Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6004758 02/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **50 NORTH JANE** RIVER VIEW REHAB CENTER **ELGIN, IL 60123** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2270330/IL142393 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.3210t) 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect a resident from abuse perpetrated by a facility staff member. As a result of this failure, R1 was exposed to abusive behaviors from V4 (PRSC - Psychiatric Rehabilitation Services Coordinator). Attachment A Statement of Licensure Violations This applies to 1 of 3 residents (R1) who were

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| | reviewed for abuse in the sample of 8. | | | | | |
| | | ailure, R1 was exposed to from V4 (PRSC - Psychiatric ces Coordinator). | | | | |
| | were notified of the V1 was provided wi the failures. The suand record review to 1/31/22, but non-co Two because additi | and V2 (Director of Nursing) IJ on 1/31/22 at 10:38 AM. th the IJ Template outlining urveyor confirmed by interview hat IJ was removed on impliance remains at Level onal time is needed to nentation and effectiveness of | | | | |
| | The findings include | e: | | | ! | |
| | admitted to the facil old, and her diagno- cirrhosis of the liver encephalopathy, alc alcohol-induced per | 1/14/22, shows R1 was lity on 5/21/21, was 43 years ses included alcoholic with ascites, Wernicke's cohol dependence with sisting amnestic disorder, intoxication, and anxiety. | | | | |
| | stated she had sign memory and, for the facility and her freed facility is significantl exam showed R1 had | te, dated 12/14/21, shows R1 ificant difficulty with short term at reason, is kept safe by the dom of movement outside the y restricted. The psychology ad marginal judgement, ontrol, and impaired insight. | | | | II |
| | "Resident continues memory impairment confuses how long s stating clothing is m | dated 9/14/21, shows to have cognitive and ts. Resident oftentimes she has been at the facility, issing even though it is in her ons of why she is here and | | | | |

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| | | | A. BUILDING: | | | | |
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| PREFIX (EACH D | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC | BE COMPLETE | | |
| because she told V6 that the building kissed R1 of under V4's (Administratim mediated) the prior data facility. V6 was conserded not wan Officer told there was roon 1/21/22 surveillance V14 (Psych PRSD), the (dated 1/6/2 - At 7:37 Phappeared in outside the door of the cigarette and by placing the back of her the front of nose in R1's hand. Occasion R1, and in his pocked hug. -At 7:40 PM R1 from bet and began to other. V4 bet to kiss R1 o | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 because she was on smoking restrictions. R1 told V6 that V4 would take R1 to the North side of the building. V6 stated R1 reported V4 also kissed R1 during online classes she attended under V4's supervision. V6 stated she told V1 (Administrator) and V3 (Assistant Administrator) immediately. V6 stated a Police Officer arrived the prior day to retrieve video footage from the facility. V6 also stated R1 told V6 the relationship was consensual and R1 informed the police she did not want to press charges. V6 stated the Officer told V6 the actions were not criminal and there was nothing the police could do. On 1/21/22 at 11:48 AM during facility video surveillance review with V1 (Administrator) and V14 (Psychiatric Rehabilitation Services Director, PRSD), the facility video footage from Camera 9 (dated 1/6/22) showed the following: - At 7:37 PM-7:40 PM, R1 and V4 (PRSC) appeared in view of the facility camera located outside the building and above the Northeast exit door of the building. R1 began to smoke a cigarette and V4 began hugging R1 from behind by placing the front of his body up against R1's back of her body while placing V4's arms around the front of R1's body. V4 occasionally placed his nose in R1's hair and stroked R1's hair with his hand. Occasionally, V4 briefly loosened his grip on R1, and once stepped away placing his hands in his pocket, however quickly reconnected in a | | \$9999 | DEFICIENC | | | |

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