PRINTED: 09/21/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		ILL6009385	B. WING		0.0	C
	PROVIDER OR SUPPLIER TON HEIGHTS TERRA	American control of the control of t		STREET ADDRESS, CITY, STATE, ZIP 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411		/13/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F 00	00		
	Incident Investigation	on of 7/31/15				
F9999	300.3240	a)3) b)3) c)1)2) 0 d)f) IONS	F999	99		
	Section 300.690 In	cidents and Accidents				
~	any serious incident this Section, "serious	shall notify the Department of t or accident. For purposes of is" means any incident or s physical harm or injury to a		•		
	the Regional Office of reportable incident of incident or accident resident, the facility slaw enforcement pur notify the Regional Courposes of this Seconffice by phone only Department represerphone that the requirement office by phone has unable to contact the notify the Department hotline. The facility summary of each regions incident the summary of each regions.	shall, by fax or phone, notify within 24 hours after each or accident. If a reportable results in the death of a shall, after contacting local rsuant to Section 300.695, Office by phone only. For the ction, "notify the Regional y" means talk with a entative who confirms over the rement to notify the Regional been met. If the facility is a Regional Office, it shall nt's toll-free complaint registry shall send a narrative portable accident or incident within seven days after the		Attachme Statement of Licensu		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ILL6009385		1 ` '	LTIPLE CONSTRUCTION DING	(X3)	(X3) DATE SURVEY COMPLETED C 08/13/2015	
		ILL6009385	B. WING			
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA 160 WEST 10TH STREET CHICAGO HEIGHTS, IL		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE CROSS-REFERENCED	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION E DATE
	These Requirement Evidenced By: Based on observative the facility farevention policy a sexual assault for 2 reviewed for abuse. Findings include: On 8/10/15 at 11:30 to the day room to stated that about a R2 perform oral setthat, " (R2) forced R1 denied perform sexual act on R2. Expolice about this incomplete about this incomplete R1 promised R2 meany money. R1 did sexual act on R2. Expolice about this incomplete R2 meany money. R1 did sexual act on R2. Expolice about this incomplete R2 meany money R1 did sexual act on R2. Expolice about this incomplete R2 meany money R1 did sexual act on R2. Expolice about this incomplete R2 meany money R1 did sexual act on R2. Expolice about this incomplete R2 meany money R1 did sexual act on R2. Expolice about this incomplete R1 police about the singular police about the si	ion, interview and record ailed to follow their abuse and report an allegation of 2 of 5 residents (R1,R2) in the sample of 5. Dam, R1 walked from the room speak with the surveyor. R1 week ago, R2 forced R1 to let x. R1 did not want R2 to do me to let (R2) do it to me. "ing oral sex or any other R1 did not speak with the cident. Dam, R2 sat in the room. R2 spond to questions asked. R2 2 to perform oral sex on R1. oney, but R2 did not receive not perform oral sex or any R2 did not speak with the cident. R2 left the room and floor unescorted. R2 stated no fter the incident, he remained the facility, and was allowed to	F99	999		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		ILL6009385	B. WING		00	C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411		/13/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SECTION SECTION THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	of Public Health (ID line was busy. E2 d staff member to fax allegation on 8/3/15 aware of the allegar On 8/10/15 at 12:38 IDPH is notified immallegation, including On 8/10/15 at 3pm, are in the facility to regarding the sexual Preliminary 24-Hour (Undated) documer was forced to have boy with tattoos ". TR2, and " it appears consensual ", further conducted. The box individual(s) alleged incident have been contact, and will renoreached concerning Transmission Verific 5:41pm, 5:47pm, and fax line to IDPH was 8/3/15 at 10:56am with the facility was awar allegation. There are transmissions in bet Abuse Prevention Provided Initial Reporting of A allegation of abuse, misappropriation of	pPH) on 7/31/15, but the fax lid not want to leave it for a c, so E2 faxed the initial 5, 3 days after the facility was tion of sexual abuse. ppm, E1(Administrator) stated mediately of any abuse a sexual assault allegation. the local police department conduct an investigation al assault between R1 and R2. TAbuse Investigation Report as R1reported to E2 that R1 oral sex with a "little white The accused was identified as the entire incident was the entire incident was the entire incident was the entire incident was the entire incident the removed from resident the incident of the allegation." Fax the allegation. "Fax the allegation. "Fax the allegation and buse the entire incident abuse the allegation. The entire incident property has in the sexual abuse the entire incident property has into the representative and the representative and the representative and the entire incident property has into the representative and the entire incident property has into the representative and the entire incident property has into the representative and the entire incident property has into the entire inc	F99	99		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING	(X3	(X3) DATE SURVEY COMPLETED		
		ILL6009385	B. WING			C 08/13/2015	
	PROVIDER OR SUPPLIER	ACE		STREET ADDRESS, CITY, STATE, ZIP 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411		00/13/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATI	(X5) COMPLETION E DATE	
F9999	immediately by tele Treatment of Sexual assault is an act of conduct or sexual protify IDPH and drathe alleged sexual a fax or phone, notify hours after each repthe facility is unable	phone or fax. al Assault Survivors - Sexual nonconsensual sexual penetration. The facility will aft a descriptive summary of assault. The facility shall, by the Regional Office within 24 portable incident or accident. If a to contact the Regional of the department 's toll-free	F99	99			
	a) For the purp following definitions 3) Sexual abus intentional sexual to exploitation (i.e., use person's sexual grador profit). b) The facility slaw enforcement aur 911 where available 3) Sexual abus member, another rec c) The facility s	se - sexual penetration, buching or fondling, or sexual e of an individual for another tification, arousal, advantage, shall immediately contact local thorities (e.g., telephoning) in the following situations:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		ILL6009385	B. WING			C 08/13/2015
	PROVIDER OR SUPPLIER ON HEIGHTS TERRA	CE		STREET ADDRESS, CITY, STATE, ZIP C 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411	CODE	00/13/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	
	notification, including 1) Ensuring the situations requiring notification; 2) Contacting I situations involving by another resident; These Requirement Evidenced By: Based on observation review the facility far prevention policy and enforcement for an for 2 of 5 residents of the sample of 5. Findings include: On 8/10/15 at 11:30 to the day room to stated that about a will review that, "(R2) forced in R1 denied performing sexual act on R2. R police about this incompany money. R1 did in sexual act on R2. R2 promised R2 mo any money. R1 did in sexual act on R2. R2 police about this incidence about this inciden	e safety of residents in local law enforcement ocal law enforcement in physical abuse of a resident is Were Not Met As on, interview and record iled to follow the abuse of contact local law allegation of sexual assault (R1,R2) reviewed for abuse in week ago, R2 forced R1 to let . R1 did not want R2 to do ne to let (R2) do it to me. " ng oral sex or any other 1 did not speak with the	F99	99		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		ILL6009385	B. WING				C 13/2015
	PROVIDER OR SUPPLIER ON HEIGHTS TERRA	ACE		STREET ADDRESS, CITY, STATE, ZIF 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411			1012010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
	in his own room in walk around the factor walk around the factor of the factor of the oral sex were not called been the oral sex was consensual. There is has notified the police of the oral sex was consensual. There is has notified the police of the police of the police of the sex was forced to the description of the police o	fter the incident, he remained the facility, and was allowed to the facility, and was allowed to cility as usual. Opm, E2(Social Service informed her on 7/31/15 that onto R1. E2 stated the police cause it wasn 't "clear cut" if insensual or not. Opm, E1(Administrator) stated ed immediately of any abuse ga sexual assault allegation. The local police department is duct an investigation regarding allegation between R1 and R2 ce Officer) stated this case will effectives for follow up if officer) stated R1 alleged the by R2, R2 alleged the oral il. The Abuse Investigation Report into R1 reported to E2 that R1 oral sex with a "little white The accused was identified as a he entire incident was are investigation will be a no indication that the facility ce. Trogram -External Reporting-ventorial R2 resident by a staff of the resident by a staff of the resident by a staff	F99				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION ING	(X3) DA	(X3) DATE SURVEY COMPLETED	
		ILL6009385	B. WING		01	C 3/13/2015
	PROVIDER OR SUPPLIER ON HEIGHTS TERRA	CE		STREET ADDRESS, CITY, STATE, Z 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 604	ZIP CODE	J 13/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F9999	Treatment of Sexua assault is an act of conduct or sexual p immediately contact authorities in the fol abuse - sexual pen touching or fondling	al Assault Survivors - Sexual nonconsensual sexual penetration. The facility shall t local law enforcement lowing situations: for sexual petration, intentional sexual petration, or sexual exploitation: or for pesident by a staff member,	F99	99		
	agent who becomes a resident shall also Department. (Section f) Resident as an investigation of a a resident indicates, evidence, that anoth care facility is the peresident's condition evaluated to determ and placement for the safety of that resident	ministrator, employee, or a saware of abuse or neglect of report the matter to the on 3-610 of the Act) perpetrator of abuse. When report of suspected abuse of based upon credible per resident of the long-term expetrator of the abuse, that shall be immediately ine the most suitable therapy he resident, considering the not as well as the safety of employees of the facility.				
	review the facility fail prevention policy and	on, interview and record led to follow their abuse d report an allegation of e department and failed to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		ILL6009385	B. WING			C 09/12	/2015
	PROVIDER OR SUPPLIER	and the second s		STREET ADDRESS, CITY, STATE, 160 WEST 10TH STREET CHICAGO HEIGHTS, IL 604		06/13	12015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD B THE APPROPRI		(X5) COMPLETION DATE
	remove the accuse residents during the residents (R1,R2) is sample of 5. Findings include: On 8/10/15 at 11:30 to the day room to stated that about a R2 perform oral set that, " (R2) forced R1 denied performisexual act on R2. Expolice about this incomplete of the stated R1 forced R2 R1 promised R2 may money. R1 did sexual act on R2. Expolice about this incomplete about the force watched him after this own room in walk around the factor of the same about the factor of the same ab	d from contact with other e investigation for 2 of 5 eviewed for abuse in the Dam, R1 walked from the room speak with the surveyor. R1 week ago, R2 forced R1 to let x. R1 did not want R2 to do me to let (R2) do it to me. " ng oral sex or any other R1 did not speak with the cident. Doam, R2 sat in the room. R2 spond to questions asked. R2 to perform oral sex on R1. Oney, but R2 did not receive not perform oral sex or any R2 did not speak with the cident. R2 left the room and R1 floor unescorted. R2 stated no fer the incident, he remained the facility, and was allowed to	F99				
	behavioral unit for 1 did not go to the uni On 8/10/15 at 12:50	sex. R1 was placed in the -2 days to be monitored. R2 t, R2 remained in the room. pm, E2(Social Service informed her on 7/31/15 that					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	ILL6009385	B. WING		TIPET APPECA OITY OTATE TIP OOR	08/	13/2015
	ON HEIGHTS TERRA	CE		1	STREET ADDRESS, CITY, STATE, ZIP CODE 60 WEST 10TH STREET CHICAGO HEIGHTS, IL 60411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	R2 forced oral sex of and got additional in the room and E2 inson him " since R1 with unit. R2 told E2 that consensual. During additional was done perpetrator of the sepolice were not called cut " if the oral sex attempted to fax the Department of Publibut the fax line was leave it for a staff minitial allegation on 8 was aware of the all On 8/10/15 at 12:35 IDPH is notified immallegation, including During the investigal monitored to keep the accused resident material behavior unit in the state behavior unit in the state behavior unit, but room on the 2nd floor On 8/10/15 at 3pm, are in the facility to compare in the facility to compare was forced to have consensual ", further conducted. The box individual(s) alleged	ge 8 onto R1. E2 kept R1 with her offormation. R2 remained in structed staff to "keep an eye was already in the behavioral at the oral sex with R1 was the investigation, nothing to monitor R2, the alleged exual assault. E2 stated the ed because it wasn 't "clear was consensual or not. E2 initial allegation to the Illinois ic Health (IDPH) on 7/31/15, busy. E2 did not want to ember to fax, so E2 faxed the 8/3/15, 3 days after the facility regation of sexual abuse. Ipm, E1(Administrator) stated nediately of any abuse a sexual assault allegation. It ion, the accused resident is no other residents safe. The ray go to the hospital or to the facility. E1 stated R1 went to the facility. E1 stated R1 went to the R2 remained in the regular for during the investigation. Abuse Investigation Report to R1 sex with a "little white the accused was identified as the entire incident was are investigation will be is checked next to "The to have committed the removed from resident	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	contact, and will represented concerning Transmission Verificular St.41pm, 5:47pm, and fax line to IDPH was 8/3/15 at 10:56am with the facility was awa allegation. There are transmissions in between the facility was awa allegation. There are transmissions in between the facility was awa allegation. There are transmissions in between the fallegedly abused are removed conditions evaluated to determine the farm and the facility as we residents and employ the facility of an allegation of abust an allegation of abust an allegation of abust an allegation of abust an allegation of occurred, the resident IDPH regional office immediately by teleptical facility of a resident resident, or visitor. Treatment of Sexual assault is an act of reconduct or sexual performediately contact authorities in the foll abuse - sexual performediately contact auth	main so until a conclusion is g the allegation. "Fax cation Report 7/31/15 at nd 5:54pm all document the s busy. Fax Transmission on was successful, 3 days after re of the sexual abuse re no additional fax tween the 2 dates. Program - Residents who nother resident will be shall be immediately nine the most suitable therapy, nd placement, considering his at the safety of other payees of the facility. External exporting of Allegations - When se, neglect, mistreatment or resident property has ent's representative and	F99	999		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I .	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	ILL6009385	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	08	8/13/2015	
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MOKIN	ONTILIGITIS TERRA	UL.		CHICAGO HEIGHTS, IL 60411			
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F9999	phone, notify the Re after each reportabl facility is unable to o	ge 10 ault. The facility shall, by fax or egional Office within 24 hours le incident or accident. If the contact the Regional Office, it artment 's toll-free complaint	F99	999			
		(B)					