STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145429	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wentworth Rehab & Hcc	201 West 69th Street Chicago, IL 60621

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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to prevent one resident (R14) with cognitive impairment from being sexually abused by a visitor suspected of possibly financially abusing R14. This failure has affected one of five residents reviewed for abuse.Findings include:R14 is [AGE] year-old with diagnosis including but not limited to: Alzheimer's disease, moderate dementia, essential hypertension, type 2 diabetes mellitus without complications and benign prostatic hyperplasia with lower urinary tract symptoms.R14's BIMS (Brief Interview for Mental Status) dated 9/26/25 resulted in a score of 6, which indicates severe cognitive impairment.R14's BIMS (Brief Interview for Mental Status) dated 10/3/25 resulted in a score of 7, which indicates severe cognitive impairment.On 11/19/25 at 10:30 am, V18 (Memory Care Director) stated the following, I don't know anything about any sexual incident with R14. R14 has not stated anything about sexual abuse. No staff member has mentioned anything regarding R14. If I was notified of any possible sexual abuse, I would let the Administrator know immediately. R14's friend (V20) was blocked from the facility last month. R14's family member (V23) felt like V20 was financially abusing him (R14), so we (Administration) placed a temporary ban on V20's visiting privileges until R14's checks are turned over to the facility.On 11/19/25 at 11:14 am, V1 (Administrator) stated the following, V18 (Memory Care Director) informed me that a CNA (Certified Nurse Assistant) had reported to her (V18), that R14 was observed in his room with his visitor (V20) without clothes and engaging in sexual intercourse sometime last month. We did our investigation by asking R14 if he consented to the sexual act and he said yes. Just because he (R14) has dementia doesn't mean that he lost his desire to have sex. Yes, a person could be in a marriage and still be sexually manipulated or assaulted, but this was not the case for R14. V20 (R14's friend) is R14's longtime friend and has visited him in the past. However, we have banned V20 from visiting R14 at this time per R14's family request. V23 (R14's family) did not want V20 visiting R14 because she felt that there was some financial abuse going on.On 11/19/25 at 11:46 am, R14 was observed in the dining room sitting with a peer.At that time, R14 mentioned that he was waiting on a phone call and asked surveyor if he (R14) would be able to answer the call from a television remote in his hand.Surveyor and R14 left the dining room to resume the conversation.On 11/19/25 at 11:55 am, R14 stated the following, My name is (stated name), today's date is June something, I don't know where I am. I think I'm in a senior apartment building. I don't know how I got here or why. I just know I told my sister that I wanted my own apartment, so she helped me get it. No, I'm not in a nursing home. I don't even have a nurse here. This is my apartment. No one here has asked me about my relationship with V20 or if we've had sex. He is my friend, about fifteen years younger than me and yes we have had a sexual relationship in the past. I don't recall having sex with him (V20) in this place though.On 11/19/25 at 1:50 pm, V18 stated the following, Last month, V19 (CNA/ Certified Nurse Assistant) did report that he (V19) observed R14 engaging in sexual intercourse in his room with another male (V20). I did not mention the sexual incident with R14 and V20 to you (Surveyor) because I did not correlate that with sexual abuse. After the alleged sexual act, I assessed to see if (R14) was in distress. I also asked R14 about what happened and he (R14) stated that it was (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	consensual sex. I (V18) did not complete any cognitive assessments or updates to care plan after the sexual incident. I am responsible for updating resident's care plans regarding cognition and sex. I don't know who deemed R14 able to consent to sex. It was just based on a conversation that V1 and I (V18) had. I did report the incident it to the administrator on 11/1/25 and V20 was barred from 11/1/25 through 11/19/25, until his (R14) checks started coming to the facility. The block was for safety reasons, for possible financial abuse. I didn't document that he was barred, I just added him to the list at the front desk.On 11/20/25 at 3:00 pm, V19 (CNA/ Certified Nurse Assistant) stated the following, I was making my rounds when I entered R14's room. R14 was undressed from the bottom down. R14's visitor (V20) was also undressed from the bottom down. They were both actively having sexual intercourse. I told them to stop and asked V20 to leave because I knew that previously, I was told by the Memory Care Director (V18) that R14 couldn't have visitors. Since I was not sure what was going on, I just asked him (V20) to leave. It was confusion about rather or not V20 was banned because he would be banned one minute and then the next minute he would be able to visit again. In the past, before the visitation restrictions, V20 would visit often but would never visit in the dining room. He (V20) would always visit R14 in R14's room and the door would be closed when V20 visited. I've seen him on the unit a few times in the past and I never thought anything of it because it was his friend. This particular day I knocked on the door and entered. After seeing them in the sexual act, I asked them to stop and I notified his nurse. By R14 having dementia and sometimes being confused, I feel like he might not have been in his right mind at the time and I just figured safety first.On 11/20/25 at 3:55 pm, V18 (Memory Care Director) stated the following, I notified V1 via telephone that R14's family (V23) was concerned about possible financial abuse, and I told him about the sexual incident that occurred on 11/1/25. R14's sister had made me aware on 11/1/25, that she was concerned with V20 possibly taking advantage of R14 and receiving money from him. If a person is suspected of possibly abusing a resident in any way, we would generally monitor a visitor in the dining room, or a staff member would be nearby. Yes, there was a possibility of financial abuse because the facility was not getting R14's check at the time, but we don't believe that R14 was sexually abused by R20. Any resident can be at risk for sexual abuse.On 11/20/25 at 3:30 pm, V2 (DON/ Director of Nursing) stated the following, V20 was restricted from visiting in the past but I don't know exactly when. His privileges were restricted a couple of times and reinstated after V18 spoke with the family (V23). On 11/24/25 at 10:30 am, V18 stated the following, We plan to get a state guardian appointed for R14 to oversee his care in the event he (R14) cannot make his own decisions. His sister is his point of contact but she is not his POA (Power of Attorney). I reached out to the Nurse Practitioner (V28) to complete a ccp211 form (Physician Statement for State Guardianship).At that time, V18 (Memory Care Director) stated that a State Guardian is usually appointed just to have a point of contact for a resident and not necessarily that the resident is non-decisional. V23 (R14's family) is the point of contact for R14.On 11/24/25 at 12:15 pm, V28 (PMHNP/ Psychiatric Mental Health Nurse Practitioner) stated the following, V18 (Memory Care Director) did inquire about completing a CCP211 form (Physician's statement) in order to apply for a State Guardian for R14, but I would recommend having a neuro-psych evaluation first. In order to definitively measure a person's decision-making capabilities, a neuro-psych evaluation may be done. A State Guardian would be appointed to a person that is incapable of making decisions on their own. Anyone with Dementia has cognitive impairment that varies depending on the stage of dementia. When a person's dementia is progressing, there may be behavioral issues such as psychotic symptoms and delusions because some parts of the brain is damaged. At a stage 5 dementia, a person may not know where they are and are not in reality. It is obvious that they cannot consent to medical procedures, psychotropic medication, or make financial decisions on their own regarding paying bills. They would need a more in depth assessment on their decision- making abilities.On 11/24/25 at 2:25 pm, V1 (Administrator) stated the following, We do not have Sexual Assessment forms that I know of.On 11/24/25 at 2:50 pm, V2 (DON/ Director of Nursing) stated the following, R14 has not had any neuro (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	psychiatric evaluations as far as I know while he was here. We don't have an assessment to measure a resident's capability to consent to sex. Yes, a patient's care plan should be updated after observed having sexual intercourse in his room with a male visitor.Facility Staff schedule dated 11/01/25 documents, V19 CNA (Certified Nurse Assistant) working the 3pm- 11pm shift on the third floor. The Initial Investigation report was faxed to IDPH on 11/19/25 at 2:24 pm and documents an allegation of sexual abuse involving R14 and V20.The Initial Investigation report was faxed to IDPH on 11/20/25 at 5:49 pm and documents an allegation of financial abuse involving R14 and V20.R14's Memory Care Initial assessment dated [DATE] documents the following; R14 is only oriented to person (knows self); R14 is not oriented to place, time or situation (does not know where he is, does not know why he is here, and does not know the current day/ month); R14 has short-term and long-term memory problems; R14's FAST (Functional Assessment Staging Tool for Dementia) scale is Stage five of Seven. R14's Care Plan dated 10/03/25 documents, R14 is at risk for abuse related to cognitive impairment and diagnosis of dementia; R14 has an ADL (Activity of Daily Living) Functional deficit related to dementia, impaired cognition, incomplete performances and periods of confusion.Facility Abuse policy documents the following: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion; the facility will report reasonable suspicion of a crime; the purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. This is done by immediately protecting residents involved in identifying reports possible abuse; implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences; filing accurate and timely investigative reports.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to have a policy in place to assess one cognitively impaired resident's (R14) ability to consent to sex; failed to create a plan of care after becoming aware of R14's sexual activity; and failed to properly document visitation restrictions for a visitor suspected of financially abusing R14. This failure has the potential to affect 191 residents that reside at the facility. Findings include:R14 is [AGE] year old with diagnosis including but not limited to: Alzheimer's disease, moderate dementia, essential hypertension, type 2 diabetes mellitus without complications and benign prostatic hyperplasia with lower urinary tract symptoms. R14's BIMS (Brief Interview for Mental Status) dated 9/26/25 resulted in a score of 6, which indicates severe cognitive impairment. R14's BIMS (Brief Interview for Mental Status) dated 10/3/25 resulted in a score of 7, which indicates severe cognitive impairment. On 11/19/25 at 11:14 am, V1 (Administrator) stated the following, V18 (Memory Care Director) informed me that a CNA (Certified Nurse Assistant) had reported to her (V18), that R14 was observed in his room with his visitor (V20) without clothes and engaging in sexual intercourse sometime last month. V20 (R14's friend) is R14's longtime friend and has visited him in the past. However, we have banned V20 from visiting R14 at this time per R14's family request. V23 (R14's family) did not want V20 visiting R14 because she felt that there was some financial abuse going on.On 11/19/25 at 1:50 pm, V18 (Memory Care Director) stated the following, After the alleged sexual act, I assessed to see if (R14) was in distress. I also asked R14 about what happened and he (R14) stated that it was consensual sex. I (V18) did not complete any cognitive assessments or updates to care plan after the sexual incident. I am responsible for updating resident's care plans regarding cognition and sex. The facility doesn't have a Sexual Activity Assessment. I don't know who deemed R14 able to consent to sex. It was just based on a conversation that V1 and I (V18) had. I did report the incident to the administrator on 11/1/25 and V20 was banned from 11/1/25 through 11/19/25, until his (R14) checks started coming to the facility. The block was for safety reasons, for possible financial abuse. I (V18) didn't document that V20 was banned, I just added him to the list at the front desk. I didn't document the sexual incident that occurred on 11/1/25, but I had planned to document and forgot.On 11/19/25 at 12:45 pm, V2 (DON/ Director of Nursing) stated the following, Usually social services handle any resident that is banned from the building, and they post the list at the front desk. It could be documented underneath ?special instructions' in the resident's (R14) chart so that the nurses are aware that the person has a visitor restriction.On 11/20/2025 at 10:15 am, V25 (Security staff) stated the following, We have a list of people that are restricted from visiting. We don't ask everyone that visits residents for identification. When someone visits a resident on the restriction list, I ask for an ID (Identification Card) only if I am not familiar with that person. On 11/20/25 at 3:30 pm, V2 (DON) stated the following, V20 was restricted from visiting in the past but I don't know exactly when. His privileges were restricted a couple of times and reinstated after V18 spoke with R14's family (V23).On 11/24/25 at 12:15 pm, V28 (PMHNP/ Psychiatric Mental Health Nurse Practitioner) stated the following, In order to definitively measure a person's decision-making capabilities, a neuro-psych evaluation may be done. Anyone with Dementia has cognitive impairment that varies depending on the stage of dementia. At a stage 5 dementia, a person may not know where they are and are not in reality. It is obvious that they cannot consent to medical procedures, psychotropic medication, or make financial decisions on their own regarding paying bills. They would need a more in-depth assessment on their decision- making abilities.On 11/24/25 at 2:50 pm, V2 (DON/ Director of Nursing) stated the following, R14 has not had any neuro psychiatric evaluations as far as I know while he was here. We don't have an assessment to measure a resident's capability to consent to sex. Yes, a patient's care plan should be updated after observed having sexual intercourse in his room with a male visitor.On 11/24/25 at 2:25 pm, V1 (Administrator) stated the following, We do not have Sexual Assessment forms that I know of. I would (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	expect for the sexual act between R14 and V20 to be documented. If someone is restricted from the facility. It is expected that staff document the ban in the resident's chart and at the front desk and nurse's stations.R14's Care Plan dated 10/03/25 documents, R14 is at risk for abuse related to cognitive impairment and diagnosis of dementia; R14 has an ADL (Activity of Daily Living) Functional deficit related to dementia, impaired cognition, incomplete performances and periods of confusion. R14's Memory Care Initial assessment dated [DATE] documents the following; R14 is only oriented to person (knows self); R14 is not oriented to place, time or situation (does not know where he is, does not know why he is here, and does not know the current day/ month); R14 has short-term and long-term memory problems.R14's Care Plan and Memory Care Assessments were last updated on 10/03/2025.The Initial Investigation report was faxed to IDPH on 11/19/25 at 2:24 pm and documents an allegation of sexual abuse involving R14 and V20.The Initial Investigation report was faxed to IDPH on 11/20/25 at 5:49 pm and documents an allegation of financial abuse involving R14 and V20.R14's Physician Order Sheet, Care Plan, Face sheet, and Medical Record exclude any orders regarding V20's visitation restrictions.Facility Abuse policy documents the following: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion; the facility will report reasonable suspicion of a crime; the purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. This is done by immediately protecting residents involved in identifying reports possible abuse; implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences.Facility Abuse policy excludes verbiage related to assessing the sexual activity or capacity for sexual consent in residents with cognitive impairment. Facility Visitation policy documents, the facility permits visitation at all times and will not restrict visitation without a reasonable clinical necessity or safety restriction.Facility Visitation policy excludes any protocol or required documentation regarding visitors' restrictions and abuse.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to report allegations of sexual and financial abuse involving one resident R14. This failure has the potential to affect 191 residents that reside at the facility.Based on interviews and record review, the facility failed to report allegations of sexual and financial abuse involving one resident R14. This failure has the potential to affect 191 residents that reside at the facility.Findings include:R14 is [AGE] year old with diagnosis including but not limited to: Alzheimer's disease, moderate dementia, essential hypertension, type 2 diabetes mellitus without complications and benign prostatic hyperplasia with lower urinary tract symptoms. R14's BIMS (Brief Interview for Mental Status) dated 10/3/25 resulted in a score of 7, which indicates severe cognitive impairment. On 11/19/25 at 11:14 am, V1 (Administrator) stated the following, V18 (Memory Care Director) informed me that a CNA (Certified Nurse Assistant) had reported to her (V18), that R14 was observed in his room with his visitor (V20) without clothes and engaging in sexual intercourse sometime last month. We did our investigation by asking R14 if he consented to the sexual act and he said yes. Just because he (R14) has dementia doesn't mean that he lost his desire to have sex. However, we have banned V20 from visiting R14 at this time per R14's family request. V23 (R14's family) did not want V20 visiting R14 because she felt that there was some financial abuse going on. On 11/19/25 at 1:50 pm, V18 (Memory Care Director) stated the following, After the alleged sexual act, I assessed to see if (R14) was in distress. I also asked R14 about what happened and he (R14) stated that it was consensual sex. I notified V1 via telephone about the sexual incident, also that R14's family (V23) was concerned about possible financial abuse. R14's family had made me aware on 11/1/25, that she was concerned with V20 possibly taking advantage of R14 and receiving money from him. V20 was restricted from visiting R14. The block was for safety reasons, for possible financial abuse. I (V18) didn't document that V20 was banned, I just added him to the list at the front desk. I didn't document the sexual incident that occurred on 11/1/25, but I had planned to document and forgot.On 11/24/25 at 2:25 pm, V1 (Administrator) stated the following, I did not report the incident between R14 and his friend (V20) because he (R14) stated that the sex was consensual. I didn't report the suspected financial abuse because V20's visiting privileges were banned.R14's Care Plan dated 10/03/25 documents, R14 is at risk for abuse related to cognitive impairment and diagnosis of dementia; R14 has an ADL (Activity of Daily Living) Functional deficit related to dementia, impaired cognition, incomplete performances and periods of confusion. The Initial Investigation report was faxed to IDPH on 11/19/25 at 2:24 pm and documents an allegation of sexual abuse involving R14 and V20.The Initial Investigation report was faxed to IDPH on 11/20/25 at 5:49 pm and documents an allegation of financial abuse involving R14 and V20.Facility Census dated 11/17/25 documents 191 residents.Facility Abuse policy documents the following: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion; the facility will report reasonable suspicion of a crime; the purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. This is done by immediately protecting residents involved in identifying reports possible abuse; implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences; filing accurate and timely investigative reports.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to conduct investigations for allegations of financial and sexual abuse for one resident R14 in a sample of five reviewed for abuse. This failure has the potential to affect 191 residents that reside at the facility.Findings include:R14 is [AGE] year-old with diagnosis including but not limited to: Alzheimer's disease, moderate dementia, essential hypertension, type 2 diabetes mellitus without complications and benign prostatic hyperplasia with lower urinary tract symptoms. R14's BIMS (Brief Interview for Mental Status) dated 9/26/25 resulted in a score of 6, which indicates severe cognitive impairment. R14's BIMS (Brief Interview for Mental Status) dated 10/3/25 resulted in a score of 7, which indicates severe cognitive impairment. On 11/19/25 at 11:14 am, V1 (Administrator) stated the following, V18 (Memory Care Director) informed me that a CNA (Certified Nurse Assistant) had reported to her (V18), that R14 was observed in his room with his visitor (V20) without clothes and engaging in sexual intercourse sometime last month. We did our investigation by asking R14 if he consented to the sexual act and he said yes. Just because he (R14) has dementia doesn't mean that he lost his desire to have sex. However, we have banned V20 from visiting R14 at this time per R14's family's request. V23 (R14's family) did not want V20 visiting R14 because she felt that there was some financial abuse going on. On 11/19/25 at 1:50 pm, V18 (Memory Care Director) stated the following, After the alleged sexual act, I assessed to see if (R14) was in distress. I also asked R14 about what happened and he (R14) stated that it was consensual sex. I notified V1 via telephone about the sexual incident, also that R14's family (V23) was concerned about possible financial abuse. R14's family had made me aware on 11/1/25, that she was concerned with V20 possibly taking advantage of R14 and receiving money from him. V20 was restricted from visiting R14. The block was for safety reasons, for possible financial abuse. I (V18) didn't document that V20 was banned, I just added him to the list at the front desk. I didn't document the sexual incident that occurred on 11/1/25, but I had planned to document and forgot.On 11/24/25 at 2:25 pm, V1 (Administrator) stated the following, Investigations should be documented via progress note or incident report in order to keep a written documentation of keeping track of what transpired. I would expect for the sexual act between R14 and V20 to be documented.R14's Care Plan dated 10/03/25 documents, R14 is at risk for abuse related to cognitive impairment and diagnosis of dementia; R14 has an ADL (Activity of Daily Living) Functional deficit related to dementia, impaired cognition, incomplete performances and periods of confusion. R14's Medical Record excludes any investigation or documentation regarding the sexual incident on 11/1/25.The Initial Investigation report was faxed to IDPH on 11/19/25 at 2:24 pm and documents an allegation of sexual abuse involving R14 and V20.The Initial Investigation report was faxed to IDPH on 11/20/25 at 5:49 pm and documents an allegation of financial abuse involving R14 and V20.Facility Census dated 11/17/25 documents 191 residents.Facility Abuse policy documents the following: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion; the purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. This is done by immediately protecting residents involved in identifying reports possible abuse; implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences; employees are required to immediately report any occurrences of potential mistreatment they observe, hear about, or suspect to a supervisor or administrator; upon learning of the report, the administrator or designee shall initiate and incident investigation.