

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
---	--

(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 Complaint 2194857/IL165850 Facility Reported Incident of 7-9-2021/IL136117 Complaint 2194799/IL135781	S 000		
S9999	Final Observations Licensure Violation: Section 300.610a) Section 300.1210 b) Section 300.1220 b)2) 300.3240 a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
---	--

(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>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect a vulnerable and incapacitated resident (R1) from being sexually abused by a staff member (V5) which required R1 being emergently transferred to local hospital for evaluation and initiation of local police investigation which resulted in the arrest of V5. There were also allegations of sexual harassment (R2) and verbal abuse (R3) against (V5). This failure affected three (R1, R2, and R3) residents reviewed for abuse.</p> <p>Findings include:</p> <p>R1 is a 62 year old female admitted to the facility on 6/2/21 with diagnoses of status post</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
--	--

(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>craniotomy, right sided non-traumatic intracerebral hemorrhage, acute respiratory failure, and obesity.</p> <p>Facility incident report written by V1 (Administrator) dated 7/9/21 includes: "(R1) mental state: alert and oriented x 0 (severe cognitive impairment). On 7/9/21 at approximately 5:40 AM, (V7) nursing supervisor reported to V1 that nurse on duty (V6), believes she observed certified nurses aide (V5) kissing resident with his hand between her legs. Resident unable to be interviewed due to cognition. Full body assessment completed with no signs of injury. Ambulance called for resident transfer to the emergency department for further assessment. Police, husband and physician notified. V5 (Certified Nurse Aide) left the facility when confronted by V6.</p> <p>7/11/21 at 7:45 AM, V6 (RN) stated, "On July 9th around 5:30 AM, during my shift I saw V5 kissing R1. His mouth was on R1's mouth and I saw him fondling her breasts and touching her private parts in between her legs. R1 is totally incapacitated and she periodically opens her eyes and probably has a cognitive level of a 3 or 4-year-old. I immediately called my supervisor (V7) and I was in total shock and I could not even believe this was happening to this poor woman. As soon as V5 saw me, he got up and just ran out of the room."</p> <p>7/11/21 at 8:00 AM, V7 (Night Shift Supervisor) stated, "I'm the night supervisor and was in charge of the facility. That night, I was on duty on the first floor when I got a call from V6 (RN) to come up to the floor right away because there was some sort of commotion on the floor. When I got there, V6 was crying and shaking and I tried</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
--	--

(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>to calm her down so she could tell me what was wrong. She said that when she went back to R1's room to give her her insulin, she saw V5 kissing and putting his hands in between R1's legs through her incontinence brief. We called 911 and the police came; then the ambulance came but they waited for a detective to arrive and then they took her to the emergency room. We were looking for V5 and thought he was probably hiding somewhere in the building so I asked the maintenance man to check the security camera. We saw that he (V5) left the building around 5:36 AM."</p> <p>Ambulance report dated 7/9/21 documents emergency 911 dispatch called to facility at 6:05 AM about a sexual abuse. "Ambulance crew met with law enforcement at nursing home. Crew advised not to make contact with patient until detective arrived on scene. Registered Nurse states that the offender is a staff member. Patient is non-verbal has feeding tube and urinary catheter and is alert and oriented to person only. Police followed crew to emergency room. Police were present upon arrival."</p> <p>Emergency room triage report dated 7/9/21 8:14 AM documents: "Patient presents to emergency room from nursing home for possible sexual assault. Husband states staff saw another staff member kissing and fondling patients breasts and vulva."</p> <p>Upon facility abuse investigation related to R1, it was determined that two other residents had allegations of abuse against V5.</p> <p>7/10/21 at 2:10 PM, V8 (Social Service Director) stated, "I conducted the interviews of interviewable residents that were cared for by V5.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068		
(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 4</p> <p>I interviewed R2 and she stated that V5 said sexual things to her and that he said he "liked thick girls." I also interviewed R3 and she told me that she was scared of V5 and that he yelled and swore at her. R3 said V5 also never came back when she used her call light and waited on the commode for over two hours. V5 also told R3 that he had a 'hot date' one night and couldn't take her to the bathroom because he was in a rush to get to his date." Surveyor asked whether a complete and thorough screening of employees would have helped catch V5 sooner, V8 stated, "I guess but I just do the resident abuse assessments." Per V8, R2 and R3 had not previously reported these allegations against V5 to anyone in the facility.</p> <p>R2 and R3 were not interviewable during the course of this survey.</p> <p>Facility Abuse and Neglect policy (effective May 21, 2021) documents: "It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse. Policy also documents that sexual abuse includes but is not limited to harassment, coercion, disparaging remarks or sexual assault and gives examples that include: implied or actual contact between a caregiver and a resident of sexual nature ...Any sexual behavior or relationship instigated by a staff member with a resident will be viewed as an allegation of sexual abuse, unless there is a pre-existing relationship between the caregiver and the resident prior to admission to the facility ...Sexual abuse also includes non-consensual sexual relationship between residents or a consensual relationship involving a resident/s who wants the sexual relationship but has no cognitive ability to make a consent."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068		
(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 5</p> <p style="text-align: center;">"B"</p> <p>Licensure Violation 2 of 2:</p> <p>300.610a) 300.650 a) 300.650b)2) 300.650f)1) 300.1210b) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.650 Personnel Policies</p> <p>a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the following requirements.</p> <p>b) Employee Records</p> <p>2) Individual personnel files for each employee shall contain date of birth; home address; educational background; experience,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
--	--

(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 6</p> <p>including types and places of employment; date of employment and position employed to fill in this facility; and (if no longer employed in this facility) last date employed and reasons for leaving.</p> <p>f) Orientation and In-Service Training</p> <p>1) All new employees, including student interns, shall complete an orientation program covering, at a minimum, the following: general facility and resident orientation; job orientation, emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety; and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068		
(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 7</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their abuse policy by not thoroughly screening a staff member prior to hiring, and by not verifying employment references per facility protocol. This failure resulted in a staff member found to be sexually abusing one (R1) resident; alleged to have sexually harrassed a resident (R2); and alleged to have been verbally abusive and neglectful by leaving a resident (R3) on the toilet for over two hours. This failure affected three residents (R1, R2, and R3) and had the potential to affect all 127 residents currently residing in the facility as the staff member worked on all units.</p> <p>Findings include:</p> <p>Facility incident report written by V1 (Administrator) dated 7/9/21 documents: "(R1) mental state: alert and oriented x 0 (severe cognitive impairment). On 7/9/21 at approximately 5:40 AM, V7, (Nursing Supervisor) reported to V1 that nurse on duty (V6), believes she observed certified nurse aide (V5) kissing R1, with his hand between her legs. Resident unable to be interviewed due to cognition. Full body assessment completed with no signs of injury. Ambulance called for resident transfer to the emergency department for further assessment. Police, husband and physician notified. Staff member, V5 (CNA) left the facility when confronted by V6.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
--	--

(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 8</p> <p>7/10/21 at 11:45 AM V1 stated, "I was informed by the police that they went and picked up V5 at his home and I think he's still in custody. (V6) saw V5 (CNA)with his mouth on the resident and putting his hand in-between her legs. V5 punched out before leaving the building after this whole thing, and it's unbelievable. V5 has worked for us for about a year and I'm told he's normally on night shifts. We hired him from a job web site and we never had any problems with him. He (V5) was actually a quiet, nice person I was told."</p> <p>7/10/21 at 12:00 PM, V2 (DON) stated, "I got a call from the night shift supervisor (V7) that V6, nurse on duty,saw V5, CNA, with his lips on R1's lips and his fingers in-between her legs. R1 is non-verbal so she cannot scream for help and is pretty much helpless. V5 worked here for about a year and I remember he said he can only do night shifts so that is the shift he works on most of the time. V5 has worked pretty much every unit in this building including the dementia unit." Asked whether V5 was screened before or upon hire, V2 stated, "Human resources does that." Asked what type of screening or orientation she conducts for new hires to determine how they handle residents V2 stated, "I placed V5 directly on the night shift because he said he couldn't work any other shift. I know we do a lot of in-service (training) but looking back now, I should have put him on another shift so we could monitor him more. After this whole incident, I think that is what we will be doing from now on."</p> <p>7/10/21 at 12:20 PM, V4 (Human Resources Director) stated, "I hired V5 about a year ago and we got him from (job hiring website). I interviewed him and he said he could only work night shift because he had a client he was caring for during</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
--	--

(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 CORRECT ION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>the day. I assumed client meant a patient. Normally I would get references from previous employers, but I could not get a hold of any of the ones V5 wrote down on his application. I know we were really in need of staff, especially on night shift, so we hired him. I've been a recruiter prior to my current position so I know that references should be the easiest to contact since it is the applicant that chooses who their references are. There were definite 'red-flags' with V5 because he lived in the city which is so far and takes a very long time on public transportation to get here. There are plenty of nursing homes where V5 lives yet we hired him to work here. Another 'red flag' was when we had to call a (ride-share car) to bring him to work and cost the facility over \$100 just to get him here." When asked whether screening process included obtaining employment history or whether he checks for any patterns of inconsistency, V4 stated, "I did not do any of those, unfortunately."</p> <p>7/10/21 at 1:30 PM, V3 (Regional Director of Operations) stated, "I agree that V5 didn't just develop this (sexual) behavior that one day and I'm sickened that he's been working here for a year. He just got caught. As far as our abuse policy, I know it says that we should try to make attempts to get references from previous employers but it doesn't say we can't hire them." Asked whether her being hired was dependent on confirming her references, V3 stated, "I get your point and especially someone who has direct contact with our residents. This is probably something we need to work on moving forward."</p> <p>7/10/21 at 1:30 PM, V1 (Administrator) commented that their policy only stated to make attempts to call past employers and did not directly say whether to hire them or not. Surveyor</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/12/2021
NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068		
(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 10</p> <p>asked whether confirming her own references were dependent on being hired for her position, V1 stated, "Yes. I agree and see what you mean. We should be consistent. I have reached out to our corporate human resources for more guidance but I haven't heard word yet."</p> <p>7/10/21 at 2:10 PM, V8 (Social Service Director) stated, "I conducted the interviews of interviewable residents that were cared for by V5. I interviewed R2 and she stated that V5 said sexual things to her and that he said he "liked thick girls." I also interviewed R3 and she told me that she was scared of V5 and that he yelled and swore at her. R3 said V5 also never came back when she used her call light and waited on the commode for over two hours. V5 also told R3 that he had a 'hot date' one night and couldn't take her to the bathroom because he was in a rush to get to his date." Surveyor asked whether a complete and thorough screening of employees would have helped catch V5 sooner, V8 stated, "I guess but I just do the resident abuse assessments." Per V8, R2 and R3 had not previously reported these allegations against V5 to anyone in the facility.</p> <p>R2 and R3 were not interviewable during the course of this survey.</p> <p>Facility Abuse and Neglect Policy (dated 5/21/2021) includes: "It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, neglect or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. Have procedures to: Screen potential employees for a history of abuse, neglect, exploitation, misappropriation of property, or</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER AVANTARA PARK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH WESTERN AVENUE PARK RIDGE, IL 60068
--	--

(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 11</p> <p>mistreating residents. This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries.</p> <p>Facility abuse policy did not include specific guidance for reviewing employment history (e.g., dates of employment position or title), particularly where there is a pattern of inconsistency; information from former employers, whether favorable or unfavorable; and/or documentation of status and any disciplinary actions from licensing or registration boards and other registries.</p> <p>Efforts to reach V9 (Medical Director) for interview through V1 and V3 were declined.</p> <p>(No Violation Issued)</p>	S9999		