

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER River View Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 North Jane Elgin, IL 60123	

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 - Minimal harm or potential for actual harm</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31327</p> <p>Based on interview and record review, the facility failed to protect residents from sexual abuse.</p> <p>This applies to 1 of 2 residents (R1) reviewed for abuse in a sample of 7.</p> <p>The findings include:</p> <p>The facility's initial incident report showed On 8/21/24 at 8:30 PM, (R1) reported to staff that (R2) came and grabbed her while she was sitting on the front porch. (R1) did not report the incident until this morning.</p> <p>The facility's final incident report showed The incident report was reported on August 22, 2024, at approximately 11:15 AM . (R1) stated that (R2) sexually assaulted her outside the building. The local police department was contacted and arrived on-site Based on the known facts from the medical record review and interviews, the following conclusions have been determined about the original allegation: abuse is substantiated as follows: The involved (R1) and (R2) outside the facility building. Upon thorough investigation, it was revealed that while (R1) was seated on her wheelchair outside, (R2) approached her and expressed his interest in her. (R1) informed him that she only considered him as a friend. However, (R2) proceeded to touch her right breast, leaving (R1) stunned .</p> <p>On 8/29/24 at 10:32 AM, R1 came into the conference room. In the presence of V4, (PRSC-Psychiatric Rehabilitation Services Coordinator), R1 stated that she was in front of the building in her wheelchair and R2 was standing next to her, smoking a cigarette. R1 stated her friends had already gone inside. R1 stated R2 was talking to her and told her he liked her, and she told him she only liked him as a friend. R1 stated R2 started making out with me and kissing me with his tongue and felt her up. R1 stated he went under my shirt and touched my right breast. R1 stated R2 said Nice breasts. R1 stated she was shocked, and she didn't say anything and she went inside and told one of her friends. R1 stated she went to her room and didn't fall asleep until 1 AM that night. R1 stated she told V5 (Former PRSD-Psychiatric Rehabilitation Services Director) the next day, V5 asked her how she felt, and the police were called. R1 stated she never cried but she was angry and disgusted with R2. R1 stated she has not seen R2 since the incident and she feels safe. R1 stated she had no pain or injuries.</p> <p>R1's face sheet shows an admitted [DATE] with diagnoses of major depressive disorder, recurrent, unspecified, Huntington's disease, suicidal ideations and suicide attempt, sequela. R1's 8/21/24 MDS (Minimum Data Set) dated 8/21/24 shows she is cognitively intact.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's 2/28/24 care plan shows she requires psychotropic medication to help manage and alleviate symptoms related to major depressive disorder. R1's 3/1/24 care plan shows she has an alteration in mood state and psychosocial wellbeing secondary to anxiety.</p> <p>R1's 8/22/24 progress note from 1:28 PM showed she made an allegation against a co-resident. Assessment done. No bruises, swelling, or redness noted at this time. No other complaints noted. Called and informed medical doctor and her sister. R1's 5:55 PM progress note showed she .was consoled by PRSC (Psychiatric Rehabilitation Services Coordinator) and is okay with other co-resident being in the building. (R1) is to stay away from coresident and filing/filed an order of protection case. Will continue to monitor (R1).</p> <p>R1's 8/23/24 progress note from 4:00 PM showed she .feels safe living here and is not afraid of anyone. R1's 8/26/24 progress note from 5:07 PM showed Met with (R1) to follow up with incident and asked her if she is ok with her current life at facility after the incident. (R1) stated, 'I'm fine and comfortable.' Offered ongoing support.</p> <p>On 8/29/24 at 9:46 AM, R2 came into the conference room with V6 (PRSC-Psychiatric Rehabilitation Services Coordinator). R2 stated he was smoking in front of the building and had drunk some cinnamon whisky and was slightly buzzed. R2 stated he was talking with R1 and he touched her right breast over her shirt. R2 stated R1 said No! No! and he said OK! and stopped. R2 said he went inside to his room and then took a shower. R2 stated that the next day,V3 (Assistant Administrator) and (V4-PRSC) talked to him. R2 stated his behavior was not appropriate and he didn't mean to do it but he was a little buzzed. R2 said the police came and took him to the police station and let him go and now he has been moved upstairs. R2 stated he has never done anything like that before. R2 stated he has seen R1, but he has not talked to her.</p> <p>R2's face sheet shows and admitted [DATE] with diagnoses of depression and alcohol abuse. R2's 6/26/24 Minimum Data Set (MDS) showed mild impairment in cognition. R2's 2/9/23 care plan for abuse/neglect/exploitation show R2 is an adult living with chronic health condition, psychiatric illnesses, depression, alcohol abuse, challenges.</p> <p>R2's progress note from 8/22/24 at 12:42 PM showed he .no longer has community access. At 2:04 PM, R2's note showed he .was placed under arrest for SA (Sexual Abuse) today at about 1:50 PM. Will maintain contact with local agency concerning this matter. At 4:52 PM, R2's progress notes showed he was moved to the second floor and is not allowed in the [number] hallway. [R2] cannot wander around the first floor unless he is leaving the building or going out for smoke time. Will continue to monitor resident.</p> <p>On 8/29/24 at 10:57 AM, V3 (Assistant Administrator) stated when she talked to R2 about the incident, R2 stated he made a mistake. V3 stated R2 said he said he kissed R1. V3 stated she asked R2 if R1 gave him permission and R2 said he couldn't remember. V3 stated R2 was moved upstairs, and staff must escort him when he wants to go downstairs. V3 stated R2 can only come down at the structured smoking times. V3 stated she is unaware of R2 having a history of being sexually inappropriate with others. V3 stated it's our job to protect our residents as much as we can. V3 stated she has followed up with R1 and when she asked her how she's doing after the incident, R1 told her I'm great.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/24 at 9:58 AM, V4 (PRSC-Psychiatric Rehabilitation Services Coordinator) stated R2 has had no behaviors of touching other residents, he is not a registered sexual offender, nor does he have a history of sexually abusing anyone. V4 stated he is R2's PRSC and R2 has a history of alcohol abuse. V4 stated he was not present for the incident and spoke to him when he returned. V4 stated R2 stated he brushed his hand below R1's ribs on her chest and did not grab R1's breast and R2 denied touching R1's breast.</p> <p>On 8/29/24 at 2:55 PM, V15 (Nurse Practitioner) stated, Yes, I was informed that (R2) groped another resident. I heard from staff. I know they moved (R2) to another unit to keep him from wandering. He can only come out of the unit to see his family and to go out for smoking. I was surprised to hear about the incident because he's been at the facility without any behaviors. He was doing fine, and he does this. It was surprising.</p> <p>Facility's Abuse Prevention Program Policy (1/2020) shows: Residents have the right to be free from abuse . or mistreatment Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes .sexual abuse .sexual abuse is non-consensual sexual contact of any type with a resident .</p>		