

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Asbury Court Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1750 Elmhurst Road Des Plaines, IL 60018	
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** 35432 Based on interview and record review, the facility failed to protect a resident (R4) from sexual abuse by another resident. This failure affects one of two residents (R4) reviewed for abuse in a total sample of five residents. Findings include: R4 is a [AGE] year-old female. R4's diagnoses are but not limited to dementia without behaviors, adult failure to thrive, Parkinson's disease, vascular dementia, and high blood pressure. R4's BIMS (Brief Interview for Mental Status) dated [DATE], notes R4 is not alert. R4's care plan notes R4 has impaired cognitive function and Alzheimer's disease. R5 is a [AGE] year-old male. R5's diagnoses are but not limited to Alzheimer's disease, depression, major depression, anxiety disorder, and dementia without behaviors. R5's BIMS (Brief Interview for Mental Status) dated [DATE], notes R5 is alert. R5's care plan notes R5 needs behavior management due to episodes of physical and verbal aggression. R5 has poor impulse control. R5 displays behavioral symptoms related to socially being inappropriate and touching others inappropriately. R5 has impaired cognitive function related to dementia and short-term memory defects. Nurse's note dated [DATE], notes R4 was involved in an inappropriate interaction with another resident. R4 was immediately separated from another resident. R4 not in any mental or physical distress. Behavior notes dated [DATE], notes at around 4:40 PM, it was brought to this writer's attention that R5 was observed acting inappropriate towards another resident in hallway. R4 and R5 were immediately separated from each other, and R5 was placed on 1:1 observation. Police, doctor, family, DON (Director of Nursing) and Administrator all notified. On [DATE], at 12:42 PM, R5 stated, I do not remember this incident. I do not have any other concerns. On [DATE], at 12:55 PM, R4 was in the dining room eating lunch. R4 did not respond to surveyor 's questions. (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 - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE], at 2:53 PM, V2 (Director of Nursing) stated, I did a lot of the investigation with R4 and R5. I was here and staff informed me of the incident. I do not think this was willful abuse. R5 is attracted to R4, and R5 stated she likes him to. R5 is alert but he has impaired judgment. The residents were separated, and R5 was put on a one to one. Law enforcement was contacted. He was sent to behavioral health. According to R5's statement, R4 reminds R5 of his deceased girlfriend that used to reside in the facility. R4 did not have any injuries of any kind and she was smiling. R5 lives on the first floor now instead of the second floor. He is allowed to go to activities when he goes up, but someone is always watching him. There was no harm done. Her family was informed. No other incidents have happened like that since then. On [DATE], at 4:01 PM, V1 (Administrator) stated, R4 looks like R5 ' s former girlfriend. He has some confusion. He told me that when he sees her, he is seeing his girlfriend because it reminds him of his girlfriend. He has not done this to anyone else. He has not done this again to R4. He is attracted to her due to her similarities to his former girlfriend. He was brought downstairs due to the incident. He is being closely monitored to make sure he does not have any interaction. On [DATE], at 9:56 AM, V8 (Registered Nurse) stated, I mainly work on the 1st floor. I was the nurse on duty when this incident occurred. My aide was the first one who saw the incident and reported it to me. We rushed right over. R5 reached under R4 ' s sweater. They were facing against each other. R5 ' s left hand was already underneath R4 ' s sweater. It was around R4's chest area. I presumed it was on R4's chest. Upon seeing this, I grabbed R5's hand and stopped what happened. R4 is non-verbal and not alert. R4 always smiles. The police officer asked her if she tried to scream or ask for help. The officer was trying to find out if there was any consent. He asked if there was any resistance. First, thing I did was inform my manager right away, the co-director of nursing, and the administrator. R5 is alert but it is hard to understand what he is saying. I worked with him two to three times. Interventions put in place were putting R5 on and a one to one and separate them. Since then, this incident has not occurred again. On [DATE], at 10:19 AM, V9 (Social Services Director) stated, I know R5 very well. He does have issues with short term memory and recall. I did talk to him after this incident occurred. R5 said, I know I should not have touched her. He did not say why he did it. He admits to it, but it does not know why he did it. R4 has always had some cognitive issues. After R4's hospital stay she has declined. R4's family was alright with her having a relationship. R5 has only had this with R4, no one else. Prior to R5 coming to us, he had a girlfriend in supportive living. She passed away and he declined to where he needs skilled care. He is used to having a girlfriend. R4 was flirtatious with R5 before she declined. There have not been any issues with other residents. Just these two. She would smile at him and had a few boyfriends before coming to us. I do not know if they had a relationship before because I do not work on the other side. Facility Abuse Policy dated ,d+[DATE], notes sexual abuse is non-consensual contact of any type with a resident.		