STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002315	A. BUILDING: _____ B. WING _____	C 06/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

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S 000	Initial Comments 2183849/IL134544	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 300.3240a) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	S9999		

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S9999	Continued From page 2 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) These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident was safe in the environment and failed to provide resident-centered monitoring and supervision for one resident (R2)with Diagnosis of Severe Dementia, known for wandering and confusion out of three residents reviewed for abuse. This failure reulted in R2 wandering, being found in found in a male resident's bed and possibly engaging in sexual activity. Findings include: R2's room and R4's room were located down the hall and not in view from nursing station at the time of the incident. R4 was documented as "sexually active" and known to have history inappropriate sexual behaviors towards staff and female residents. According to incident report dated 5/26/21, R2, 73 year old female was alleged to be sexually assaulted by another resident, male (R4), 61 years old, on 5/26/21 at 7:45pm. R2 was noticed to be missing from her room by V4 (Staff Nurse) After nurse looked in multiple residents rooms for R2, R2 was located in R4's bed. Both residents were undressed. R2 was calm, quiet, as nurse assisted her out of bed and dressed her. V11 (CNA) worked on unit night of 5/26/2021. V11 observed residents in the room, but standing up,	S9999		

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PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

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S9999	Continued From page 3 at the time she arrived. R2 was sent to community hospital ER for evaluation and treatment per doctors order. R4 was discharged to community hospital on 5/27/2021 for evaluation. The facility began an immediate investigation. According to the Investigation report, Staff and Resident interviews were conducted on 5/26/21: V11 (CNA) provided statement indicating she did not see residents in the bed together when she arrived to the room but commented they were "met naked", R2, standing by head of the bed, and R4, at foot of the bed facing the door. V11 stated that before the incident, she was at the nursing station charting while V4 was off the floor , Upon V4's return to the unit, V4 went to check on R2 and discovered she was not in her bed. V11 stated she and V4 began doing room checks and located R2 in R4's room. Note: Times of event are not provided in the written statements. According to the Investigation report, V4 provided statement, "she entered R4's room and observed R4 on top of R2 and coming to a standing position. "R2 was laying on the bed disrobed, calm and quiet. I dressed the resident (R2) and took her from the room. R4 was partially disrobed with only a T-shirt on." "R4 was asked what happened to you?" R4 replied, "She(R2) came into my room I was laying in the bed. She started taking off her clothes. We talked, she said she wanted me." R4 was asked what happened next" R4 replied, "We was about to have sex. I was trying to put a condom on, but the nurse knocked on the door and came in the room." R4 was asked, "What did you have on?" R4 replied, "I had my shirt on, she had her clothes off." R4 was asked, "What happened	S9999		

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S9999	Continued From page 4 next?" R4 replied, "The nurse and the CNA came in the room and took the lady out." R4 was asked, "Did you and R2 have sexual intercourse?" R4 replied, "We did not have sex." R2 was interviewed on 5/26/21, R2 was asked, "How are you doing?" R2 replied, "I am fine." R2 was asked, "Did you go into a man's room?" R2 was silent. R2 was asked, "How did you end up in R4's room?" R2 replied, "I don't know." R2 was asked, "What were you doing?" R2 replied, "talking." R2 was asked, "Who were you talking to? R2 replied, "My son(name) called," R2 was asked, "Did you talk to R4, too?" R2 repeats she talked to her son. R2 was asked, "Did anyone hurt you?" R2 replied, "No, I am fine. Everybody is fine." R2 was asked, "Do you feel safe?" R2 replied, "Yes, I am fine." R2 was asked, "Did anyone touch you? R2 continues to repeat I'm fine and stated "I'll talk to you later." During a phone interview on 6/18/21with surveyor, at 10:20am, V5(Family member of R2) stated, he was shocked, felt extremely guilty and was in emotional pain when he found out that his mother (R2) was sexually assaulted by another resident at the nursing home. He stated that his family members blamed him because he had made the decision to place R2 there. V5 stated he lives in Florida but his 3 other siblings live in Illinois. He stated that the nursing home is far away from where the siblings live and they are not physically capable of visiting R2 due to distance. V5 stated he wants the mother to be in a facility closer to the siblings because they are concerned for her safety. V5 said, "My mother is indigent, has no funds other than Medicaid,	S9999		

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S9999	Continued From page 5	S9999		

Medicare and we can't afford to place her in another home. It would cost money to do that, we don't have the financial means for that. I don't know how to do that, don't know who to talk to about getting her into another nursing home. I'm very worried about my mother's safety. I'm 800 miles away and there is only so much I can do. I have a family here to manage and work a 9 to 5 job. I can't just jump on a plane and fly there to look for a better nursing home for her. My siblings aren't able to do that either but they demand that I do something about it because I'm able to make decisions that they are not capable of making. It's a lot of pressure on me. I don't want my mother in that facility but they told me that the resident that assaulted her was removed from the facility so I agreed that she could return there due to not having another place to go to.

V6(City Police Officer) called on 6-18-21 at 2:37PM, regarding R2 and R4. Left voice message for return call regarding report. V6 did not return call during survey investigation.

According to R2's MDS(Minimum Data Sheet) dated 6/08/21, BIMS(Brief Mental Status Interview) score R2's score is 1 out of 15, indicating very low cognitive function. B. Inattention: Behavior present, Fluctuates (comes and goes, changes in severity); C. Disorganized thinking 2. Behavior present, fluctuates(comes and goes, changes in severity).

Social Services note for R2 dated 5/19/21 at 9:40am, documents R2 BIMS score is 3(very low cognitive function on scale of 00-15). Diagnoses: Bipolar Disorder, Dementia, Aggressive Behavior, Psychosis, Recent history of aggressive behavior and non-compliant with medications. Resident has history of increased agitation and outburst of

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S9999	Continued From page 6 aggression. Resident is alert and oriented to herself with bursts of confusion/forgetfulness. Current Face Sheet for R4 documents: R4 was admitted to facility on 1/09/2020 with diagnoses to include: Paranoid Schizophrenia, Bipolar Disorder, Violent behavior, Inadequate Social Skills, Insomnia, Pain, Fracture of Base of First Metacarpal bone. Need for assistance with personal care. V7 (PRSD/Psychosocial- Rehab Service Director) progress note for R4 dated 04/07/2021 at 2:14pm documents: "1:1 COUNSELING SESSION: It was reported to Social Services that resident(R4) was making inappropriate comments towards female staff. Writer counseled resident in regards to respecting female staff members and maintaining appropriate boundaries with staff. Resident was receptive. At this time, resident is calm, no agitation, no aggression. Social Services will continue to monitor and update the residents progress." V7 progress note dated 5/10/21 at 1:18 pm for R4 documents: "PRSD spoke with resident in regard to engaging in consensual sexual behavior. Writer conducted "Resident Sexuality Assessment." Residents BIMS score is currently 15 (on scale of 00-15) high cognitive function. Writer educated resident in engaging in consensual sexual behavior, utilizing condoms, practicing safe sex, identifying potential STD's and what to do if he discovers he has a sexual transmitted disease. Resident was receptive. Writer notified resident he can receive condoms from the Social Services office. Social Services will continue to monitor and update resident's progress."	S9999		

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S9999	Continued From page 7 V7 progress notes dated 5/25/21 at documents: "Resident(R4) was previously assessed for the "Colbert Decree Transition Program. Resident received a NOT RECOMMENDED for program. The determination was made by a qualified professional of the Comprehensive Program. It is recommended that resident work on maintaining appropriate personal and sexual boundaries with staff and peers, improve management of personal care and hygiene and increase awareness and understanding of the impact of symptoms on interaction and communication with staff and peers. Resident is aware of goals set out for him by the program. Resident will be re-evaluated in 6 months. Social Services will continue to monitor and update the resident's progress." On 6-19-21 at 1:15pm, R2 was resting in bed. R2 agreed to talk with surveyor. R2 stated she felt safe here. When asked about sexual assault, R2 replied, "I changed my mind." Resident motioned that she did not want to talk about the incident. R2 began suddenly taking off her top as she sat on her bed. At this time, V10(CNA) entered the room and immediately began redirecting R2 and putting on her top. V10 said, "She is confused, very quiet. I don't know anything about her (R2) being sexually assaulted. I was off from work. They said it happened on the 3-11pm shift, not too long ago. The other resident(R4) is no longer here." Behavioral Care Plan initiated on 2/15/2021, updated on 6/19/21 for R2: documents impart: Resident displays behavioral symptoms related to: Severe mental illness, Dementia of Alzheimer's type or other dementia. Resident with tendency to undress herself. Interventions: Staff to redirect resident to put on her clothes and offer	S9999		

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PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

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S9999	Continued From page 8	S9999		

her assistance. Intervene when any inappropriate behavior is observed. Communicate that the resident is responsible for exercising control over impulses & behavior(social skills training). Refer resident to consulting psychiatrist for a psychiatric evaluation, as warranted.

On 6/19/21 at 3:00pm, V2(Assistant Administrator) stated that V4 and V11 were not working and provided their phone numbers. Surveyor attempted to conduct phone Interview with V4 and V11 at approximately 3:25pm regarding incident, left voice message with V4 and V11 but they failed to return call. V2 made a call to both V4 and V11 but they did not answer or return calls.

According to R2's current Face Sheet, resident is 72 year old female initially admitted to Nursing facility on 02/14/21 from community hospital with diagnoses: Bipolar Disorder, Dementia without behavioral disturbances, DM, COPD, HTN, CHF/Heart Disease, History of "COVID-19, Aphasia. Nurses admission noted dated 02/14/21 documents, resident was in hospital for acute psychosis and aggressive behaviors." From 02/15/21 to 06/18/21, it is frequently document in nurse's notes, "Resident required constant redirection supervision; Resident alert and oriented 1-2 with period of confusion and forgetfulness.

V4 Nurse notes dated 5/27/2021 at 00:05(midnight) documents, "Resident(R2) observed in male resident's(R4) bed, disrobed with male resident on top of her. Resident (R2) is alert and oriented x1 and unable to give consent. Residents were separated immediately and both placed on 1:1 supervision. Documents vital signs stable. Doctor, DON and Family member

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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PARK VIEW REHAB CENTER	5888 NORTH RIDGE CHICAGO, IL 60660

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S9999	Continued From page 9	S9999		

notified. City police notified and police report completed. Doctor gave order to send resident to ER for evaluation for this incident and fall incident.

R2's Hospital records dated 5/27/2021 admitting diagnoses to include: Contusion of Left wrist; Urinary Tract Infection without hematuria; PVD(Peripheral Vascular Disease) DM, HTN, History of open heart surgery. Impaired ADL's and self-care. Diagnoses: Bipolar Disorder, Congestive Cardiac Failure, COPD, Coronary Artery Disease, COVID-19, High cholesterol, Uncomplicated senile dementia.

R2's Hospital History and Physical(H&P) notes dated 5/27/21 documents impart: Resident is a 73 y/o female with a past medical history of significant dementia(baseline only oriented to name) who was admitted on 5/27/21 after a witnessed incident at her residence nursing home and subsequent concern for sexual assault. She complained of pain but the staff placed her in her bed. They went to check on her 15 minutes later and found her in with another male resident with no pants,on top of her while she was laying fully nude on her back. The male resident immediately jumped off of her. Resident remained calmly on the bed and had no complaints after the incident. Her son, is her medical decision maker, and is requesting a full rape kit.

Hospital H&P(History and Physical) dated 5/27/21 documents R2 vital signs were stable. When asked why the patient is in the ED she expressed that she does not know why. When asked if anybody tried to hurt her tonight she said, "No, not that I know of." HIV was non-reactive and UA significant for glucose greater than 500, 3-5

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S9999	Continued From page 10	S9999		

erythrocytes, and 11-25 leukocytes. She was given 1000mg PO azithromycin and 500mg IM and Ceftriaxone for GC prophylaxis. As well as, 2000mg Metronidazole for trichamonas prophylaxis.

Hospital POS(Physician orders, documents R2's medication includes: Haldol 5 mg/IM injection once; Olanzapine(Zyprexa) 10mg prn for agitation-5/27/21; Olanzapine 7.5mg nightly p.o.; Divalproex(Depakote) 500mg 3 times daily-oral for start 5/27/21; Detrose injection 12.5mg as needed for Hypoglycemia; Heparin.(Lovenox) 40mg subcutaneous abdomen at 1700 5/27/21; Insulin glargine(Lantus) injection 32 units subcataneously nightly-2100; Azithromycin(Zithromax) 1,000 mg once p.o. sexually transmitted infection. Ceftriaxone (Rocephin) 500mg lidocine HCL(Xylocaine) 1% for IM(intramuscular Injection) once.-5/27/21-inidication: Sexually transmitted Infection. Ceftriaxone(Rocephin) once IV; give slow IV push over 2 to 5 minutes. Metronidazole(Flagyl) tablet 2,000 mg once p.o.

Nurses note dated 5/28/21 at 15:29(3:29pm) documents, "R2 readmitted from community hospital after sexual encounter with male per DX UTI abt(antibiotic treatment) Keflex 500mg po twice daily. Nurses notes dated 5/28/21 at 21:59(9:59pm) R2 redirected as needed from entering other rooms by staff. Will continue to monitor. Call light within reach.

On 6/19/21 at approximately 4:00pm,V2 (DON) stated that the hospital told her that the rape kit was performed on R2 but results will not come back for months.

At 5:00pm, V2 said, "Every shift there's four CNA

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S9999	Continued From page 11 s scheduled and one Nurse. They are to do rounds every two hours but I tell them to do rounds every hour to make sure residents are safe and for fall precautions." Supervision and Safety Policy dated 3/15 documents in part: Our facility-oriented approach to safety addresses risks for groups of residents such as wanderers, behaviors, aggressiveness, confusion, etc. Safety risks and environmental hazard are identified on an ongoing basis through employee training conducted upon hire, annually and as needed. Staff will use various resources to identify resident risk factors. Resident supervision is a core component to resident safety. The type and frequency of supervision is determined by the individual resident assessment needs. Staff to intervene immediately whenever an unfavorable event between residents, staff or visitors is noticed. Staff to decrease safety risk factors as much as possible. Staff to make visual rounds on residents minimally every two hours and more often if necessary based on resident's assessment needs. "A"	S9999		