STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016760	A. BUILDING: _____ B. WING _____	C 02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME CHICAGO	4250 N OAK PARK AVENUE CHICAGO, IL 60634

(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 January 22, 2024/IL169696	S 000		
S9999	Final Observations Statement of Licensure Violations: 340.1440a) Section 340.1440 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) This REQUIREMENT is not met as evidenced by: Based upon record review and interview the facility failed to follow the abuse prevention policy and failed to ensure that 1 (R1) of 3 residents in the sample remained free from staff abuse. These failures have the potential to affect all 51 residents in the facility. Findings include: R1 is a 43-year-old female with a diagnosis including Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side, Depression, Anemia in chronic kidney disease, Diabetes mellitus, Anxiety disorder, Post traumatic Stress disorder, Seizures and Chronic kidney disease. R1 is alert and oriented with a BIMS (Brief Interview for Mental Status) score 14/15. R1 uses a wheelchair for mobility and requires assistance for ADL care. Facility abuse investigations were reviewed.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016760	A. BUILDING: _____ B. WING _____	C 02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME CHICAGO	4250 N OAK PARK AVENUE CHICAGO, IL 60634

(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	S9999		

Abuse investigation dated 1/22/24 states in the description of incident The POA (V6 Power of Attorney) reported to the DON (V3 Director of Nurses) and administrator that they had observed inappropriate text messages with explicit verbiage in R1s cell phone, including messages created by R1 that identified the recipient of the messages as employee V2 (Social Service). R1 is alert and oriented with a BIMS score of 15, she denied and concerns for her safety or that she had been physically abused. R1 declined the offer to be transported to the emergency room for evaluation. The DON contacted the Illinois State Police with a report of alleged Resident Abuse. The identified employee (V2) was placed on administrative leave, pending the outcome of the investigation. An investigation was initiated, this is the final report. Report continued and the conclusion was as follows. After a thorough investigation, it was concluded that the allegation of Resident abuse is substantiated. Although R1 was not cooperative with the investigation, V2 admitted to inappropriate interactions with this resident (R1) which included the exchange of sexually explicit text messages, physical contact including hugs and kisses on the mouth and providing alcoholic beverages to this resident (R1).

On 2/14/24 at 10:08AM V1 (Administrator/Abuse Coordinator) stated I am the Abuse prevention coordinator. R1's sister and mother came in to see me. She saw inappropriate text messages on R1's phone. I investigated and found one of our social workers, (V2) was found responsible for communicating by texts inappropriately with R1. The sister got the phone and provided text messages. The resident was in consent of this activity. She said he did not do anything wrong. She refused to be interviewed. The State Police

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016760	A. BUILDING: _____ B. WING _____	C 02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME CHICAGO	4250 N OAK PARK AVENUE CHICAGO, IL 60634

(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	S9999		

came in and investigated. The State Police Investigation is not complete. My investigation has concluded. My investigation substantiated the reported abuse as inappropriate employee behavior. No sexual abuse could be substantiated since R1 refused to be interviewed. R1 refused to go to the hospital for evaluation. There were no witnesses. The employee at time of allegation (V2) was placed on administrative leave. The employee was terminated from employment. This was reported to state surveying agency according to our Abuse Prevention Policy.

On 2/14/24 at 1:07AM V1 (Administrator) stated in the text messages R1 asked V2 to bring alcohol. We did not have evidence that V2 (Social Service) brought alcohol. The reason for firing V2 (Social Service) was for several policies including our abuse policy and I will give them to you.

On 2/14/24 at 11:45AM R1 stated I did receive text messages from V2 (Social Service). There was an investigation, and the State Police came here to investigate. It was an emotional thing. I agreed to what was happening and I was not harmed by that. I was not sexually abused by V2. I may have been groped by V2 when we kissed once but I don't remember. I asked V2 to bring me alcohol once. I don't remember if I had it or not. I have not seen him since this all was found out. I hope he didn't get in trouble.

Facility policy titled Policy No. 1.14-A, Abuse Prevention, Reporting and Investigation Revised 12/03/21 states including the following.
1.Policy All IVH-C employees are committed to being proactive in providing for the well-being of all residents by recognition and prevention of abuse and training and prevention measures. All alleged reports of patient abuse and neglect will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016760	A. BUILDING: _____ B. WING _____	C 02/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME CHICAGO	4250 N OAK PARK AVENUE CHICAGO, IL 60634

(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 be immediately reported and fully investigated. IVH-C will not tolerate abuse of our residents. New employees will be educated regarding the facility prevention, reporting and investigation of abuse policy. The penalty for resident abuse by employees will be discharge. "B"	S9999		