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September 2, 2021

Abraham Gutnicki, Registered Agent
River View Rehab Center, LLC
4711 Golf Rd, Ste 200
Skokie, Illinois 60076

RE: Complaint #: IL134661
Survey Date: 06/16/21
Docket # 21-C0526
Violation Type: B Violation with fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as River View Rehab Center.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Becky S. Dragoo, MSN, RN
Deputy Director – Office of Health Care Regulation
Illinois Department of Public Health

Enclosure

cc: Administrator
File

River View Rehab Center/06/16/21//RegAgent/S. Hobson

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)
STATE OF ILLINOIS,) Docket No. NH21-C0526
Complainant,)
v.)
RIVER VIEW REHAB CENTER, LLC,)
D/B/A, RIVER VIEW REHAB CENTER,)
Respondent.)

**NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED;
NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF
VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING**

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation conducted by the Department on 06/16/21, at River View Rehab Center, 50 North Jane, Elgin, Illinois 60123. On 08/25/21, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.

- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$ 2,200.00, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1220b)2), 300.3240a), and 300.3240e). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.3240a), and 300.3240e).

Fine = \$2,200

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Attn: Scott Hobson
Illinois Department of Public Health
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Scott Hobson, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Becky S. Dragoo, MSN, RN
Deputy Director – Office of Health Care Regulation
Illinois Department of Public Health

Dated this 2 day of September, 2021.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)
STATE OF ILLINOIS) Docket No. NH 21-C0526
Complainant,)
v.)
RIVER VIEW REHAB CENTER, LLC,)
D/B/A, RIVER VIEW REHAB CENTER,)
Respondent.)

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Abraham Gutnicki
Licensee Info: River View Rehab Center, LLC
Address: 4711 Golf Rd, Ste 200
Skokie, Illinois 60076

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
2 day of September, 2021.



Scott Hobson
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/16/2021
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NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123
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(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 2173915/IL134661	S 000		
S9999	Final Observations Statement of Licensure Violation: Section 300.610a) Section 300.1210 b) Section 300.1220 b)2) 300.3240 a) 300.3240e) 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	S9999		

Attachment A
Statement of Licensure Violations

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

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S9999	<p>Continued From page 1</p> <p>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 300.1220 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>e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>review, the facility failed to protect a resident from mental abuse when an unauthorized video of R3 was posted to social media by staff members. Using the "reasonable person concept," this failure resulted in mental abuse to R3 due to the demeaning and humiliating nature of the video.</p> <p>This applies to 1 of 3 residents (R3) reviewed for abuse in a sample of 25.</p> <p>The findings include:</p> <p>R3's Electronic Health Record (EHR) showed R3's diagnoses include traumatic hemorrhage of cerebrum, Alzheimer's disease, encephalopathy, and depressive episodes. R3's MDS (Minimum Data Set) dated 5/19/2021 showed she was severely, cognitively impaired. The same MDS showed R3 needs extensive assistance from staff for her activities of daily living, such as eating, dressing, and moving in bed.</p> <p>On 06/14/2021 at 1:10 PM, V20 (Psychosocial Rehab Services Coordinator/PRSC) stated he was R3's social services coordinator. V20 said R3 has dementia, has a lot of hallucinations, was hard to redirect, and was very confused. V20 said the most lucid response he has heard from R3 was when she said "thank you" after she was complimented. V20 said R3 usually only makes comments that are totally unrelated to what anyone was talking about.</p> <p>On 06/08/2021 at 5:15 PM, R3 was sitting in a wheelchair near the nurse's station. A staff member was sitting next to R3, reminding her to sit down. R3 appeared confused and spoke words that were out of context for the situation.</p> <p>On 06/09/2021 at 3:56 PM, R3 was sitting at nursing station with V15, (Certified Nursing</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Assistant/CNA), sitting next to her. R3 did not respond to the surveyor when she said hello or asked her how she was doing. R3 looked away, in a different direction.</p> <p>On 06/10/2021 at 9:32 AM, V16 RN (Registered Nurse from Agency) stated that after completing medication pass on the evening of 04/24/2021, she had seen a video of R3 on a social media site that had been posted by V15 (CNA). V16 said she immediately recorded the video and showed it to V14 (PRSC). On 06/09/2021 at 4:06 PM, V14 (PRSC) said she saw the video of R3 and contacted R3's family members. V14 stated R3's family was disappointed and discouraged and hoped those CNAs would not take care of R3 any longer.</p> <p>The video was viewed by the surveyor. The video showed V13 (CNA) holding up R3's left arm with her (V13's) own right arm. R3 was in bed, wearing a hospital gown. V13 held R3's left hand up in the air and manually "jiggled" the loose skin and tissue on the back of R3's upper arm with V13's hand. V13 then let go of the back of R3's upper arm, then swung R3's arm back and forth so R3's skin and tissue were seen swinging back and forth. A caption was included below the video that read "Don't leave your family members with her, she plays with their skin,". The caption was followed by three "emojis" (two loudly crying face emoji and a hand emoji). An emoji is a pictogram used in electronic messages to depict an emotion.</p> <p>According to Dictionary.com and Urban Dictionary, the Loudly Crying Face emoji, indicates laughter and can mean to be laughing extremely hard over something. The emojis are used to indicate a joke.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 06/09/2021 at 3:03 PM, V13 (CNA) said she went to help V15 (CNA) because sometimes R3 will become aggressive and grab the staff members arms. V13 said R3 was talking about her appearance saying, "How did I get so old?" and was playing with the skin on her arm. V13 said they (V13 and V15) were joking around with R3. V13 gave R3 kisses on the arm while V15 took a video, posting it to (social media site). V13 said one of the nurses had seen it and had showed the video to V3 (Psych/Rehab Social Services Director/PRSD).</p> <p>On 06/09/2021 at 4:51 PM, V3 (Psychosocial Rehab Services Director) stated V16 (Agency RN) reported that V13 (CNA) and V15 (CNA) were inappropriate with the R3 on 04/24/2021. When describing the video, V3 stated "It was just the resident's arm. Nobody has the video, it disappeared." V3 stated she saw the video the night it was posted and R3's son and daughter-in-law were notified. V3 stated "They were upset, they wanted to know what was going to be done, and if the CNAs were going to be disciplined." V3 said the facility does have a social media policy separate from the abuse prevention policy. V3 was unsure what the social media policy said, but staff members are not supposed to be using their phones in the facility. V3 said "The video did not have anything to identify the resident or the facility. It was just an arm."</p> <p>On 06/09/2021 at 5:17 PM, V1 (Administrator) and V2 (Director of Nursing/DON) stated they had received the video of R3 with V13 (CNA) and V15 (CNA). V1 and V2 said they knew it was R3 because the CNAs admitted it was R3, but R3's face was not in the video. R3 would be</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>unidentifiable</p> <p>On 06/14/2021 at 11:09 AM, V24 (Medical Doctor/MD, Medical Director) stated she was unaware of the incident of a video being posted to social media involving R3. V24 said "That is not right." V24 stated she would expect the facility to take action against the CNAs right away. V24 said "It is the patient's right to privacy, to not have a video. There is no excuse for that. Even if the person is not alert. They are not allowed to do that. They should not be doing that." At 11:57 AM, V24 said "This is unforgiveable. I am feeling very terrible about this. What if this was me or my family member, I would want action taken right away. Or if it happened to one of their family members?"</p> <p>On 06/15/2021 at 5:02 PM, V2 (DON) stated she didn't know why the Allegation of Abuse report did not mention R3 had a video recorded and posted to social media. When asked if it was her or her family member would V2 be ok with someone videotaping them in this manner and posting it to social media. V2 said "No, I would not be ok with it."</p> <p>On 06/16/2021 at 3:54 PM, V1 (Administrator) said he did not have an answer to why the Allegation of Abuse Report sent to IDPH did not mention there was a video taken and posted to social media. V1 said he had asked them to delete the video right away. The facility did an internal investigation. V1 did not feel the CNAs should be recording any residents. V1 stated he didn't know how he would react and couldn't say how he would feel if it happened to himself or a family member.</p> <p>On 06/10/2021 at 7:07 PM, V18 (Police Officer)</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 6</p> <p>said he was notified by the staff at the facility regarding a video of a resident and CNA posted to social media. V18 said he spoke with R3's daughter-in-law who was upset and had wanted a full investigation.</p> <p>The initial and final Incident Investigation Report Form for an Allegation of Abuse sent to Illinois Department of Public Health (IDPH), completed by V3 (PRSD), did not mention R3 had been videotaped and the videotaped to social media. The facility found the Abuse Allegation to be unsubstantiated.</p> <p>The facility's undated Abuse Prevention Program-Facility Policy described mental abuse as "includes, but is not limited to, humiliation, harassment or offensive physical contact ...". The policy does not address protecting resident privacy or prohibiting mental abuse related to photographs and audio/video recording posted to social media sites by facility staff.</p> <p>The facility's undated Social Media Policy show "...although not an exclusive list, some specific examples of prohibited social media ... include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing ...". The policy further showed "Employees are not to publish, post or release any information that is considered confidential or not public ... Employee personal phones cannot be used to take resident photos or any photos of the patient care area ...".</p> <p>(B)</p>	S9999		

FAC. NAME: RIVER VIEW REHAB CENTER

COMPLAINT #: 0134661

LIC. ID #: 0052795

DATE COMPLAINT RECEIVED: 06/07/21 15:09:00

IDPH Code	Allegation Summary	Determination
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101	PHYSICAL ABUSE	<u>1</u>

X The facility has committed violations as indicated in the attached*
 _____ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

-
- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
 - 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
 - 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

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7020 1290 0001 0565 6899

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Registered Agent
 Sent To River View Rehab Center, LLC
 Street a 4711 Golf Rd, Ste 200
 City, St Skokie, IL 60076

PS Form 3800, April 2015 PSN 7530-02-000-9047 SEE REVERSE FOR INSTRUCTIONS

6699 5950 0001 0565 6899
7020 1290 0001 0565 6899

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Administrator
 Sent To River View Rehab Center
 Street a 50 North Jane
 City, St Elgin, IL 60123

PS Form 3800, April 2015 PSN 7530-02-000-9047 SEE REVERSE FOR INSTRUCTIONS