STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146018	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Village Nrsg & Rhb Ctr	2320 South Lawndale Chicago, IL 60623

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 - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interviews and reviews, the facility failed to ensure a resident (R1) remained free from sexual abuse by another resident in a sample of five reviewed. Findings include:R1's medical diagnosis in current face sheet includes but not limited to: Type 2 diabetes mellitus with other specified complication, other psychotic disorder not due to a substance or known physiological condition, bipolar disorder, current episode depressed, severe, with psychotic features. Minimum Data Set (MDS) Section C-Cognitive Patterns dated 05/24/2026 documents R1's Brief Interview for Mental Status (BIMS) as 12/15, indicating R1 has moderate cognitive impairment. On 06.04.2026 at 12:07PM, R1 was observed sitting outside her room in the hallway near the nursing station. R1 stated male resident (No name provided) was bothering her and touched her inappropriately. He was bothering me. I don't remember his name. It didn't make me feel good. R1 then stated she was hungry and wanted to go to eat and declined to speak anymore.R2's medical diagnosis in current face sheet includes but is not limited to: Major depressive disorder, recurrent, mild, schizoaffective disorder, unspecified, Type 2 diabetes mellitus with diabetic neuropathy, unspecified. Minimum Data Set (MDS) Section C-Cognitive Patterns Dated 05/18/2026 documents R2's Brief Interview for Mental Status (BIMS) as 10/15, indicating R1 has moderate cognitive impairment. R2 was not residing in the facility during this investigation. Facility Reported Incident Report (FRI) 5/19/2026 documents V7 (Housekeeping) reported to V6(Licensed Practical Nurse-LPN) that V7 saw R2's hand in R1's genital area. R1's nursing progress notes dated 05/26/2026, at 5:12 PM by V6(Licensed Practical Nurse-LPN) documents R1 reported that R2 touched her inappropriately.R1's Social Services progress notes dated 05/26/2026, at 8:19 PM by V5(Social Services Director-SSD) documents V5 did a wellbeing check with R1 after R1 reported that R2 touched her inappropriately. R1 was calm but visibly uncomfortable while recounting the incident. R1 stated that the contact was unwanted.R1's care plan dated 5/26/2026, Category: Psychosocial Well-Being, documents R1 reported inappropriate touching behavior by R2.Facility filed police report date 5/26/2026 # 2614610861.R2's progress notes SS (social service) dated 5/26/2026, at 7:35 PM documents R2 engaged in an inappropriate physical contact/touch with a R1 without her consent. R2 reported the incident to staff, and her statement was consistent with observed distress. R2 demonstrated impaired judgment and limited insight into the seriousness of the behavior.R2's care plan dated 5/26/2026 documents R2 has exhibited an episode of sexually inappropriate behavior, including physical gestures toward peers. This behavior places him at risk for peer conflict, and potential harm, and may violate others' rights.On 06/04/2026 at 12:27PM, V7 (Housekeeping) stated on 5/26/2026 during the beginning of the second shift between 2:25 PM and 2:50 PM as V7 was going to the D-wing of the unit, V7 observed R1 and R2 sitting on chairs in the hallway across the elevator beside each other. There were other residents sitting on the chairs by the elevators. V7 does not remember who the other residents were. V7 observed R1's hands in R2's private part (in between R2's legs). R2's hands were on top of R1's hands. V7 asked R1 and R2 what was going on and why R1's hands are touching R2's private parts with R2's hand on top of R1's hands. V7 stated R2, told V7 that R1 put her hand on his private parts. R1 stated she did not and that R2 grabbed her hand and put it on his private part. V7 stated he separated R1 from R2 and took R1 to (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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F 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	the nursing station where there were three CNAs (Certified Nursing Assistants) and two nurses getting ready to start their shifts. V7 does not remember their names. V7 stated he explained to the nursing staff what he observed and left R1 at the nursing station. V7 stated residents are not supposed to touch each other inappropriately without consent. On 06/04/2026 at 1:06 PM, V5 (Social Services Director) said on 5/26/2026 during the PM shift, V6 (Licensed Practical Nurse-LPN) informed V5 R1 told V7 that R2 touched R1 inappropriately. V6 stated she was informed by a CNA (No name provided) about this issue. V5 stated he informed V1. V5 stated he went to meet R2 who at first denied anything happened between R2 and R1. V7 stated he told R2 to tell the truth. R2 then started he held R1's hand and kissed it at the back. V5 told R2 that R2 has crossed boundaries by touching R1 and kissing R1's hand without permission. V5 further stated For me, that was sexual abuse. Residents are not allowed to sexually abuse each other or touch each other inappropriately just because they are residents. V5 stated staff should monitor residents to make sure something like this does not happen. V5 stated R2 was petitioned out to a psychiatric hospital for further evaluation and has not returned to the facility.On 06/04/2026 at 2:00PM, V6 (Licensed Practical Nurse-LPN) via phone stated V8 (CNA) informed V6 that V7 came to the nursing station and informed staff that R2 had touched R1 inappropriately. V6 went to R1 who was sitting on chairs near the elevator. R1 stated R2 had touched her. R1 demonstrated by putting her hands on her private parts (Perineal Area). R2 was not near R1 at that time. R1 was assessed and monitored.V6 informed V1. V6 assessed R1 who denied pain, but R1's affect was flat without any emotions. V6 found R2 outside by the smoking area. R2 told V6 that he held R1's hand and kissed it and to R2 that was nothing. R2 was sent out to the hospital for evaluation. R2 was not willing to go to the hospital. Police were called and informed R2 he had to go to the hospital. V6 stated police interviewed R1 who demonstrated where R2 had touched her by touching her private part. V6 stated she heard R1 telling the police He touched my vagina. V6 stated residents can have consensual sex if both residents are alert and able to give consent. R1 cannot give consent. R1 is sometimes confused, not coherent and has not demonstrated sexual seeking behaviors. V6 stated nursing staff are supposed to monitor residents to prevent inappropriate touching. Touching someone in their private area is a form of sexual abuse. On 06/04/2026 at 2:33PM, V8 (Certified Nursing Assistant -CNA) via phone stated she was by the second nursing station near the elevators when she heard V7 telling other CNAs (No names provided) that he saw R2 grab R1's hand and put it on R2's crotch area. V9 (CNA) went and informed V6 (LPN), who was the nurse for that day, what they had heard V7 stating. V8 stated all nursing staff are supposed to be monitoring residents. If a resident is putting a hand on another resident's private part without consent of the other resident, that is inappropriate and can be considered sexual assault. On 06/05/2026 at 12:30PM V1(Administrator) stated on 5/26/2026 she was doing rounds on the unit when the second shift Nurse, V6 informed V1 that R1 was touched inappropriately by R2. When V7 saw what happened he removed R1 from the situation and took R1 to the nursing station. V1 went to R1 and asked R1 if she was touched inappropriately by a male resident. R1 stated yes and nodded towards her private area. When asked if she knew who the male resident was, R1 stated no. Police were notified. The police came and interviewed R1 and R2 and left the facility. Police were called back because R2 was refusing to go to the hospital. The ambulance was waiting for R2. R2 was petitioned out for further evaluation. R2 is still at the hospital. When R2 comes back, he will be on a behavior contract. The contract is to make sure that going forward, R2 will follow the facility policy, and his sexual behaviors will be monitored. Residents who are alert and oriented times four, meaning they have cognitive abilities to make informed decisions can consent to sex. R2 cannot make independent /informed decisions for herself. Her BIMS score shows R1 has moderate cognitive impairment. V1 stated all nursing staff are supposed to be monitoring residents. If a resident is putting a hand on another resident's private part without consent, that is inappropriate and can be considered sexual assault.Abuse Policy dated 5/19/2025 documents:- This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and (continued on next page)

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F 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and residentsecure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents.- Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault