STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6005607	B. WING		C 05/24/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
LUTHER	AN HOME FOR THE	ACIEU	T OAKTON S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D.RE COMPLETE	
\$ 000	Initial Comments	3 ×	S 000	8 2		
	Investigation of Fac 5/20/23/IL160131	cility Reported Incident of				
	Complaint Investig	ation 2314242/IL160133		** " " " " " " " " " " " " " " " " " "	g ^d ir	
S9999	Final Observations	, 21 III	S9999		(a)	
** == =	Statement of Licens	sure Violations	=	Pt 17 (0 - 1	(#) (r)	
	300.610a)	g = 0		÷ ÷	20	
	300.1210b)	W ²⁵ .	70.	3	2	
	300.3240a)	E	*			
8	Section 300.610 Re	esident Care Policies		TE 82	K _p	
	procedures governi facility. The written be formulated by a	have written policies and ing all services provided by the policies and procedures shall Resident Care Policy	7	E U		
TI II	medical advisory co of nursing and othe	advisory physician or the ommittee, and representatives er services in the facility. The	*:	3 3		
20	The written policies the facility and shall	bly with the Act and this Part. Is shall be followed in operating a shall be reviewed at least annually documented by written, signed of the meeting.			M24 00 5	
	Section 300.1210 G Nursing and Person	General Requirements for nal Care	es N	Attachment A Statement of Licensure Violations	# ₂ 12	
: :: :	b) The facility shall and services to atta	provide the necessary care ain or maintain the highest		9	=	

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 COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ С B. WING 05/24/2023 IL6005607 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **800 WEST OAKTON STREET LUTHERAN HOME FOR THE AGED ARLINGTON HTS, IL 60004** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 1 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. Section 300.3240 Abuse and Neglect 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 Requirements were Not Met as evidenced by: Based on interview and record review, the facility failed to ensure a demented resident was free from sexual abuse by a staff member for 1 of 4 residents (R1) reviewed for sexual abuse in the sample of 17. This failure resulted in R1 being sexually assaulted. The findings include: R1's electronic medical record accessed on 5/23/23 showed R1 is an 88 y/o female admitted to the facility on 5/18/23 with diagnoses that include severe dementia, fracture of left femur and respiratory failure. R1's facility admission assessment dated 5/20/23 show R1 has severe cognitive impairment. R1's Facility Reported Incident (FRI) dated 5/20/23 with Final report dated 5/22/23 show, "On 5/20/23 at approximately 1PM, the CNA heard the

Illinois Department of Public Health

resident yelling and entered the room. Upon

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: С B. WING IL6005607 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **800 WEST OAKTON STREET LUTHERAN HOME FOR THE AGED** ARLINGTON HTS, IL 60004 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 entering the room, the CNA observed a male housekeeper with his penis pressed against the resident's mouth and his hand on her breast while she was laying in her bed. The housekeeper was startled by the interruption and stopped his actions, zipped up his pants and began pleading with the CNA not to report him. CNA confronted the housekeeper when she realized what was happening and started recording the interaction on her phone; she told him what he was doing was wrong and that she must report him. Conclusion: Investigation concluded that housekeeper engaged in a nonconsensual sexual act toward resident This conclusion is based on CNA witnessing the act, housekeeper reaction. and pleading not to be reported. R1's progress notes dated 5/20/23 by V3 (License Practical Nurse-LPN) shows, " About 13:10pm, I walked down the hallway because I heard the CNA shouting, upon entering R1's room I saw the housekeeper begging the CNA not to report, she reported she saw the housekeeping forcing his penis into the resident mouth and touching her left breast. The CNA showed me what she recorded; I told her to write an incident report which I took to the supervisor." On 5/23/23 at 10:53 AM, V7 (Certified Nursing Assistant-CNA) said she was R1's CNA last Saturday, 5/20/23. At around 1PM, V7 (CNA) said she was walking by R1's room when she heard R1 yelling for help. R1's door was opened. When she entered R1's room, she observed V8 (Housekeeper-Hskp) standing by R1. V7 (CNA) said she went to the opposite side of R1's bed and clearly saw V8 (Hskp) forcing his penis into R1's mouth and was touching R1's exposed

Illinois Department of Public Health

breast. V7 said she screamed at V8 and told him to leave R1's room at once then turned her phone

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6005607 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **800 WEST OAKTON STREET LUTHERAN HOME FOR THE AGED ARLINGTON HTS, IL 60004** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (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 DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 on video to record what was happening. V7 said she was able to record V8 putting his penis back into his pants. V8 then pleaded to V7 not to report him, he was afraid losing his job. V8 said what he did was wrong, it was a mistake and that he won't do it again. At this time, the Nurse (V3-LPN) entered R1's room and asked what was going on. V7 said V8 was forcing his penis into R1's mouth and touching her exposed breast. V3 (LPN) told V7 to put what she witnessed in writing, then told V8 to leave R1's room now. V8 again begged that he is not reported. V7 on her way to the nurse's station to write her statement, V8 followed and repeatedly begged again not to be reported. V7 said she told V8 he will be reported. V8 then disappeared. V7 said 30-45 minutes after the incident happened, V8 was again in the resident's unit and begged V7 to not report him, he would be losing his job. V7 informed V8 that he had been reported and there was nothing to discuss further. V7 stated she did not know where V8 was during the 30-45 minutes he was unaccounted for in the building. On 5/23/23 at 10: 05 PM, V3 (LPN) said on 5/20/23, she was in the nurse's station when she heard voices talking loudly. V3 said she walked towards the hallway and found V7 (CNA) confronting V8 (Housekeeper) in R1's room, V7 was very angry and said, "this man, (pointed to V8) was forcing his penis in R1's mouth and he was also touching R1's breast!" Then showed the recorded video. V3 said she told V7 to give a written statement. V3 ordered V8 to leave R1's room, instead V8 said he was sorry of what he did, and it was wrong. V8 pleaded to not report him. V3 said she told V8 again to get out of the room and that he will be reported. V3 said she was so upset at the same time heartbroken of R1

Illinois Department of Public Health

being sexually abused. V3 said she assessed R1

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: _ B. WING IL6005607 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **800 WEST OAKTON STREET LUTHERAN HOME FOR THE AGED ARLINGTON HTS, IL 60004** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 who was in bed, her eyes were wide open with her oxygen via nasal cannula. V3 asked R1 "are you ok, did anyone put anything in your mouth?" R1 responded, "I don't know." V3 said everything with R1 was either "I don't know" or "no " due to dementia, R1 is cognitively impaired. V3 said after completing R1's body check, she went to find the Nurse Supervisor. V3 said this was clearly sexual abuse. On 5/23/23 at 12:05 AM, V4 (Nurse House Supervisor-RN) said on 5/20/23 at around 2PM, V3 (LPN) handed her V7's written statement, V4 (RN) said after reading the statement stating V8 (Housekeeper) forced his penis into R1's mouth and touching R1's breast, she immediately notified V5 (Nurse Unit Manager). V4 (RN) said she did not know where V8 was and did not look for him. (An hour had gone by and V8's whereabouts were unknown.) V4 said she proceeded to R1's room to check R1's wellbeing after the sexual assault. On 5/24/23 at 9:13 AM, V5 (RN Unit Manager) said on 5/20/23 at around 2PM, he was in the facility and received a call from V4 (RN Supervisor) informing him of what happened to R1 being sexually abused, a housekeeper forcing his penis into R1's mouth and grabbing R1's breast. V5 said he called V1 (Administrator-Abuse Coordinator) to report the sexual abuse. V5 said he also went to security to report that no one knew where V8 was. V5 said, later he was told that V8 punched out at 2:55 PM on 5/20/23. (An hour and 55 minutes after the incident.) On 5/23/23 at 8:52 AM, V1 (Administrator) said on 5/20/23 at around 2:20 PM she received a call from V5 (RN Unit Manager) regarding V8 sexually

Illinois Department of Public Health

abusing R1. V1 said she instructed V5 to call the

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: ___ B. WING IL6005607 05/24/2023 NAME OF PROVIDER OR SUPPLIER

2823

STREET ADDRESS, CITY, STATE, ZIP CODE

S9999 Continued From page 5 police. V1 said on her way to the facility, she called R1's daughter to inform her of the incident. V1 said Police were already at the facility when she arrived. V1 said per family's request, R1 was transported to the hospital at around 3:30 PM. V1 said during all this time, no one knew where the perpetrator (V8) was. Video surveillance show V8 punched out at 2:55pm and used the back stainwell towards the Assisted Living exit. V1 said her investigation concluded that sexual abuse was substantiated. V1 said the Police informed her on 5/20/23 at around 5PM that V8, the perpetrator, was now in custody. R1's Hospital Records dated 5/20/23 timed at 3:58 PM show, an 88-year-old female with advanced dementia alert and oriented x1 came from a local nursing home for evaluation of sexual assault. Per EMS (Emergency Medical Services), a male Environmental Services worker touched patient's moth. Patient does not recall the event. Patient's POA gave verbal permission for sexual assault kit and to treat for potential sexually transmitted disease. Adult protective services have been notified The facility Policy on Abuse and Neglect effective 5/21/23 show, Policy Statement. The resident has the right to be free form abuse, neglect, misappropriation of resident property and	LUTHERAN HOME FOR THE AGED 800 WEST OAKTON STREET ARLINGTON HTS, IL 60004						
police. V1 said on her way to the facility, she called R1's daughter to inform her of the incident. V1 said Police were already at the facility when she arrived. V1 said per family's request, R1 was transported to the hospital at around 3:30 PM. V1 said during all this time, no one knew where the perpetrator (V8) was. Video surveillance show V8 punched out at 2:55pm and used the back stairwell towards the Assisted Living exit. V1 said her investigation concluded that sexual abuse was substantiated. V1 said the Police informed her on 5/20/23 at around 5PM that V8, the perpetrator, was now in custody. R1's Hospital Records dated 5/20/23 timed at 3:58 PM show, an 88-year-old female with advanced dementia alert and oriented x1 came from a local nursing home for evaluation of sexual assault. Per EMS (Emergency Medical Services), a male Environmental Services worker touched patient's chest and placed his penis in patient's mouth. Patient does not recall the event. Patient's POA gave verbal permission for sexual assault kit and to treat for potential sexually transmitted disease. Adult protective services have been notified The facility Policy on Abuse and Neglect effective 5/21/23 show, Policy Statement. The resident has the right to be free form abuse, neglect, misappropriation of resident property and	(X5) COMPLETE DATE	PRRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE	(EACH COI	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	
called R1's daughter to inform her of the incident. V1 said Police were already at the facility when she arrived. V1 said per family's request, R1 was transported to the hospital at around 3:30 PM. V1 said during all this time, no one knew where the perpetrator (V8) was. Video surveillance show V8 punched out at 2:55pm and used the back stairwell towards the Assisted Living exit. V1 said her investigation concluded that sexual abuse was substantiated. V1 said the Police informed her on 5/20/23 at around 5PM that V8, the perpetrator, was now in custody. R1's Hospital Records dated 5/20/23 timed at 3:58 PM show, an 88-year-old female with advanced dementia alert and oriented x1 came from a local nursing home for evaluation of sexual assault. Per EMS (Emergency Medical Services), a male Environmental Services worker touched patient's chest and placed his penis in patient's mouth. Patient does not recall the event. Patient's POA gave verbal permission for sexual assault kit and to treat for potential sexually transmitted disease. Adult protective services have been notified The facility Policy on Abuse and Neglect effective 5/21/23 show, Policy Statement. The resident has the right to be free form abuse, neglect, misappropriation of resident property and				S9999	Continued From page 5	S9999	
3:58 PM show, an 88-year-old female with advanced dementia alert and oriented x1 came from a local nursing home for evaluation of sexual assault. Per EMS (Emergency Medical Services), a male Environmental Services worker touched patient's chest and placed his penis in patient's mouth. Patient does not recall the event. Patient's POA gave verbal permission for sexual assault kit and to treat for potential sexually transmitted disease. Adult protective services have been notified The facility Policy on Abuse and Neglect effective 5/21/23 show, Policy Statement. The resident has the right to be free form abuse, neglect, misappropriation of resident property and					called R1's daughter to inform her of the incident. V1 said Police were already at the facility when she arrived. V1 said per family's request, R1 was transported to the hospital at around 3:30 PM. V1 said during all this time, no one knew where the perpetrator (V8) was. Video surveillance show V8 punched out at 2:55pm and used the back stairwell towards the Assisted Living exit. V1 said her investigation concluded that sexual abuse was substantiated. V1 said the Police informed her on 5/20/23 at around 5PM that V8, the		
5/21/23 show, Policy Statement. The resident has the right to be free form abuse, neglect, misappropriation of resident property and	 N				3:58 PM show, an 88-year-old female with advanced dementia alert and oriented x1 came from a local nursing home for evaluation of sexual assault. Per EMS (Emergency Medical Services), a male Environmental Services worker touched patient's chest and placed his penis in patient's mouth. Patient does not recall the event. Patient's POA gave verbal permission for sexual assault kit and to treat for potential sexually transmitted disease. Adult protective services		
exploitation. This include but not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms. Definitions: Abuse: the willful infliction of injury unreasonable confinement intimidation or punishment resulting in physical harm, pain, or mental anguish. Abuse also includes deprivation by an individual, including caretaker of goods or					5/21/23 show, Policy Statement. The resident has the right to be free form abuse, neglect, misappropriation of resident property and exploitation. This include but not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms. Definitions: Abuse: the willful infliction of injury unreasonable confinement intimidation or punishment resulting in physical harm, pain, or mental anguish. Abuse also includes deprivation		

Illinois Department of Public Health

STATE FORM

<u>Illinois</u> D	<u>epartment of Public</u>	Health					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6005607	B. WING			C 05/24/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		127	
LUTHER	AN HOME FOR THE	AGED 800 WES	T OAKTON	STREET			
LOTTICK	ANTIONET ON THE	ARLINGT	ON HTS, IL	60004	4-14-15		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 6	S9999		Re		
	services that are not physical, mental, are Sexual abuse- is not of any type with a relimited, assault, rap Examples are: exhiprovider, forcing the to view pornograph of the individual receiving services, serious bodily injury with a resident by for through threats of hodily injury also into a resident who is in participate in the serious physical participate.	ecessary to attain or maintain and psychosocial well-being. On-consensual sexual contact esident, including but not see, or sexual harassment. Individual receiving services in material, intimate touching services by the service or individual receiving the individual receiving services by the service or ing, molesting the individual receiving sexual Abuser includes sexual intercourse orce or incapacitation or searm to the resident. Serious cludes sexual intercourse with capable of declining to exual act or lacks the ability to use of the sexual act.					
		Title		V ≡			
	1	(A)				8 4	
						1	
- I				, a			
8			4				
				2			
						1 12	
			100000				
		5					

Illinois Department of Public Health STATE FORM

70/21, 7