

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER Rivaya Care of Des Plaines		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 Ballard Road Des Plaines, IL 60016	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to identify and report an allegation of sexual abuse to the facility's abuse prevention coordinator and further to regulatory state agency for one of four (R1) residents reviewed for abuse in the sample of four.</p> <p>Findings include:</p> <p>R1 is a [AGE] year-old female admitted to the facility with diagnosis including but not limited to End Stage Renal Disease; Cerebral Infarction Due to Unspecified Occlusion Or Stenosis Of Left Posterior Cerebral Artery; Depression; Borderline Personality Disorder; Suicidal Ideations; Bipolar Disorder; Torsade De Pointes; Pulmonary Hypertension; Cocaine Abuse; and Major Depressive Disorder.</p> <p>On 06/03/2025 at 12:12 PM R1 said, I was sitting in the hallway, in my wheelchair and I had a stuffed animal (the lion) in my lap. R2 came up to me, complemented my stuffed animal, and asked if he could touch it. I lifted the stuffed animal for R2 to see, but R2 reached out towards my private part and touched my private part instead. I reported it and talked about it every day. I notified the police to file for restraining order. The police came out about 3 weeks ago. They gave me report number, but I don't know what happened to it. I gave it to V6 (Activity Assistant). V5 (Social Service Director) confronted me in front of police officers, and asked me what time and day it happened, knowing I wouldn't know what time and day it happened. The police told me they dropped the case because no one has seen what happened. Nobody actually seen it, because nobody was around.</p> <p>On 06/03/2025 at 1:34 PM V6 (Activity Aid) said, R1 participates in activities but it's based on her mood. I'm familiar with R1 though. R1 never mentioned anything about R2 groping her. R1 never gave me any police report number. I don't know of R1 calling police recently.</p> <p>On 06/03/2025 at 2:00 PM V1 (Administrator/Abuse Prevention Coordinator) said, I never heard of the incident alleged by R1. I see R1 almost daily, she comes to my office at least weekly, but she never mentioned anything to me. Never mentioned any resident was inappropriate towards R1. If there is an abuse allegation, resident safety is our priority, then reporting and investigation. If the perpetrator is an employee, the employee would have to be suspended, and we would then complete interviews with staff and residents.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/03/2025 at 3:08 PM V8 (Licensed Clinical Social Worker) said, I met with R1 on 05/30/2025 to terminate services due to new corporation terminating my contract. I was seeing her for about a year and half. R1 told me, during most recent session (05/30/2025), something that occurred with another resident, allegedly, he touched her inappropriately. R1 told me police was here to investigate it. R1 said V1 (Administrator/Abuse Prevention Coordinator), and other staff knows about it. I trusted that everyone already knew. In hindsight, I realized that I should have checked if R1, in fact, reported it to other staff. I felt that if R1 said that the police were here to investigate, I couldn't have report it to anyone else. I believed and trusted R1.</p> <p>On 06/03/2025 at 3:15 PM V1 (Administrator/Abuse Prevention Coordinator) said, V8 (LCSW) should have reported the incident to me, but she didn't. I just found out about the incident today, from you. I will report it to the regulatory agency and initiate the alleged abuse investigation.</p> <p>Progress note dated 05/30/2025 10:11 AM written by V8 (LCSW) reads in part, Met with (R1) in hallway. (R1) expressed her frustration with confines of SNF environment. (R1) mentioned she was interviewed by detectives regarding an incident that happened with another resident. (V8) provided validation of feelings and a safe space to express her emotions.</p> <p>The facility Abuse Prevention (no date) reads in part, Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence.</p>		