

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2026
NAME OF PROVIDER OR SUPPLIER Alden Long Grove Rehab &hc Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2308 Old Hicks Road Long Grove, IL 60047	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to protect a resident (R1) from sexual abuse from a staff member (V4). This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 7. This failure resulted in V4 climbing into bed with R1, rubbing the side of R1's breast, and making sexually inappropriate comments such as 'you could be my girlfriend', 'you know you want it', and 'come on honey'. The Immediate Jeopardy began on 2/28/26 when R1's initial report of sexual abuse was reported to V3 (Social Services Director) and V1 (Administrator) as happening a couple of days ago. V1 (Administrator) was notified of the Immediate Jeopardy on 3/10/26 at 10:46 AM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on 3/10/26, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. The findings include: R1's face sheet showed she was admitted to the facility 7/13/24 with diagnoses to include chronic obstructive pulmonary disease, Type 2 Diabetes, major depressive disorder, atherosclerotic heart disease, hyperlipidemia, insomnia, supraventricular dysfunction of bladder, generalized abdominal tenderness, systemic sclerosis, and overactive bladder. R1's facility assessment dated [DATE] showed she has no cognitive impairment, no behaviors, and requires physical assistance of staff assistance for most cares including dressing, personal hygiene, bed mobility, and transfers. R1 requires a wheelchair for mobility. R1's care plan initiated on 11/12/25 showed, [R1] demonstrates socially inappropriate behaviors as evidenced by maladaptive behaviors such as telling one staff member one story then telling a different story to another staff member. Avoid Overstimulation; Provide comfort measures for basic needs. Support appropriate moods and behaviors. R1's care plan initiated on 3/7/26 (the day the IDPH investigation into R1's incident started) showed, [R1] is at risk for abuse related to history of socially inappropriate behavior. [R1] has been known to tell one person one story then staff another story. [R1] will remain safe, calm, and free from abuse through next review. Interventions (all dated 3/7/26): check and assure physical comfort; Consider possible antecedents: fear, fatigue, loss of control over a situation; Encourage resident to participate in activities; Investigate accusation. R1's complete care plan was reviewed and showed no history of false abuse allegations. R2's face sheet showed she was admitted to the facility 8/30/24 with diagnoses to include cellulitis of right lower limb, non-pressure chronic ulcer of left ankle with unspecified severity, acute and chronic respiratory failure, insomnia, chronic kidney disease, and hyperlipidemia. R2's facility assessment dated [DATE] showed she has no cognitive impairments and no behaviors. On 3/7/26 at 10:30 AM, R1 was sitting in her wheelchair in a common area with her husband nearby. R1 was clean, well groomed, and pleasant. On 3/7/26 at 10:30 AM, R1 said when asked if any staff members have ever behaved inappropriately or made her feel uncomfortable, she stated I had a problem like that just last week, but I was told to be quiet about it and not talk to people about it. V3 told me not to talk about it. They said they were handling it. (This surveyor explained this is what I am here specifically investigating and that if she could describe the details of this incident, it would be helpful. R1 was very hesitant at first but then began describing the (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>situation.) It was [V4] (Certified Nursing Assistant-CNA). Nothing like this happened before. I told [V3] from Social Services when it happened. He is the social worker here. I don't think [V4] was thinking, he was saying things like 'I could be his girlfriend' and 'I know you want it'. This happened last week. The exact date would be on [R2's] phone. I think [V4] was thinking it was a joke or something, I think he thought this was a joke. He puts me to bed at night and then usually comes back about 5AM to change my (incontinent pad). This happened around 9 or 10 PM when he was putting me to bed. He hasn't been around me since then either, but my roommate got sick, so they moved me to a room upstairs and when I went up there, they said he was the one working that area and they knew he wasn't able to take care of me anymore. I said, 'oh no, he can't be around me.' They do make sure he isn't around me anymore, but he still works here. When this happened, I was already changed, and the blankets were on. He wasn't standing over me, he was in my bed lying sideways and rubbing the side of my breast. That is what bothers me so much, he was giggling and laughing and saying, 'you know you want it'. I had called [R2] when he came into my room, and she listened to whole thing. She could hear him. At 11:33 AM, R1 said, The day before this incident was the first time something was happening. I knew the night before, he was getting 'way too friendly' and I was telling [R2] about it. I told [R2] that no one is going to believe me about what is going on, So I called her when he was coming in so she could hear our interaction. I told him I'm married, and he has a girlfriend. He was on top of the comforter when he was in my bed and rubbing the side of my breast through the blanket. I told him to 'get out' and to 'leave my room.' When I reported this to [V3] I told him that I had debated about telling him what happened. He said it was a 'no no' and they don't allow 'this kind of behavior'. He said he was reporting to [V1] (Administrator) and offered for me to talk to him later if I needed to. I reported to him exactly what I just told you. On 3/7/26 at 10:43 AM, R2 was sitting in her wheelchair in room with the bedside table in front of her. R2 was clean, well groomed, and free of odors. R2 said, Sometime last week I listened to a conversation over the phone with [R1]. I heard the gentlemen saying sexual remarks, it was [V4]. He was saying come on honey and she kept telling him to quit and he kept coming back at her. She kept saying 'no, go away, get out of here'. He would laugh at her, and say 'come on, you know you want it'. What I heard was inappropriate. [R1] doesn't want anyone to get in trouble but something like this can't be let go. [R1] told me no one was going to believe her unless someone else hears it, so I told her to call me. He has not been inappropriate with me. He wanted to lay on the bed with her, he just kept laughing and she was repeatedly telling him no. He works 11-7 normally. No one from here has interviewed me about this or about what I heard. Even her family has kept telling her she had to tell someone about this. We don't want anyone getting fired or losing their job, but we can't have them doing things like this. The facility's Incident/Accident Notification showed, . Initial Sent on 2/28/26 . It was reported on 2/28/26 Administrator received a phone call from resident [R1] that Certified Nursing Assistant [V4] touched residents' breast during routine peri care and incontinence care. Certified Nursing Assistant [V4] is now pending investigation without the need to suspend due to not being on the schedule. The facility's Incident/Accident Notification showed, Final Sent on 3/2/26. [R1] a [AGE] year-old female resident reported that during her ADL and Peri care this morning, CNA on duty [V4] touched her breast. CNA [V4] was notified of the pending investigation and is not scheduled until March 2, 2026, investigation has been initiated. [R1] reported to the administrator on 2/28/26 that a couple days ago CNA on duty touched her breast during routine ADL/Peri care. CNA was interviewed and denied all allegations of abuse and inappropriate touching. CNA stated, he was performing routine ADL/Peri care to [R1], he had to reposition her body because she needs assistance. CNA reiterated and denied touching [R1] inappropriately during care. CNA was immediately investigated, and not on the schedule until March 2, 2026, until after the investigation is completed. [R1] was interviewed and first stated CNA touched her breast during her brief change. [R1's] interview was inconsistent throughout. Facility completed a thorough investigation which included chart, care plan, and assessment reviews, resident(s) interview, staff interviews, and facility in-service training. [R1] has a BIMS score of 15. Chart review (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>completed. During the interviews for residents and staff, there were no reports of any incident/accidents of care and no concerns of inappropriate behavior/touching. [R1's] roommate was interviewed with an interpreter and denied any incidents with the CNA that night. All other residents that were interviewed during this time stated they felt safe within the facility. All other residents declined any inappropriate behavior from staff. [R1] reported that she feels safe within the facility. [R1] was offered a room change which she declined. The Administrator presented [R1] with her resident rights and ombudsman packet and offered to send [R1] to the hospital for evaluation as well as assist in calling the police, both in which [R1] vehemently refused to do. [R1] stated during her interview that she wants to continue to keep this CNA as her CNA despite this allegation. The facility will review this request. Care plans were further reviewed and updated. The facility does not currently have any findings and finds this allegation to be unsubstantiated. On 3/7/26 at 3:32 PM, V7 (R1's Sister) said, First let me tell you, my sister is of sound mind. She had back surgery that went wrong and that is why she is in the facility. I know my sister well enough to know when something isn't right. I asked her what was going on. She said nothing at first but then she told me that the CNA jumped into bed with her and started to rub her breast. She said she told him to get up and get out of there, but he had already touched her breast. She told him to get out. She said another person came and said to her 'don't start anything, we will take care of it'. According to my sister, how they took care of it is they moved him to the memory floor. The social worker came in and talked to my sister and said they were going to take care of it, but they won't tell her how they are doing it. I told her she has to tell someone because he can't be on the memory floor with people who can't tell them what happened. My sister said she was embarrassed. I told her there is nothing to be embarrassed about, but you have to speak up. She told her husband. She was hesitant to say anything, because she is there all the time and they asked her not to talk about it, and they just said they took care of it. She said someone made a comment to her about him having a new girlfriend, meaning my sister. That is all I can say about it, I have been up at night trying to figure out how to get her out of there. It's like they acknowledged that it happened, and said they would take care of it, but never followed through. She had never spoke about this CNA to me before. I think this totally, just surprised her, and I don't know if she even had him before. She has never mentioned that she has had issues with anyone, except this situation. It scared her and embarrassed her. She wanted to know where he was going to be because she is a little on the fearful side at night now about who is working the floor. This is a sexual assault of someone who was in bed and couldn't get up on their own. She can only verbalize for it to stop. In her words, she felt helpless and afraid, and why should she have to be afraid in a nursing home where we put her to get good care? The only reason she told me about it was because I noticed something was wrong. My sister is very social, very talkative, very much telling me about everything, she tells me what she is doing, what doctor came to see her, I always know what is going on with her at the facility. She was so quiet, I couldn't get her to answer me, she was saying she isn't hungry today, very down, said I couldn't help her. That is when she said he jumped into bed and started touching her breast and that she told him to get out. We thought she was safe. Obviously, she wasn't as safe as we thought, and that is bothersome to me. I have to worry about who is touching her and I don't want her to have to feel embarrassed. On 3/7/26 at 1:00 PM, V6 (R1's Husband) said, [R1] told me about it. She didn't give me details. It was about 10 days ago. She basically just told me that this CNA got in the bed with her. On 3/7/26 at 12:40 PM, V3 (Social Services Director) said, . Concerns are another big one of the things I do here. I'm kind of the go-to person for the residents. I don't want to say I'm the 'middleman', but I point the residents in the right direction, so they hear it from the 'horse's mouth' you know. [R1] reported something at the end of February. [R1] divulged to me that she had an issue with one of the CNAs at night. She started to tell me it was concerning her chest and I stopped her right there and told her I needed to talk to the Abuse Coordinator. [R1] kept talking but I didn't listen or retain anything, because I stopped at the fact that this involved her breasts, I had tunnel vision, and just kept thinking, I have to talk to [V1]. I was in the facility at that (continued on next page)</p>		

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The only time I was interviewed about this was on the phone when I called [V1] On 3/7/26 at 12:21 PM, V1 (Administrator) said, It was brought to my attention on Saturday back in February. I received a phone call from her, and she had told me that a couple days prior, she couldn't give me an exact date, [V4] had touched her breast, I had then started to ask her if this was during care, what was going on, where were you? She said she was on the edge of her bed, and he was in his routine to provide care. I asked her if she wanted to call the police to make a report, I asked her if she wanted to go to the hospital. She told me she didn't want him getting in trouble, she just wanted to make me aware. I offered a room change. I told her there would be an investigation initiated and to contact me if she needed anything else. I started my investigation immediately, contacted [V4] and began asking him questions like do you remember where you worked, and did anything come up that would be considered abnormal for your nightly care while you were here in the building. I told him it was a sexual abuse investigation being conducted and let him know that he was essentially being blamed for touching a resident's breast. He said he was providing care. I asked him if anything occurred specifically in the middle wing. I told him he was suspended pending investigation. It was his weekend off, so he wasn't on the schedule. He said he wouldn't touch anyone's breasts. I talked to [R1] again while I was still in the process of my investigation, I followed up with her briefly, in passing, while I was doing rounds, and just checked in to see how she was. She said she was okay and when I asked if she needed anything else she said no. V1 said V3 had called her and reported the incident and then R1 called her right after that. V1 confirmed the phone call was the only conversation V1 had with R1 regarding the allegation. On 3/7/26 at 3:07 PM, V4 (CNA) when asked if he is familiar with [R1] said he couldn't recall her, wasn't very familiar with her, and asked for her room number. Upon hearing R1's room number, V4 stated that this would be considered the 'middle assignment', and he doesn't work that assignment anymore. V4 said he was no longer being assigned the 'middle assignment' starting last week. V4 said, A week ago or so, I was told that a patient had said I touched her. I didn't. I helped her to peri care, change her stuff, and everything. I was told they were looking into it, so I was moved to the other floor. They called me Friday (2/28/26), I was off Saturday and Sunday. Now they have me on a different unit. I think [R1] is the one on the middle unit. She was the one the Administrator was asking me all the questions about. I never talked to anyone like that. Not a resident. She was a one assist with a gait belt, and incontinent. Basically, that is what I remember, she needed help with incontinence care. She is alert and oriented, but sometimes she isn't always with it sometimes she says things that is not true. I would say she is not fully there. On 3/8/26 at 2:36 PM, V8 (Local Sheriff's Office Deputy) said, In summary, the resident [R1] stated that on an unknown date. a CNA [V4] who was assigned to work with her, jumped into bed with her and stated that she could be his girlfriend and touched the sides of her breasts. [R2] was interviewed as well and said she was on the phone with [R1] during the incident and the CNA fell into [R1's] bed, tried to kiss her and was heard making inappropriate remarks about wanting to have relations with her, the CNA kept pushing for it and [R1] kept saying no. [R1] said she didn't want this to happen to any other women. On 3/7/26 at 2:50 PM, V10 (Registered Nurse-RN) said, I'm very familiar with [R1]. She is very alert, not confused. Husband comes in very frequently, they are a very pleasant family. The facility's policy and procedure date 3/2026 showed, Abuse Policy, Policy: The facility affirms the right of our residents to be free from abuse. This facility therefore prohibits mistreatment, neglect or abuse of its residents and has (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>attempted to establish a resident sensitive and resident secure environment. 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 will be done by: . Establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment; . Immediately protecting residents involved in identifying report of possible abuse; . Implementing systems to investigate all reports and allegation of mistreatment promptly and aggressively, and making the necessary changes to prevent further occurrences. Filing accurate and timely investigative reports; . Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion or sexual assault.The Immediate Jeopardy that began on 2/28/26 was removed on 3/10/26 when the facility took the following actions to remove the immediacy. Allegations of non-compliance #1Sexual inappropriate behavior of staff member to residents.Corrective Action Taken:Full body check performed on resident on 3/7/2026. No indication of trauma and no findings.Full body check performed on residents in the facility that are not interviewable.Family and physician notifications (Exhibit A).Resident care plan was updated pertaining to the alleged abuse on 3/7/2026 (Exhibit B).CNA was immediately suspended, pending an investigation On 3/7/2026 the DON, Administrator, ADON, Nurse Consultant and Medical Director reviewed the facility resources for stress management and policy related to the occurrence: Abuse. No changes were made.Educated staff on how to take initial report of abuse and what should be included in the report. Educated Social Service Director how to take initial report of abuse and what should be included in the report. Educate Administrator on how to conduct a thorough investigation and how to determine if abuse occurred.Identifying other residents having the potential to be affected by the same deficient practice:Resident were assessed (by female nurse) for any markings that could be related to physical contact and residents interviewed who are able to be interviewed. Assessments started on 3/7/2026 and is ongoing. No concerns noted today (Exhibit C).On 3/7/26, interviews were conducted with residents and complete concerns (Exhibit D).Measures taken to ensure that the problem is corrected and will not recur.All staff and managers are being reeducated on facility abuse policy and abuse prevention, stress management. The reeducation was provided on 3/7/2026 and is ongoing (Exhibit E).The facility leadership team provide pop quizzes to staff about abuse which began on 3/7/2026 and is ongoing (Exhibit F).Measures or systems the facility will alter to ensure that the problem will be corrected and will not recur.A review of compliance using Quality Assurance Audit tool for abuse started 3/7/2026 (Exhibit G). Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee until goal is attained for 4 months. A review of results of audit regarding abuse with the facility's interdisciplinary team started 3/7/2026 (Exhibit H). Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee until goal is attained for 4 months. Abuse policy and prevention will be discussed with all new hires at new hire orientation. Quality Assurance Plans to monitor facility performance:Audits on all resident's abuse assessment and abuse care plan was reviewed for accuracy. Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee. All audits will be reviewed by the QA committee with evaluation of trends/patterns and corrective action implemented as indicated. Ongoing audit frequency will be based upon goal attainment to start 3/7/2026 This will be monitored by the Administrator.An emergency QA meeting was held on 3/7/2026 at time by the Administrator with the Interdisciplinary Care Team and Medical Director. Abuse allegation on 3/7/2026 was discussed along with plans of correction. Medical Director and Interdisciplinary Care Team approved the plan of correction (Exhibit I). This will be monitored by the Administrator.</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to thoroughly investigate an allegation of abuse for R1 and failed to substantiate an allegation. This failure resulted in allowing V4 (Certified Nursing Assistant) access to all residents in the facility. This failure has the potential to affect all 93 residents residing within the facility. The Immediate Jeopardy began on 2/28/26 when R1's initial report of sexual abuse was reported to V3 (Social Services Director) and V1 (Administrator). V4 returned to the facility for his scheduled shifts on 3/2/26, 3/3/26, 3/5/26, and 3/6/26. V1 (Administrator) was notified of the Immediate Jeopardy on 3/10/26 at 10:46 AM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on 3/10/26, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. The findings include: R1's face sheet showed she was admitted to the facility 7/13/24 with diagnoses to include chronic obstructive pulmonary disease, Type 2 Diabetes, major depressive disorder, atherosclerotic heart disease, hyperlipidemia, insomnia, supraventricular dysfunction of bladder, generalized abdominal tenderness, systemic sclerosis, and overactive bladder. R1's facility assessment dated [DATE] showed she has no cognitive impairment, no behaviors, and requires physical assistance of staff assistance for most cares including dressing, personal hygiene, bed mobility, and transfers. R1 requires a wheelchair for mobility. R1's complete care plan was reviewed and showed no history of making false allegations of any kind toward staff. R1's 3/6/26 Antibiotic Therapy Note showed, . What antibiotic being used for: LRTI (Lower Respiratory Tract Infection) . Antibiotic . Doxycycline Hyclate Oral Tablet, 100 mg twice daily . R2's face sheet showed she was admitted to the facility 8/30/24 with diagnoses to include cellulitis of right lower limb, non-pressure chronic ulcer of left ankle with unspecified severity, acute and chronic respiratory failure, insomnia, chronic kidney disease, and hyperlipidemia. R2's facility assessment dated [DATE] showed she has no cognitive impairments and no behaviors. R1's complete care plan was reviewed and showed no history of making false allegations of any kind toward staff. R2's record was reviewed and showed a note entered on 3/28/25 (almost one year ago) at 11:48 AM which showed, Resident told writer her room is not cleaned. Writer spoke with housekeeping director who stated it was cleaned but not by the usual housekeeper. Writer followed-up with the resident who stated, yes, it was cleaned but it's just not the same when someone else does it. Writer advised resident that staffing can/will change but her room does get cleaned. Resident verbalized understanding. Care plan reviewed and updated. On 3/7/26 at 10:30 AM, R1 said when asked if any staff members have ever behaved inappropriately or made her feel uncomfortable, I had a problem like that just last week, but I was told to be quiet about it and not talk to people about it. V3 told me not to talk about it. They said they were handling it. (This surveyor explained this is what I am here specifically investigating and that if she could describe the details of this incident, it would be helpful. R1 was very hesitant at first but then began describing the situation.) It was [V4] CNA (Certified Nursing Assistant). Nothing like this happened before. I told [V3] from Social Services when it happened. He is the social worker here. I don't think [V4] was thinking, he was saying things like 'I could be his girlfriend' and 'I know you want it'. This happened last week. The exact date would be on [R2's] phone. I think [V4] was thinking it was a joke or something, I think he thought this was a joke. He puts me to bed at night and then usually comes back about 5AM to change my (incontinence brief). This happened around 9 or 10 PM when he was putting me to bed. He hasn't been around me since then either, but my roommate got sick, so they moved me to a room upstairs and when I went up there, they said he was the one working that area and they knew he wasn't able to take care of me anymore. I said, 'oh no, he can't be around me.' They do make sure he isn't around me anymore, but he still works here. When this happened, I was already changed, and the blankets were on. He wasn't standing over me, he was in my bed lying sideways and rubbing (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>the side of my breast. That is what bothers me so much, he was giggling and laughing and saying, 'you know you want it'. I had called [R2] when he came into my room, and she listened to whole thing. She could hear him. At 11:33 AM, R1 said, The day before this incident was the first time something was happening. I knew the night before, he was getting 'way too friendly' and I was telling [R2] about it. I told [R2] that no one is going to believe me about what is going on, So I called her when he was coming in so she could hear our interaction. I told him I'm married, and he has a girlfriend. He was on top of the comforter when he was in my bed and rubbing the side of my breast through the blanket. I told him to 'get out' and to 'leave my room.' When I reported this to [V3] I told him that I had debated about telling him what happened. He said it was a 'no no ? and they don't allow 'this kind of behavior'. He said he was reporting to [V1] (Administrator) and offered for me to talk to him later if I needed to. I reported to him exactly what I just told you.R2 was sitting in her wheelchair in room with the bedside table in front of her. R2 said, Sometime last week I listened to a conversation over the phone with [R1]. I heard the gentlemen saying sexual remarks, it was [V4]. He was saying come on honey and she kept telling him to quit and he kept coming back at her. She kept saying 'no, go away, get out of here'. He would laugh at her, and say 'come on, you know you want it'. What I heard was inappropriate. [R1] doesn't want anyone to get in trouble but something like this can't be let go. [R1] told me no one was going to believe her unless someone else hears it, so I told her to call me. He wanted to lay on the bed with her, he just kept laughing and she was repeatedly telling him no. He works 11-7 normally. No one from here has interviewed me about this or about what I heard. Even her family has kept telling her she had to tell someone about this. We don't want anyone getting fired or losing their job, but we can't have them doing things like this.On 3/7/26 at 3:32 PM, V7 (R1's Sister) said, First let me tell you, my sister is of sound mind. I know my sister well enough to know when something isn't right. I asked her what was going on. She said nothing at first but then she told me that the CNA jumped into bed with her and started to rub her breast. She said she told him to get up and get out of there, but he had already touched her breast. She told him to get out. She said another person came and said to her 'don't start anything, we will take care of it'. According to my sister, how they took care of it is they moved him to the memory floor. The social worker came in and talked to my sister and said they were going to take care of it, but they won't tell her how they are doing it. I told her she has to tell someone because he can't be on the memory floor with people who can't tell them what happened. My sister said she was embarrassed. I told her there is nothing to be embarrassed about, but you have to speak up. She told her husband as well. She was hesitant to say anything, because she is there all the time and they asked her not to talk about it. That is all I can say about it, I have been up at night trying to figure out how to get her out of there. It's like they acknowledged that it happened, and said they would take care of it, but never followed through. She has never mentioned that she has had issues with anyone, except this situation. It scared her and embarrassed her. She wanted to know where he was going to be because she is a little on the fearful side at night now about who is working the floor. This is a sexual assault of someone who was in bed and couldn't get up on their own. She can only verbalize for it to stop. In her words, she felt helpless and afraid, and why should she have to be afraid in a nursing home where we put her to get good care? The only reason she told me about it was because I noticed something was wrong. My sister is very social, very talkative, very much telling me about everything, she tells me what she is doing, what doctor came to see her. I always know what is going on with her at the facility. She was so quiet, I couldn't get her to answer me, she was saying she isn't hungry today, was very down, and said I couldn't help her. That is when she said he jumped into bed and started touching her breast and that she told him to get out. We thought she was safe. Obviously, she wasn't as safe as we thought, and that is bothersome to me. I have to worry about who is touching her and I don't want her to have to feel embarrassed.On 3/8/26 at 2:36 PM, V8 (Local Sheriff's Office Deputy) said, In summary, the resident [R1] stated that on an unknown date. a CNA [V4] who was assigned to work with her, jumped into bed with her and stated that she could be his girlfriend and touched the sides of her (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>breasts. [R2] was interviewed as well and said she was on the phone with [R1] during the incident and the CNA fell into [R1's] bed, tried to kiss her and was heard making inappropriate remarks about wanting to have relations with her, the CNA kept pushing for it and [R1] kept saying no. [R1] said she didn't want this to happen to any other women. On 3/7/26 at 1:00 PM, V6 (R1's Husband) said, [R1] told me about it. She didn't give me details. It was about 10 days ago, she basically just told me that this CNA got in the bed with her. On 3/7/26 at 12:40 PM, V3 (Social Services Director) said, . Concerns are another big one of the things I do here. I'm kind of the go-to person for the residents. I don't want to say I'm the 'middleman', but I point the residents in the right direction, so they hear it from the 'horse's mouth' you know. [R1] reported something at the end of February. [R1] divulged to me that she had an issue with one of the CNAs at night. She started to tell me it was concerning her chest and I stopped her right there and told her I needed to talk to the Abuse Coordinator. [R1] kept talking but I didn't listen or retain anything, because I stopped at the fact that this involved her breasts, I had tunnel vision, and just kept thinking, I have to talk to [V1]. I was in the facility at that time, I called [V1]. I spoke with her right away, it was February 28th. I think it was a Saturday. [V1] said we need to get on this. I am not apprised to the procedure, I just know our Abuse Coordinator is [V1] and if the residents think there is something hinky, we go straight to the [V1]. I did follow up a couple days later, I try not to be intrusive because I know [R1], and she does come to me with certain things, and I didn't want to open up any wounds so I just asked her if she was okay and she said 'yeah for now'. I told her to reach out if she needed anything. [R1] doesn't have any behaviors. She is alert and oriented. I'm familiar with [R2]. [R2] has no behaviors and is alert and oriented. Both [R1] and [R2] are reliable historians I would say. The only time I was interviewed about this was on the phone when I called [V1] On 3/7/26 at 2:50 PM, V10 RN (Registered Nurse) said, I'm very familiar with [R1]. She is very alert, not confused. Husband comes in very frequently, they are a very pleasant family. The facility's Incident/Accident Notification showed, . Initial Sent on 2/28/26 . It was reported on 2/28/26 Administrator received a phone call from resident [R1] that Certified Nursing Assistant [V4] touched residents' breast during routine peri care and incontinence care. Certified Nursing Assistant [V4] is now pending investigation without the need to suspend due to not being on the schedule. The facility's daily schedule for February 25th through March 7th was reviewed. The allegation of sexual abuse was made Saturday, 2/28/26 and reported to IDPH at 4:47 PM. The investigation shows it was completed and not substantiated on 3/2/26 at 4:47 PM. V4's next scheduled shift started at 7:00 PM on 3/2/26. The facility's Incident/Accident Notification dated 3/2/26 showed, [R1] a [AGE] year-old female resident reported that during her ADL and Peri care this morning, CNA on duty [V4] touched her breast. CNA [V4] was notified of the pending investigation and is not scheduled until March 2, 2026, investigation has been initiated. [R1] reported to the administrator on 2/28/26 that a couple days ago CNA on duty touched her breast during routing ADL/Peri care. CNA was interviewed and denied all allegations of abuse and inappropriate touching. CNA stated, he was performing routine ADL/Peri care to [R1], he had to reposition her body because she needs assistance. CNA reiterated and denied touching [R1] inappropriately during care. CNA was immediately investigated, and not on the schedule until March 2, 2026, until after the investigation is completed. [R1] was interviewed and first stated CNA touched her breast during her brief change. [R1's] interview was inconsistent throughout. Facility completed a thorough investigation which included chart, care plan, and assessment reviews, resident(s) interview, staff interviews, and facility in-service training. [R1] has a BIMS score of 15. Chart review completed. During the interviews for residents and staff, there were no reports of any incident/accidents of care and no concerns of inappropriate behavior/touching. [R1's] roommate was interviewed with an interpreter and denied any incidents with the CNA that night. All other residents that were interviewed during this time stated they felt safe within the facility. All other residents declined any inappropriate behavior from staff. [R1] reported that she feels safe within the facility. [R1] was offered a room change which she declined. The Administrator presented [R1] with her resident rights and ombudsman (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>packet and offered to send [R1] to the hospital for evaluation as well as assist in calling the police, both in which [R1] vehemently refused to do. [R1] stated during her interview that she wants to continue to keep this CNA as her CNA despite this allegation. The facility will review this request. Care plans were further reviewed and updated. The facility. does not currently have any findings and finds this allegation to be unsubstantiated.The facility's daily nursing and CNA schedule showed V4 CNA was working 2/26/26 (a couple of days before the 2/28/26 allegation).On 3/7/26 at 12:21 PM, V1 (Administrator) said, It was brought to my attention on Saturday back in February. I received a phone call from her, and she had told me that a couple days prior, she couldn't give me an exact date, [V4] had touched her breast, I had then started to ask her if this was during care, what was going on, where were you? She said she was on the edge of her bed, and he was in his routine to provide care. I asked her if she wanted to call the police to make a report, I asked her if she wanted to go to the hospital. She told me she didn't want him getting in trouble, she just wanted to make me aware. I offered a room change. I told her there would be an investigation initiated and to contact me if she needed anything else. I started my investigation immediately, contacted [V4] and began asking him questions like do you remember where you worked, and did anything come up that would be considered abnormal for your nightly care while you were here in the building. I told him it was a sexual abuse investigation being conducted and let him know that he was essentially being blamed for touching a resident's breast. He said he was providing care. I asked him if anything occurred specifically in the middle wing. I told him he was suspended pending investigation. It was his weekend off, so he wasn't on the schedule. He said he wouldn't touch anyone's breasts. I talked to [R1] again while I was still in the process of my investigation, I followed up with her briefly, in passing, while I was doing rounds, and just checked in to see how she was. She said she was okay and when I asked if she needed anything else she said no. V1 said V3 had called her and reported the incident and then R1 called her right after that. V1 confirmed the phone call was the only conversation she had with R1 regarding the sexual abuse allegation she made.On 3/7/26, V1 provided a copy of an undated interview which she states she conducted with R1 on 2/28/26 over the telephone. This interview showed, . What happened last night during your routine ADL care? A couple of days ago, [V4] touched my breast during my brief change. Can you explain how the CNA touched you? . While he was repositioning me into bed his hand touched my breast. Did you say anything to the CNA when this happened? I told [V4] to stop, and he told me Stop what?, and I told him to stop touching my breast and he did. where were you when this occurred and how were you laying, and where was the CNA? I was laying down straight on my back in bed, [V4] was standing over me repositioning me for my incontinence care because I struggle moving. Did you report the initial occurrence to any staff member? Yes. Do you feel safe with your current caregivers? Yes, they are all wonderful and I still want [V4] to continue my care during his shifts, I still want him. Do you want to go to the hospital? No. Do you need assistance calling the police? No, I do not want the police to get involved. On 3/7/26, V1 provided a copy of an interview with V4 dated 2/28/26 which showed, What happened during your shift last night/this morning? I think my boss was telling me that someone passed. Did anything out of the ordinary happen during your shift? No. Is there anything you need to disclose to me? I don't think so. Were you the primary caregiver for [R1]? Yes I usually have her. What type of care did you provide for [R1]? I provided incontinent care, water. Did [R1] voice anything to you regarding her care? No. Have any patients complained about the care you provide or ever asked you to stop your care? Never, I am a great CNA. Do you believe [R1] had any problems with the care that she received from you? No she did not say anything to me during her care. Did you inappropriately touch [R1] during her ADL/Peri care? No, I would never do that. Did you touch [R1's] breast during Peri Care/ADL care? No I would never.On 3/10/26 at 9:37 AM, V1 (Administrator) and V2 (Director of Nursing) were interviewed together. V1 said, We initiated a new reportable on Saturday (3/7/26), completed interviews with [R1], and was notified that she had a potential witness. We interviewed [R2], interviewed the CNA [V4], the Police were notified, and an incident report was made. The (continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>investigation through the police is still pending. V2 said, We just want to let you know, she (R1) does have a UA out and she has been on doxycycline for a urinary tract infection. She has leukocytosis. I'm not insinuating it's a fabrication; I wanted to rule out anything clinical. She had a telehealth visit yesterday with [psychiatric services], I wanted a check in from that point. She has no changes to her medication, and they will continue to follow up. I kind of don't want to get ahead but [R2] has a history of behaviors. We ran her urine too. She has maladaptive behaviors. she has something care planned about housekeeping having cleaned her room and she said it wasn't cleaned. Psychiatric is on consult for her too. [psychiatric services] did a telehealth visit with her too, and started her on hydralazine as needed for anxiety. Her urinalysis was dirty too. I am not accusing either of the women of anything, my suspicion is that it is highly suspicious that because [another facility] was in the news for abuse and these two are best friends, they talk, play poker together. Considering both of them have a care plan for behaviors, it was highly suspicious to me and me alone that all of a sudden, it was in the news, and this allegation was made when she (being R1) was comfortable with the CNA for a very long time. This is 'he said she said'. there is no death sentence for ?he said she said', I don't believe or side with anyone because I have to be neutral.The facility's policy and procedure date 3/2026 showed, Abuse Policy, Policy: The facility affirms the right of our residents to be free from abuse. This facility therefore prohibits mistreatment, neglect or abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. 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 will be done by: . Establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment; . Immediately protecting residents involved in identifying report of possible abuse; . Implementing systems to investigate all reports and allegation of mistreatment promptly and aggressively, and making the necessary changes to prevent further occurrences. Filing accurate and timely investigative reports; . Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion or sexual assault.The Immediate Jeopardy that began on 2/28/26 was removed on 3/10/26 when the facility took the following actions to remove the immediacy.Allegations of non-compliance #1Sexual inappropriate behavior of staff member to residents.Corrective Action Taken:Full body check performed on resident on 3/7/2026. No indication of trauma and no findingsFull body check performed on residents in the facility that are not interviewable .Family and physician notifications (Exhibit A).Resident care plan was updated pertaining to the alleged abuse on 3/7/2026 (Exhibit B).CNA was immediately suspended, pending an investigation On 3/7/2026 the DON, Administrator, ADON, Nurse Consultant and Medical Director reviewed the facility resources for stress management and policy related to the occurrence: Abuse. No changes were made.Educated staff on how to take initial report of abuse and what should be included in the report. Educated Social Service Director how to take initial report of abuse and what should be included in the report. Educate Administrator on how to conduct a thorough investigation and how to determine if abuse occurred.Identifying other residents having the potential to be affected by the same deficient practice:Resident were assessed (by female nurse) for any markings that could be related to physical contact and residents interviewed who are able to be interviewed. Assessments started on 3/7/2026 and is ongoing. No concerns noted today (Exhibit C).On 3/7/26, interviews were conducted with residents and complete concerns (Exhibit D).Measures taken to ensure that the problem is corrected and will not recur.All staff and managers are being reeducated on facility abuse policy and abuse prevention, stress management. The reeducation was provided on 3/7/2026 and is ongoing (Exhibit E).The facility leadership team provide pop quizzes to staff about abuse which began on 3/7/2026 and is ongoing (Exhibit F).Measures or systems the facility will alter to ensure that the problem will be corrected and will not recur.A review of compliance using Quality Assurance Audit tool for abuse started 3/7/2026 (Exhibit G). Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee until goal is attained for 4 months. A review of results of audit regarding (continued on next page)</p>		

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F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	abuse with the facility's interdisciplinary team started 3/7/2026 (Exhibit H). Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee until goal is attained for 4 months. Abuse policy and prevention will be discussed with all new hires at new hire orientation. Quality Assurance Plans to monitor facility performance: Audits on all resident's abuse assessment and abuse care plan was reviewed for accuracy. Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee. All audits will be reviewed by the QA committee with evaluation of trends/patterns and corrective action implemented as indicated. Ongoing audit frequency will be based upon goal attainment to start 3/7/2026 This will be monitored by the Administrator. An emergency QA meeting was held on 3/7/2026 at time by the Administrator with the Interdisciplinary Care Team and Medical Director. Abuse allegation on 3/7/2026 was discussed along with plans of correction. Medical Director and Interdisciplinary Care Team approved the plan of correction (Exhibit I). This will be monitored by the Administrator.		