

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Wealshire Ctr of Excellence		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Jamestown Lane Lincolnshire, IL 60069	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>33760</p> <p>Based on interview and record review the facility staff failed to immediately report an allegation of sexual abuse to the abuse coordinator for 1 of 3 residents (R1) reviewed for abuse in the sample of 6.</p> <p>The findings include:</p> <p>On 6/5/24 at 9:45 AM, R1 said a month ago she was raped by 4 black men. R1 said she was not sure if it was just in her mind, but she knew she was drugged and raped and she was soaked and wet. R1 said the next morning V9 (Agency Certified Nursing Assistant-CNA) came to her room to change her and said, it smelled like semen here.</p> <p>On 6/5/24 at 12:52 PM, V9 (Agency CNA) said she worked with R1 twice, 2/18/24 and 3/16/24. V9 said she did not smell any semen when she took care of R1, however, R1 told her (cannot recall specific date but it was either February or March) that four black men raped R1. V9 said R1 told the story to her more than once. V9 thought she reported this to the nurse but cannot recall who the nurse was or when she reported the sexual allegation to the nurse.</p> <p>On 6/5/24 at 2:20 PM, V2 (Director of Nursing-DON) said all allegations of abuse should be reported to V1 (Administrator) who is the Abuse Coordinator. V2 said, If the Administrator was not available then they need to notify me. All the staff have my phone number. V2 said they are now reporting the allegation to the state agency and will start an investigation.</p> <p>On 6/5/24 at 3:00 PM, V1 (Administrator) said he had directed V2 (DON) to give staff training on abuse and reporting.</p> <p>The facility's Abuse Neglect, Exploitation and Misappropriation Prevention Program, dated April 2021, showed, Residents have the right to be free from abuse, neglect misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment involuntary seclusion, verbal, mental sexual or physical abuse and physical or chemical restraints not to treat required to treat the resident's symptoms.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reporting- If resident abuse is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. Immediately is defined as within 2 hours of an allegation involving abuse or result in serious bodily injury; or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p>