy session in September 2022. R3 did not remember the date, day or tine of alleged incident. The allegation of sexual abuse was not substantiated. Surveyor asked V1 if there had been any prior allegations of sexual abuse involving V3. V1 said yes, there was one last year. R3 alleged V3 attempted to remove R3's bra during therapy. The allegation was not substantiated. On 02.15.2023 at 2:44 PM, V8 (Regional Director of Rehab) said, "when these allegations were brought to my attention, I informed the company's compliance department. They deferred the investigation to the facility; there is no internal investigation being conducted. V3 is on administrative leave pending outcome of facility's investigation. On 02.16.2023 at 3:31 PM, V5 (Guest Relations) said, "R2 came to me some time last week and ask me what was going on in the therapy

Illinois Department of Public Health

department, specifically V3. R2 said, V3 did me. I

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6002851 B. WING 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 asked R2 what that meant. R2 responded V3 was in my room doing therapy with me; the door was closed. V3 was leaning over me, massaging my back. I stood up to walk V3 out, my room is like my home. V3 flipped R2 onto the bed, on R2's hands and knees, pulled R2's pants down. R2 said whoa, V3 responded, it's okay (R2), it will be over in a minute. The next thing I knew V3 was inside of me. I asked if V3 finished. R2 said ves. I asked if V3 came inside R2, R2 said in a glove, I reported it to V1. V5 said, on 02.03.2023 I came into work at 8:20 something. V14 (RN) informed me R1 needed to speak with me. I asked R1 what was wrong. R1 said during the 2nd and 3rd sessions of therapy with V3, R1 felt uncomfortable. R1 said V3 would lean over R1; V3 would go under R1's gown; R1 would put R1's arm across R1's chest as a barrier. V5 said RI told V5 that V3 tried to put V3's knee in between R1's legs; R1 would try to keep R1's legs closed." On 02.16.2023 at 4:00 PM, V6 (Director of Rehab) said, "R3's daughter mentioned sometime around Thanksgiving, that R3 was uncomfortable with V3's treatments. The daughter said R3 told her V3 may have pulled R3's bra down. I don't know what would have triggered that (V3 pulling down R3's bra). The next resident was R1. R1 said R1 felt uncomfortable during some sessions with V3: that V3 would stand too close. I don't know why V3 would massage R1 from the front. It made me feel uncomfortable when I heard that."

Illinois Department of Public Health

On 2.22.2023 at 1:39 PM, V7 (Contract OTR-Occupational Therapist Registered and Licensed) reviewed the following documents: R1's Occupational Therapy Evaluations and Plan of Treatment (01.25,2022) and Treatment Encounter Notes (01.25.2022, 01.27.2022,

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING IL6002851 02/23/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) . COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG **TAG DEFICIENCY**) S9999 S9999 Continued From page 9 01.30.2022, 02.01.2022), R2's Occupational Therapy Evaluations and Plan of Treatments (10.17.2022) and Treatment Encounter Notes (10.18.2022, 10.19.2022, 10.25.2022-10.27.2022), and R3's Occupational Therapy Evaluations and Plan of Treatments (09.19.2022) and Treatment Encounter Notes (09.19.2022-09.22.2022, 09.26.2022, 09.27.2022, 09.29.2022, 09.30.2022). V7 said "I performed Occupational Therapy Evaluations for R1, R2, and R3 and developed their Treatment Plans as well. V7 said that V7 did not include massage therapy as a treatment approach for R1, R2, or R3. V7 said that V3 did not document massage therapy as a therapeutic approach in R1's, R2's, or R3's Treatment Encounter Notes. V7 said, "if the resident was sitting in a chair, shoulder massage should be performed while standing behind the resident; if the resident is sitting on the edge of the bed, shoulder massage should be performed while standing next to the resident. V7 said. I think it was unprofessional that V3 massaged the residents while standing in front of the. I need to have some professional distance between myself and the resident." 2)R2's medical record (Face Sheet, MDS) documents R2 is a cognitively intact 47-year-old admitted to the facility on 04.23.2021 with diagnoses including, but not limited to: Major Depressive Disorder, Recurrent; Moderate Bipolar, Current Episode Depressed; Opioid Dependence, Other Sites of Candidiasis. On 02.26.2023 at 1:10 PM, R2 was observed sitting in their room. R2 was neat, clean and dressed appropriately, soft spoken (tracheostomy tube in place, which R2 covered with their finger in order to speak). R2 agreed to speak with

STATE FORM

surveyor. Surveyor asked R2 if they would tell

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6002851

NAME OF PROVIDER OR SUPPLIER

IRVING PARK LIVING & REHAB CTR

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

C 02/23/2023

STREET ADDRESS, CITY, STATE, ZIP CODE

4340 NORTH KEYSTONE
CHICAGO, IL 60641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10	ID PREFIX TAG S9999	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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	surveyor about the incident between R2 and V3.			. 4
	R2 became upset, asking surveyor how they		S	63
1,71	knew about the incident and said, "I'm so tired of	T	**	
- 8	repeating ithow am I supposed to heal?"	2.17		
100	Surveyor explained how they had knowledge of	# 11		= -
	the incident and what the investigative process, in	4		9
~	general, involved. R2 said, "Okay, I'll talk to you,		3 g G	
A.	have a seat."			. 5
	R2 said, "when I got here, they told me I needed	250		
	therapy and I was like, okay. V7			2
	(OT-Occupational Therapist) evaluated me. On			
	10.25.2022, I had a session with V3 in my room.	11		
	The door was closed, the privacy curtain was			3
	drawn. I was in bed, facing the TV. I got up to			
127	walk V3 to the door because my room is my		10	
Ç.	home. V3 threw me on the bed, I landed on all		U 2	
	fours. I went to get up and V3 threw me on the			
235	bed again. V3 pulled my pants down and played		= 24	
191	with my "nana" (genital area) but did not put V3's			20.00
	fingers in my vagina. Then V3 took V3's pants		57 pg () 12	
	down or off, I was facing the window. I said, what		10	İ
8	the f*** (V3), what are you doing to me? V3 just		0.49	31
	rammed into me. The next thing I knew, V3 was			
8	pulling out. I saw V3 was coming into a glove		4	ŀ
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10 11	(exam glove). V3 said give me a minute then left.		N 1 1	14
	I stood there in shock. I said, I can't believe this		22	20
	s**t just happened to me. I didn't tell anyone. I		50 St	
	just sat there for a good hour. I felt no one would			
	believe me if I told them. I wrote down what		***	
	happened and told V5 (Guest Relations) last			
	week. The turning point was when I heard some		55	- 1-1
	lady down the hall was calling the police because		W # 12	
ļ	V3 touched her inapproiately. A bulb went on. I		13.	17
	was mad at myself because I let it happen. I felt			-
	relieved when I told V5. I had just blocked it out. "			1910
,9	R2 appeared anxious as evidenced by pacing at			
	times, during the interview.		FOR U	
100	R2's abuse/neglect care plan (initiated			OK.
	02.08.2023, revised 02.09.2023) documents in			
	part, R2 demonstrates difficulty in adjustment and		104	224

Illinois Department of Public Health

STATE FORM

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002851		(X2) MULTIPLI	(X3) DATE SURVEY COMPLETED C 02/23/2023		
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					02/23/2023
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S		111
IRVING	PARK LIVING & REH	AB CTR CHICAGO	RTH KEYSTO D, IL 60641	NE	P1 51
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S 9 999	Continued From pa	age 11	S9999		n 73
	general mood distr	ess, observable signs of		W × ≡	
	distress, verbal ex	pressions of distress.	1 1	Ve	
	A. 450 & S	3. O	1 1	of designation of the state of	
- 6	Final incident repo	rt (02.14.2023) documents in			
		o V1 on 02.08.2023, that V3	1		-
3 3		in R2's room on 10.25.2022	1		
8 3		physical therapy session. The			22.
2.00		has no known record of sexual	1 1	===	=
		family, and Ombudsman were ome of the outcome of the			-
5 1		re happy with the outcome.	1 9	8.5	8
25		ot document if allegation was			
54	substantiated or un		1 1		
	iks day 4-ga ze				981
0	3)R3's medical rec	ord (Face Sheet, MDS)	1 1		
		moderately cognitively impaired			10
		ed to the facility on 10.11.2022	1		
77		uding, but not limited to:			40 28
		e, Dementia, Paranoid	1 1	j H a	25
	Neurocognitive Dis	Agitation, Psychosis, and			8
-	rear ocogrillave Dis	order.	2 3		
	On 02.16.2023 at 2	2:25 PM, R3 was observed			
		of bed, eating candy and) a	
		greed to speak with surveyor			
		nvolving V3. R3 was pleasant			
		and concisely during the			
		"V3 came here (in resident's			
7.0		xercises. Then V3 wanted to	L to		
		/3 said to me, "let me unbuckle n be more comfortable." I said,			·
		e. V3 did stop. It made me feel		£ 50	
8		tell V3 that V3 is a pervert, but			1 1
		V3's feelings. This happened		, we * H	
	sometime last year	in my room. V3 did come	1 1		
		nd asked me if I wanted			
		didn't want V3 to come and			
=		er that (incident). V3 would		141	
800		and put V3's hands like this		20	
	(demonstrated putt	ing hands into R3's sleeves)			

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** IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 12 S9999 and massage my back. V3 would massage my back, my legs. I never told V3 that my shoulders hurt. No other therapist ever massaged me. The door was closed, the (privacy) curtain was drawn I did not report this. I was afraid they would fire V3. I told my daughter a month later. She came to the facility and spoke with V1. On 02.21.2023 at 7:24 PM via Telephone, V11 (R3's Daughter) said, "I bring R3 home on weekends. (R3) mentioned, was complaining of. a lot of pain, body hurting. R3 was receiving therapy in R3's room. R3 keeps R3's bra on all the time, even while sleeping. R3 told me V3 came into R3's room and asked to remove R3's bra. Can you remove it or can I remove it so you'll be more comfortable, V3 said. R3 told me V3 was standing so close R3 that R3 could feel V3's hard penis on R3's chest; R3's face was in V3's belly. R3 didn't report V3 because R3 was afraid V3 might get fired. The day after R3 told me this, I told the facility what R3 told me. I went to the facility. I met with V1 and other staff. I told them what R3 told me. R3's Trauma-Informed Care care plan (initiated/revised 12.01.2022) documents in part R3 demonstrates difficulty in adjustment and general mood distress at times. Facility final incident report (11.30.2022) documents in part, on 11.29.2022, R3 notified V1 that V3 attempted to unstrap R3's bra during Occupational Therapy session in September 2022. R3 did not remember the date, day or time of alleged incident. The allegation of sexual abuse was not substantiated.

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STATE FORM

On 02.15.2023 at 10:30 AM, V1 said, R1 reported

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6002851 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4340 NORTH KEYSTONE **IRVING PARK LIVING & REHAB CTR CHICAGO, IL. 60641** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 to V1, around 02.08.2023, that R1 initially felt uncomfortable in therapy. A concern form was completed (dated 02.03.2023). Local police were notified but not IDPH because there was no allegation of abuse. An investigation was later initiated and reported to IDPH after R1 alleged V3 touched R1's vaginal area during therapy session. R2 reported to V1 on 02.08.2023 that V3 raped R2 in R2's room after a therapy session. V1 said R1's investigation was in progress: allegation would not be substantiated; R2's allegation was not substantiated. Surveyor asked V1 if there had been any prior allegations of sexual abuse involving V3. V1 said yes, there was one last year. R3 alleged V3 attempted to remove R3's bra during therapy. The allegation was not substantiated. On 02.16.2023 at 2:44 PM, V8 (Regional Director of Rehab) said, "when these allegations were brought to my attention. I informed the company's compliance department. They deferred the investigation to the facility; there is no internal investigation being conducted. V3 is on administrative leave pending outcome of facility's investigation. On 02.16.2023 at 3:31 PM, V5 (Guest Relations) said, "R2 came to me some time last week and ask me what was going on in the therapy department, specifically V3. R2 said, V3 did me. I asked R2 what that meant. R2 responded V3 was in my room doing therapy with me: the door was closed. V3 was leaning over me, massaging my back. I stood up to walk V3 out, my room is like my home. V3 flipped R2 onto the bed, on R2's hands and knees, pulled R2's pants down. R2 said whoa, V3 responded, it's okay (R2), it will be

over in a minute. The next thing I knew V3 was inside of me. I asked if V3 finished, R2 said yes. I

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6002851 **B. WING** 02/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4340 NORTH KEYSTONE IRVING PARK LIVING & REHAB CTR** CHICAGO, IL 60641 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 14 S9999 asked if V3 came inside R2, R2 said in a glove. I reported it to V1. V5 said, on 02.03.2023 I came into work at 8:20 something. V14 (RN) informed me R1 needed to speak with me. I asked R1 what was wrong. R1 said during the 2nd and 3rd sessions of therapy with V3, R1 felt uncomfortable. R1 said V3 would lean over R1: V3 would go under R1's gown; R1 would put R1's arm across R1's chest as a barrier. V5 said RI told V5 that V3 tried to put V3's knee in between R1's legs; R1 would try to keep R1's legs closed." On 02.16.2023 at 4:00 PM, V6 (Director of Rehab) said, "R3's daughter mentioned sometime around Thanksgiving, that R3 was uncomfortable with V3's treatments. The daughter said R3 told her V3 may have pulled R3's bra down. I don't know what would have triggered that (V3 pulling down R3's bra). The next resident was R1. R1 said R1 felt uncomfortable during some sessions with V3; that V3 would stand too close. I don't know why V3 would massage R1 from the front. It made me feel uncomfortable when I heard that." On 2.22.2023 at 1:39 PM, V7 (Contract OTR-Occupational Therapist Registered and Licensed) reviewed the following documents: R1's Occupational Therapy Evaluations and Plan of Treatment (01.25.2022) and Treatment Encounter Notes (01.25.2022, 01.27.2022, 01.30.2022, 02.01.2022), R2's Occupational Therapy Evaluations and Plan of Treatments (10.17.2022) and Treatment Encounter Notes

Illinois Department of Public Health

(10.18.2022, 10.19.2022,

10.25.2022-10.27.2022), and R3's Occupational Therapy Evaluations and Plan of Treatments (09.19.2022) and Treatment Encounter Notes (09.19.2022-09.22.2022, 09.26.2022, 09.27.2022, 09.29.2022, 09.30.2022). V7 said "I performed

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002851		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		B. WING		02/2	3/2023	
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W _e	Occupational The	rapy Evaluations for R1, R2,		1.00		
S. O.	and R3 and devel	oped their Treatment Plans as	1.0	8 -	8	**
		V7 did not include massage		20	22	19
		ment approach for R1, R2, or	-	E		
	R3. V7 said that V	/3 did not document massage	20		19	8.8 177
	therapy as a thera	apeutic approach in R1's, R2's,		1 2	×	
		t Encounter Notes. V7 said, "if	8			
		sitting in a chair, shoulder		W		
		be performed while standing	.		,	3:
		nt; if the resident is sitting on the	·	, 18 W	1.00	
		shoulder massage should be	8.7	(LEC)		256
		tanding next to the resident. V7	. 2 -	2 * 2		
37		unprofessional that V3 idents while standing in front of		1		-
52		ave some professional distance		N S S	10	
	between myself a		91,	50	300	2.3
7377	Detween mysen a	na trio rootaorit.			5	
5 595.3	On 02.21.2023 at	10:10 AM via telephone, V3	=			gr 20%
- 0	said. "I was perfor	rming my job responsibility with		*/E		
30.7	them (R1, R2, and	d R3). One young lady, R1, I	#			2
-23		actly sure what R1 said. R1 said	70	1 0.0		
10		gina. I did not. I heard that a		846	÷	=
		ade. Why would do that? I		74 📆		
		When I start therapy (skilled		· & & _	_ 22	
# J		the evaluation to see what the	3.5	# W W _		25
1471	treatment plan is.	I focus on short term goal and		-		
	core strength is a	big part of it. Core activation is		50	-	
8 =	a big part of my tr	eatment method to promote	ا	90 W		
	sitting and standir	ng balance. Yeah, so I do a lot o	[†]		82	355
	stretching of the s	shoulders, lower back. I did				
* gog 2	shoulder stretche	s and massage. I try to get them	1 00	×		
75	In the state of this	nd where they relax. It takes a	5 9			
- 10		each other when I have a new gure it out. I'll do the neck and		25	85	54
475		of her while she's sitting on the		The Table 1		
		amstrings, lower back and hip		· · · · · · · · · · · · · · · · · · ·		4 10
(0)	when suning in he	ed, I'm on the side of the bed.			8	50 X 65
U_ **		ody inappropriately. I wasn't			100	9
		riate to any resident.		**		57

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLANOF CORRECTION A. BUILDING: _ C IL6002851 02/23/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4340 NORTH KEYSTONE** IRVING PARK LIVING & REHAB CTR CHICAGO, IL 60641 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 16 The facility's Abuse Prevention and Reporting policy and procedures effective 11.26.16 and revision date 10.22.22 included the following: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation. misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. This will be done by but not limited to the following: Establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment. Implementing systems to promptly and aggressively investigate all reports and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences. -Sexual Abuse includes, but is not limited to. sexual coercion, or sexual assault including non-consensual or non-competent to consent sexual activity. Sexual abuse includes but is not limited to: Unwanted intimate touching of any kind especially of breasts or perineal area. Generally, sexual contact is nonconsensual if the resident either: appears to want the contact to occur but lacks the cognitive ability to consent; or does not want the contact to occur. Orientation and Annual Training of Employees to cover but not limited to the following: Sensitivity to

resident rights and resident needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002851		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION S:	СОМ	SURVEY PLETED	
			5. 11110			23/2023
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	5	
IRVING	PARK LIVING & REHA	CHICAGO	RTH KEYST D, IL 60641	ONE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			LD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 17	S9999	or or Be		
	Concern identification and family concernaddressed, and resignitude and family concernaddressed, and resignitude and family concernaddressed, and resignitude and family comprehensive candata set) assessment with increased vulnexploitation, mistreamisappropriation of needs, triggers and conflict. Through the will identify any probability of the staff to including that assignidividual resident of inappropriate langual impersonal care will the term staff include contractors, volunte provide care and set of the facility.	lent sensitive environment. on and follow-up: Resident s will be recorded, reviewed, ponded to using the facility's es. Residents and families will facility's grievance procedures. ent: As part of the resident's dmission assessment, e plan, and MDS (minimum ents, staff will identify residents erability for abuse, neglect, atment, history of trauma or resident property, who have behaviors that might lead to e care planning process staff blems. supervisors will monitor the meet the needs of residents, ned staff have knowledge of hare needs. Situations such as age, insensitive handling, or be corrected as they occur. des employees, consultants, ers and other caregivers who rvices to residents on behalf my) Employee Handbook				
	(Version 2:2021) ind It is the policy of (Re all residents be free abuse, emotional or financial or material					essa V

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