

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Alden Poplar Creek Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 Barrington Road Hoffman Estates, IL 60169	

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>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40798</p> <p>Based on interview and record review, the facility failed to ensure allegations of sexual abuse were reported to the police for 1 of 3 residents (R1) reviewed for sexual abuse in the sample of 4.</p> <p>The findings include:</p> <p>On 8/26/24 at 9:41 AM, R1 said V5 (Certified Nursing Assistant/CNA), was behind the curtains and touched her breast. R1 said she told a nurse and a Social Worker about the incident. R1 said no one has followed up with her about the incident to investigate or communicate a plan. R1 did not provide any other details about the incident and reported seeing V5 in the facility, but said he does not come near her. R1 said she feels nervous sometimes when she sees V5.</p> <p>On 8/26/24 at 11:12 AM, V1 (Administrator) said V2 (Assistant Administrator) did the investigation into the sexual abuse allegations from R1 against V5. V1 said she does not know if the police were informed of the allegations.</p> <p>On 8/26/24 at 11:33 AM, V2 said they did not file a police report because R1's sister did not want them to.</p> <p>On 8/26/24 at 11:58 AM, V3 (Director of Nursing) said he did not notify the police of R1's allegations of sexual abuse.</p> <p>R1's current care plan initiated on 6/18/24 shows R1 is cognitively intact and her own decision maker.</p> <p>The facility's sexual abuse investigation, initiated on 8/9/24, regarding allegations from R1 against V5 was reviewed in its entirety. No police report was included and no police report number was recorded. R1's statement does not mention anything about the police.</p> <p>The facility's Abuse Policy (dated 9/20) shows the facility will report reasonable suspicion of a crime and local police are to be called.</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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