

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Hope Creek Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 4343 Kennedy Drive East Moline, IL 61244	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>30899</p> <p>Based on interview and record review the facility failed to develop a system to assess and evaluate residents for capacity to consent to sexual activity, failed to ensure two cognitively impaired residents (R1, R2) who engaged in a sexual act had the capacity to consent, and failed to prevent two cognitively impaired residents (R1, R2) who didn't have the capacity to consent, from engaging in a sexual act resulting in (R1) experiencing psychosocial harm as any reasonable person would be affected in a total sample of four resident reviewed for abuse.</p> <p>These failures resulted in an Immediate Jeopardy.</p> <p>While the immediacy was removed on 4/4/24, the facility remains out of compliance at a Severity Level Two as additional time is needed to evaluate the implementation and effectiveness of the removal plan including their Inservice Training and Quality Assessment oversight.</p> <p>Findings include:</p> <p>Facility Policy Abuse Prevention Program dated 3/1/21 documents:</p> <p>As part of the social history evaluation and MDS (Minimum Data Set) assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, or who have needs and behaviors that might lead to conflict.</p> <p>Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including caretaker, of goods or services that are necessary to attain or maintain physical, mental psychosocial well-being. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.</p> <p>Sexual Abuse: Including, but not limited to, sexual harassment, sexual coercion, or sexual assault.</p> <p>Facility Assessment of Resident Capacity to Consent Sexual activity Policy (undated) documents:</p> <p>Purpose: To protect and ensure safety, health, and well-being of residents of (the Facility) who engages in sexual activity.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Policy: It is the facility's policy to recognize and support each resident's right to engage in sexual activity, so long as the Facility is certain that there is consent among all parties to the sexual activity. This policy applies to all residents who are able to demonstrate consent by words and/or affirmative actions, even if the resident is non-verbal or is suffering from Dementia or some other cognitive deficit.</p> <p>Capacity to engage in sexual activity is defined as:</p> <p>I. The ability to understand information relevant to a decision to engage in sexual activity, and</p> <p>II. the ability to appreciate the reasonably foreseeable consequences of such a decision or lack of a decision.</p> <p>Capacity to consent to sexual activity has four key components:</p> <p>I. The ability to communicate a decision to engage in sexual activity.</p> <p>II. The ability to understand a decision to engage in sexual activity, consistent with an individual's values.</p> <p>III. The ability to appreciate the potential consequences of a decision to engage in sexual activity, including risks and benefits.</p> <p>IV. The ability to rationalize and reason the process utilized to reach the decision to engage in sexual activity, free from undue influence or coercion.</p> <p>Facility Incident Report dated 3/13/24 indicates on 3/13/24 at 1:00am V3, CNA (Certified Nurse Assistant) found R1 standing on the side of R2's bed with R1's penis in R2's mouth.</p> <p>Room Census Report indicates on 3/13/24 R1 and R2 were roommates at that time.</p> <p>Current MDS (Minimum Data Set)/BIMS (Brief Interview for Mental Status) indicate both R1 and R2 are severely cognitively impaired and unable to give consent.</p> <p>On 4/2/24 at 11:40am R1's spouse (V5) who visits R1 every day, stated prior to R1 becoming cognitively impaired, R1 was very cognizant of boundaries, never experimented sexually like that and he would have been devastated to have been found in that situation. V5 stated she absolutely believes R1 had no idea what he was doing or who he was doing it with. V5 stated (R1) is no longer a reasonable person, but when he was a reasonable person, this would have never happened.</p> <p>On 4/2/24 at 9:14am V11, R2's Family stated R2 was bisexual and would not have had any trauma related to this incident.</p> <p>On 4/2/24 at 3:15pm V1, Administrator stated that they concluded the investigation and found the sexual act between R1 and R2 was consensual. V1 stated that the facility does have an assessment to determine ability to consent for non-cognitive impaired residents, however it was not utilized due to R1 and R2's cognitive impairments.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>No assessment was completed to confirm R1 or R2's ability to consent to sexual activity was performed prior to the incident or after the incident.</p> <p>Consensual Sexual Relationship Agreement (undated) indicates the resident will be assessed by the professional staff to be alert, aware, coherent and capable of making decisions supporting their own choices and welfare.</p> <p>Agreement states residents are to be counseled regarding safe sex practices/behavior and to engage only with other residents who have decisional capacity AND consent to the relationship.</p> <p>On 4/2/24 at 3:21pm V12, Medical Director stated that with (BIMS) scores like that, neither R1 nor R2 would be able to consent. V12 stated R1 and R2 would not be able to understand the consequences of their actions due to their level of cognitive impairments. V12 stated the facility needs to focus on how to prevent this from happening in the future.</p> <p>The Immediate Jeopardy was identified to have started on (3/13/24) when R1 was found at R2's bedside with (R1's) penis in R2's mouth.</p> <p>.</p> <p>V1, Administrator was notified of the Immediate Jeopardy on 4/3/24 at 1:15pm.</p> <p>On 4/4/24 the surveyor confirmed through observation, interview and record review the facility took the following action to remove the immediacy.</p> <ol style="list-style-type: none"> Investigation of alleged abuse completed and reported to IDPH, alleged perpetrator and alleged victim's physician and resident representatives notified of alleged abuse. Investigation was initiated 3/13/24 and concluded 3/18/24. Initial Report was sent to IDPH 3/13/24 and Final Investigation Report was sent to IDPH on 3/18/24. Both R1 & R2 were immediately separated by nursing staff and assessed for any signs of injury or trauma by Licensed Practical Nurse on 3/13/24. Both R1 & R2 were sent to the local emergency room for evaluation on 3/13/24 and returned with no evidence of any injury or harm the same day. No new orders. Both R1 & R2 were moved to two separate rooms in two separate hallways within the facility on 3/13/24. The local police department was notified of the alleged incident on 3/13/2024. R1 care plan has been updated to include one on one with staff times 7 days on 3/13/24 by SSD (Social Services Director). R2 care plan has been updated to include Behavior Monitoring every hour x 7 days to assess for changes in mood/behavior post incident on 3/13/24 by Social Services Director. <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-- The facility will follow state and federal guidelines regarding Abuse Reporting by requiring reporting of all reports of abuse to be reported to the Regional Consultants and facility QA Committee for follow up and review.</p>		