

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Annual Licensure and Certification Survey.  Investigation of Incident of May 12, 2016 - IL85632. F223 and F323 Cited.	S 000		
S9999	Final Observations  Statement of Licensure Violations :  300.1210b) 300.1210d)6) 300.3240a)  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>06/14/16</b>
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to monitor a male resident (R20) to prevent from getting into bed with a female resident (R19) against her will, unnoticed by staff. R20 engaged in sexually inappropriate action including kissing and groping R19 in her bed.</p> <p>R19 expressed she was in shock when she found R20 on top of her, in her bed, kissing and groping without her consent. R19 said she was emotionally distraught, felt unsafe and her rights were violated.</p> <p>This applies to one of three residents (R19) in the sample of 21 residents evaluated for safety of the residents.</p> <p>The findings include:</p> <p>On 5/18/16 at 4:00 PM R35 stated he witnessed a male resident who is only supposed to be in ' C ' hall, going into his girlfriend's room last Thursday. The incident was sexually inappropriate in nature, but the staff accused him of lying. R35 said the staff usually sits at the table and plays on phones.</p> <p>R19's 5/14/16 Progress Notes and the incident the facility sent to the Department on 5/14/16 involving R19 and R20 showed the facility received a call from a person from another facility because the person saw a post on Social Media stating R19 on Thursday a peer in the facility came to into her room while she was</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>sleeping and was on top of her kissing and groping her breast without her permission.</p> <p>The facility investigation completed on 5/19/16 and concluded the allegation of sexual abuse was not substantiated.</p> <p>On 5/19/16 at 4:46 PM R19 over the telephone stated the night the incident occurred (5/11/16 night early morning of 5/12/16), she slept poorly, barely had couple hours of sleep. R19 said she was shocked to wake up to see R20 on top of her, hugging, kissing and groping her. R19 said her boyfriend (R35) who usually walks in dining room and halls, saw her room door was opened, R35 came up to her room and noticed R20 in her bed when he opened her privacy curtain, and R20 left her room. R19 said she was shocked, frozen, violated her space and felt very unsafe and did not know what to do. She thought R35 would do something about it, but he left on home visit. R19 said it was hard for her to process the trauma, and started to tell her peers about the incident and how upset she was. When one of her peers (R15) told E8 (Counselor), E8 spoke to her, but nothing was done.</p> <p>On 5/13/16 after R15 said she told her counselor (E8). E8 called me to speak to her, but she did nothing. R19 then posted the situation on a Social Media account. The facility then sent her to hospital on 5/14/16. At the hospital she refused to have rape kit done, because there was no penetration and the hospital sent her back to the facility. On May 16, 2016 the facility sent her back to the hospital saying she was having coping problems.</p> <p>R19 continued to state the night staff sleeps at night and does little to monitor residents. R20 was supposed to stay in his hall (C - Hall) and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>day area at night. R20 had to pass his hallway, day area and pass several rooms in the hall (A - Hall) to come to her room. She said if the staff monitored R20, he would not have reached her room. R19 concluded she is still upset about whole incident.</p> <p>The facility identified R19 to be alert, oriented to time, place and person per her 4/5/16 Minimum Data Set (MDS) with a Brief Interview for Mental Status (BIMS) score of 15 of 15. R19's January 2015 admission record showed she has recurrent depressive disorder with suicidal ideations.</p> <p>On 5/19/16 R35 volunteered to speak in detail and said he usually walks in the facility between 4:00 am and 6:00 am for his daily exercise. When R35 was walking in halls and day area, he noticed R19's room door was open and walked farther, opened the privacy curtain, found R20 lying on top of R19, his face nuzzled on her neck and R20 left the room when asked to leave. R35 said R19 verbalized to him, she was shocked, frustrated and feared for her safety. She was upset because he did not do anything about it. R35 had to go on pass with his family that morning. R35 stated he knows who was working (E9, E10, and E11 - Certified Nurse Aides - CNAs) at the time of the incident. The staff was sleeping at the time of the incident. The facility does not do much to protect the residents in the facility.</p> <p>The facility identified R35 to be alert, oriented to time, place and person per his 4/12/16 MDS with a BIMS score of 15 of 15.</p> <p>On May 19, 2016 at 4:50 PM interviewed E8 in the staff room. E8 stated she was not told about R20 being in R19's room on May 12, 2016 around 5:00 AM until next day. R15 is the one who told her. E8 said she spoke with R19, but she remained normal. Later the next day when the facility became aware from an another facility</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4  staff stating R19 posted the incident on Social Media. E8 said she proceeded to follow the facility protocol for reporting and the Administrator (E1) notified necessary authorities including Local Police Department. E8 said the night shift staff should have watched R20 for his wandering into other resident's rooms. On 5/20/16 at 6:00 am E9, E10 and E11 were interviewed over the telephone. None of these employees working on 5/11/16 were aware how R20 entered R19's room unnoticed by them. All three CNAs stated R20 lives in 'C' hall and not supposed to go to other halls. E10 was assigned to 'C' hall, but he was busy doing blood glucose checks. E11 was assigned to 'D' hall, but he was also doing blood glucose checks. E9 was assigned to 'A' hall, but he also had other assignment in 'E' hall to get up residents for the morning. E9 also said, usually they have four CNAs, but on the day of the incident there were only three CNAs and they had to cover for the fourth CNA. The charge nurse stated she is busy passing medications on the day of the incident, but all staff is responsible for watching the residents and she did not know about the incident until couple days later. The facility December 2015 Resident Council Minutes showed the residents expressed concerns the night shift CNAs are hard to locate. The survey team calculated minimum required staffing ratio. On 5/11/16 and 5/12/16 the facility did not meet minimum staff hours. The minimum staff hours was 2.5 hours, where as the provided on 5/11/16 2.04 hours and on 5/12/16 the facility provided 2.06 hours. R20 's June 2012 admission record showed he is a 52 year old and has diagnoses including Schizoaffective disorder and Bipolar disorder. R20 's March 2016 MDS showed he has BIMS score 9 of 15, which meaning he is alert, but has	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5  memory impairment. R20's March 2016 Risk for abuse assessment showed he has current / history of social inappropriate behaviors including yelling, screaming, repetitive complaints, making false allegations, wandering, and disrobing in public. The assessment also showed R20 has a history / current behavior of physical or threatening physical aggression towards other. R20's March 2016 Aggression and Violence History and Screening Assessment showed he has current / history of self destructive statement / behaviors / threats, has diagnosis of severe mental illness, also has recent / history of aggressive / agitated behaviors including destruction of property, physical altercation with others, fire setting, or other violent acts. R20 also has a history of suicidal ideations. R20's progress notes from November 2015 to May 2016 showed the behaviors including wandering into other rooms (November 19, 2015); hospitalized from November 20, 2015 to November 24, 2015, for his erratic behaviors and found a knife on him; November 27, 2015 found sharp objects; December 21, 2015 aggressive towards staff during room search; January 17, 2016 called 911 for feelings of unsafe in the facility; February 21, 2016 yelled and screamed at roommate and had to be moved to a different room; March 10, 2016 through May 2016 documented changes in his psychological condition, labile mood, disorganized thinking, rambling speech, hallucinations and delusions. R20's 13 pages care plan initiated in August 2013 included problems included Substance Abuse; unsafe smoking; resisting care; self harm threats; severe mental illness; verbal, physical aggression and inappropriate behavior; abuse and neglect; and other medical problems had no interventions to monitor him from wandering into others rooms. There were no interventions to show he was not	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6009872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/20/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WEST CHICAGO TERRACE NH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 JOLIET ROAD WEST CHICAGO, IL 60185</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	Continued From page 6  allowed to wander into other halls other than where he lives. E1 (Administrator), E2 (Director of Nurses), E6 through E11 (all CNAs) stated R20 is allowed to wander into other halls or other residents rooms only, if someone invites him that too after breakfast hours till bed time.  (A)	S9999		
-------	---	-------	--	--

## Imposed Plan of Correction

Name of Facility: West Chicago Terrace NH

Date and Type of Survey: May 20, 2016 / Annual Licensure and Certification and IRI of 5/12/16/IL85632

300.1210b)

300.1210d)6)

300.3240a)

### Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

- 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

### Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

This will be accomplished by :

- I. All residents will be assessed to determine risk for potential abuse and results will be incorporated into individual care plans. All resident will be assessed for inappropriate behaviors. This includes the assessment, care planning, appropriate interventions, and monitoring of residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors. If inappropriate behaviors are noted, interventions will be implemented until the resident no longer exhibits the behavior and/or the appropriateness of the admission can be reviewed for safety to the resident and the safety of others. The physician and family will be notified of the behaviors and the care plan will be updated. All incidents involving

**Attachment B**  
**Imposed Plan of Correction**

resident to resident abuse will be investigated and appropriate measures taken. These actions will include, but are not limited to, the notification of all required entities; a thorough assessment of each involved resident's condition, therapy, placement, and safety measures; and the safety of other residents of the facility.

- II. All policies and procedures related to resident to resident abuse and the facility's responsibility to prevent further potential abuse while investigation is in progress will be evaluated and revised as needed to ensure compliance with Illinois Skilled Nursing and Intermediate Care Facilities Code.
- III. All staff will be in-serviced on policies and procedures pertaining to resident to resident abuse. The in-services will include all staff and will cover, at a minimum, how to recognize resident to resident abuse, how to assess who is at risk for resident to resident abuse, effective interventions to prevent abuse, how to determine and implement appropriate level of supervision when the potential for resident to resident abuse has been identified, and what to do when resident to resident abuse occurs, including reporting requirements.
- IV. Documentation of in-service training, assessments, investigations, policy and procedure review, and related follow up actions will be maintained by facility.
- V. The Administrator and Quality Assurance committee will monitor items I through IV to ensure compliance with this Imposed Plan of Correction.

Completion Date: Within 10 days of this notice.

WestChicagoTerraceNH POC/np/7/6/2016