STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Investigation of Facility Reported Incident of October 31, 2023/IL66591	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.3210t) 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a female resident was protected from another resident who	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 has a known history of sexual abuse. This failure resulted in the resident entering the room of another female resident, then touching her breasts and face and kissing her. This applies to 1 of 4 residents (R1) reviewed for sexual abuse in a sample of 5. This has the potential to affect all 24 female residents (R1, R3-R25) residing in the facility. The findings include: The Resident Roster report dated 11/14/23, shows the facility census was 43 residents, and 24 of those residents are female. The facility's 10/31/23 Final Serious Injury Incident and Communicable Disease Report for R1 and R2 showed "Final: Upon final investigation, it was determined that resident (R2) entered the room of resident (R1) and touched her face and breast without resident's consent ...Resident (R2) remains on 15-minute checks by staff ..." On 11/14/2023 at 9:43 AM, R1 was in bed watching television. The back of the head of R1's bed is perpendicular to the doorway to her room, and it is immediately to the right of the doorway. R1 is unable to see anyone entering her room from the hall when she is in bed. R1 is Spanish speaking; translation was done by a Spanish speaking surveyor. R1 said two weeks ago on 10/31/23, R2 came to her room around 3:00 AM, stood behind her, and asked her to come out to the hallway. R1 said she told R2 "no," and R2 then put his hands down her gown and touched her breasts. R1 said she used her call light, and V3 (Certified Nursing Assistant/CNA) came and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 asked R2 to leave. R1 said a second incident occurred a week later (11/7/23) where R2 came into her room. R1 stated R2 asked her to go out to smoke, and then from behind, kissed her head, forehead, and eyes, and then put his hands in her gown and touched her breasts again. R1 said she used the call light and staff came to her room and asked R2 to leave. R1 said the incident made her feel unsafe. R1 said she has had a stroke, which left the left side of her body paralyzed. R1 said she does not feel safe at the facility because residents are able to wander in and out of rooms. On 11/14/2023 at 10:51 AM, V3 (CNA) said when R1's incident occurred on 10/31/23 at approximately 4:00 am, V3 went to R1's room and found R2 in her room, standing over R1. V3 said she asked R2 to leave R1's room. V3 said R1 told her that R2 touched her face. V3 said she asked R1 three times if R2 touched her inappropriately, but R1 said R2 only touched her face. V3 said she informed V6 (Licensed Practical Nurse/LPN) and V6 told her to monitor R2 every 15-minutes. V3 said prior to that incident, she was unaware of R2 being on 15-minute monitoring for wandering. V3 said she taken care of R2 since the incident on 10/31/23. When the Surveyors asked V3 if R2 was still on 15-minute checks, V3 answered no. On 11/15/2023 at 7:50 AM, V6 (LPN) said on 10/31/2023, V3 was doing her rounds, and R2 was in R1's room. V6 said V3 redirected R2 out of R1's room. V6 said she asked R1 if R2 touched her, and R1 said no. V6 said R2 had been on 15-minute monitor checks prior to this incident, and the CNAs are to monitor and redirect R2.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 On 11/14/2023 at 2:09 PM, V2 (Director of Nursing/DON) said she was informed by V4 (Licensed Practical Nurse/LPN) on 10/31/2023 on the evening shift that R1 had reported to her that an incident had occurred between R1 and R2 during the night. V2 said she spoke to R1, and R1 told her that R2 came to her room on the third shift and touched her left breast. V2 said R1 told her that V3 (CNA) and V6 (LPN) came to her room after the incident occurred. V2 said she reported the incident to V1 (Administrator), and the police were called. V2 said R2 has a history of wandering into female resident rooms, touching them inappropriately, and making verbally inappropriate comments to female staff. V2 said prior to this incident with R1, R2 was placed on 15-minute checks monitoring for wandering. R2's "Every 15-minute Check Sheet" showed that R2 was in R1's room on 10/31/2023 at 4:00 AM. On 11/14/2023 at 3:07 PM, V1 (Administrator) said on 10/31/23, V2 (DON) informed of her the incident that occurred between R1 and R2. V1 said R2 has a history of wandering into female residents' rooms and touching their breasts. V2 said they had moved R2's room and placed him on 15-minute checks prior to this incident due to this behavior. V1 said she initiated the investigations and believed what R1 said had occurred with R2, even though it was not witnessed. R1's face sheet showed that R1 was admitted to the facility on 7/22/2022 and had the following diagnoses of cerebral infarction, occlusion, and stenosis of the left carotid artery, depression, acute respiratory failure, and cognitive communication deficit. R1's 8/08/2023 MDS (Minimum Date Set) showed she is cognitively	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 intact and needs extensive assistance of two or more staff for bed mobility, transfers, toileting, and personal hygiene. R2's sexual abuse history of R21 was known as noted previously in the CMS 2567 with an exit of 11/4/2023: The 10/5/23 facility final incident shows it was determined that R3 (known as R2 for purposes of this investigation) entered the room of R2 (known as R21 for purposes of this investigation) and touched her breast without her consent. On 11/4/23 at 1:00 PM, V7 (RN-Registered Nurse, and known as V19 for purposes of this investigation) said on 10/5/23, R3 (R2) approached her and said he had entered R2's (R21) room, and R2 (R21) wanted him to touch her breasts. V7 (V19) said she did not see R3 (R2) in R2's (R21's) room but knows he does wander around the facility. V7 (V19) said R3 (R2) has a history of making sexual comments to staff but unaware he had done the same to any female residents. V7 (V19) said she immediately reported the incident to the administrator. She said R3 (R2) had begun refusing to take his medications and it seemed to make him hypersexual. On 11/4/23 at 1:20 PM, V1 (Administrator) said before the reported incident, R3 (R2) had been verbally inappropriate with staff, but nothing sexual. He would ask for hugs. V1 said upon the report of the incident she notified R2's (R21's) husband, and he searched the video footage from the camera in the room. He located the video and shared it, and it shows R3 (R2) entering R2's (R21's) room and placing his hand under the blankets. V1 said she substantiated	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 the allegation of sexual abuse against R3 (R2). On 11/6/23 at 8:30 AM, V13 (R2's husband, or V20 for purposes of this investigation) said he viewed the footage of the camera from 10/5/23. He said the video showed R3 (R2) coming into the room and touching R2's (R21's) face and breasts. He said if she were able to move, she would have fought back and called for help, but she was unable to do so. V13 (V20) said R3 (R2) looked at the door then did his thing and thinks R3 (R2) knew what he was doing. On 11/6/23 at 9:00 AM, video footage of the incident was reviewed. The video shows R3 (R2) entering R2's (R21's) room. R2 (R21) was lying in bed with a sheet covering her body up to her shoulders. R3 (R2) looks back towards the door and approaches R2's (R21's) bed. He caresses her cheek then lifts the sheet and moves his hand under her gown. He then moves his hand from one breast area to the other and then repeats the same motion again. R3 (R2) then removes his hand from under R2's (R21's) gown and touches her cheek again before leaving the room. R2's face sheet showed that he was admitted to the facility on 2/07/2023 with diagnoses of other sequela of cerebral infarction, vascular dementia mild with agitation and with other behavioral disturbances, and depression. R2's 8/17/2023 MDS showed that his cognition is severely impaired and needs limited assistance with bed mobility, transfers, supervision with toilet use and extensive assistance with one person assist with personal hygiene. R2's care plan (created 10/17/23) showed that R2 exhibits "problems as seen by wandering, verbally abusive, socially inappropriate, disruptive,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

resisting care, making inappropriate sexual comments to staff." The goal of this care plan showed "Resident's behavior will not adversely affect self or others through next review date." On 11/14/2023 at 10:00 AM, R2 was observed in bed resting. R2 was confused and not able to be interviewed.

Prior to the incident with R1 and after the 10/5/23 incident with R21, R2's 10/24/23 Psychiatric Nurse Practitioner progress note showed "Seen today upon request by nursing for hallucination and sexually inappropriate behaviors. Per nursing, has been hallucinating at night that he is involved in sexual activity. Patient continues with increased inappropriate sexual behavior toward others ..."

R2's 10/27/23 nursing progress note from 8:49 AM showed "Resident having increased hallucinations, stating that a staff member is getting raped, and he needs to save her because she belongs to him. Resident will not stay in his room or in the [letter] hall, repeatedly going to the [name] hall looking for a CNA staff member ..."

The facility's Abuse Prevention Program policy with revision date of 9/29/2023, states Sexual abuse is non-consensual sexual contact of any type with a resident .... The facility will take steps to prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress and will immediately take appropriate steps to remediate the non-compliance and protect residents from additional abuse.

The facility's Safety and Supervision of Residents policy (revised 12/31/17) showed "5. The facility shall monitor interventions to mitigate accident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004451	A. BUILDING: _____ B. WING _____	C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE REHAB & CARE CENTER	1308 GAME FARM ROAD YORKVILLE, IL 60560

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 hazards in the facility modify, as necessary. 6. Staff shall use various sources to identify risk factors for residents, including the information obtained from the medical history, physical exam, observation of the resident, and the MDS ... 8. The facility-oriented and resident-oriented approaches to safety are used together to implement a systems approach to safety, which considers .... individual resident risk factors, and then adjusts interventions accordingly ... 10. The type and frequency of resident supervision may vary among residents and over time for the same resident ...." "A"	S9999		