STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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 Investigation of Facilty Reported Incident of April, 24 2022/IL146733	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210c) 300.1220b)3) 300.3210t) 300.3240f) 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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 1 and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 2 misappropriation of property. Section 300.3240 Abuse and Neglect f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to supervise R1, a male resident with known history of sexually inappropriate behaviors. The facility also failed to develop and implement a comprehensive care plan with specific interventions and instructions regarding 1:1 monitoring to prevent R1 from touching and fondling female residents' breasts who were unable to give consent due to cognitive impairment after an incident involving R6 and R7 on August 29, 2021. R1 was noted with another incident on October 26, 2021, involving R5. The final incident was on April 24, 2022, when R1 was left unsupervised and touched R4's breast. This applies to 4 of 4 residents (R4, R5, R6 and R7) who were severely cognitively impaired female residents who were unable to give consent and were touched by R1 in a sexual manner.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 3 The findings include: The EHR (Electronic Health Record) shows R1, a 78-year-old, was originally admitted to the facility on 12/12/2020. R1's diagnoses included TBI (Traumatic Brain Injury), dementia, BPH (benign prostatic hypertrophy), history of Covid-19, DM2 (diabetes mellitus type 2), ETOH (alcohol abuse) and nicotine dependence. The admission medical provider notes dated 1/12/2021 show that R1 was admitted to facility from hospital on 11/2/2021 due to covid-19 and altered mental status. The notes showed that R1's CT (Computerized Tomography) of head was done at the hospital and result was negative. R1 was ultimately transferred to facility for rehab services. During the examination from the provider, R1 had reported he was okay and stated that he likes being in the facility because "everything is done for him". The medical provider noted that R1 was poorly motivated with therapy treatment and likes staying in bed. The notes show that R1 is a current smoker, with history of alcohol abuse, and was alert and oriented times three. The assessment/plan made for R1 was to monitor him for his mood and behavior. The SW (Social Worker) notes dated 4/14/2021, show R1 had secondary diagnosis which can affect his cognition or mood state related to unspecified dementia without behavioral disturbances and nicotine dependence. The SW assessed R1 on 4/9/2021 for BIMS (Brief Interview Mental Status) and PHQ-9 (Patient Health Questionnaire-9-Mental Disorders Screening). The assessments show that R1 was alert and oriented x 3 and able to make his needs known. R1's BIMS score was 15 out of 15 indicating he is cognitively intact. The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 4 assessment also shows that R1's hearing was adequate, and he can understand as well as make himself understood. R1's PHQ-9 score was a 12 out of 27 indicating moderate depression. (Total scores of 5,10,15 and 20 represent cut points for mild, moderate, moderately severe, and severe depression). It was also in the notes that R1 reported little interest in activities and indicated he prefers to schedule his own leisure time. R1 had reported feeling down at times, having trouble with sleep, and added he naps frequently throughout the day. The medical provider notes dated April 16 and 29 of 2021, May 6, 19 of 2021, August 11, 18, 25 of 2021, October 12, 2021, show R1 was alert and oriented times 3 spheres. The EHR (Electronic Health Record) shows multiple occurrences of R1's outburst of negative behavior that includes physical altercation and sexual altercation that were explicit in nature. The documentation as described below, and interviews held showed R1's inappropriate behavior: 1. The medical provider notes dated 5/5/2021 show that R1 had an altercation with another resident. The notes show that R1 hit a female resident. It also shows that when R1 was asked by the medical provider the reason of this altercation R1 responded "I do not like her." 2. R1 had physical altercation with a female resident on 6/11/2021 as documented on: - The General Progress notes dated 6/11/2021 at around 9:20 A.M., the nurse had heard a resident screaming in the dining area close to the courtyard. There were other nurses who also came because of someone screaming from this	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 5 location. Upon investigation, R10 (a female resident) stated that R1 had grabbed her arm and caused scratches on her right arm. - The medical provider notes dated 6/11/2021 showed that R1 grabbed a female resident's right arm because the female resident had kicked R1 while going outside to smoke. R1 had long nails and this caused scratch marks on the female resident's arm. 3. The SW notes dated 8/31/2021 show SW talked to R1 regarding an occurrence from 8/30/2021 before the police were involved. The facility's incident report dated 8/30/2021 shows R10 (female resident) reported to the abuse coordinator (V1, Administrator) an incident that occurred on 8/29/2021 which occurred in the morning and again in the afternoon. The report states R10 reported R1 was inappropriately touching a female residents' breasts. The report states R10 reported that V19, (CNA/Certified Nurse Assistant) stated that V17 (CNA) had witnessed R1 touched R7's breast. The report states V19 saw R1 touch R6's arm, then touch R6's shoulder area/chest area. This report shows that R10 yelled at R1 and said, "Remove your arm from her (R6)!" The facility investigated this sexual abuse allegation. However, the facility found it unsubstantiated. The conclusion from the facility was that R1's BIMS score was 15; that R1 was alert and oriented; that R1 denied he touched R6 and R7's breasts and that R6 and R7 had not reported any abuse. The MDS (Minimum Data Set) dated 7/6/2021 shows R6's BIMS score of 4/15; and MDS dated 10/6/2021 BIMS score was 5/15 in which means R6's cognition was severely impaired. The MDS dated 9/6/2021 shows R7's BIMS score of 8/15, which means moderately impaired for cognition.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 6 Observation on 5/9/2022 at 2:45 P.M., R6 was sitting in her wheelchair. R6 was in the dining room. R6 was not verbally responsive and was mumbling incomprehensible words. Review of record shows R7 was transferred to the hospital on 11/3/2021. R7 was not observed during the survey as R7 had expired. On 5/10/2022 at 4:10 P.M., V6 (Registered Nurse) said that R1 had episodes of touching female resident's breasts, staff's breasts, and rear ends prior to the incident of 8/29/2021 with R6 and R7. V6 said she had not seen R1 touch female residents, however, it was reported to her that R1 displayed inappropriate behavior at times. V6 said that routine monitoring/observation (every 2 hours) of R1's behavior was in place. V6 said "it was inappropriate to touch others, especially those residents (R6 and R7) who were not able to give their consents." V6 said, "though R1 was occasionally forgetful, (R1) was alert enough to know what was going on, he knows the place, time events and especially the time for smoking period. (R1) would remind staff that it is smoking period/time." On 5/10/2022 at 11:04 A.M., V17 said R1 has a behavior of touching female residents' breasts, female staff's breasts and rear ends and "all of it was inappropriate." V17 said she saw R1 inappropriately touch R6's and R7's breast on 8/29/2022, and that R1 had stroked, caressed, and fondled their breasts. V17 said it happened twice the same day (8/29/22), once in the morning and once in the afternoon. "It was not appropriate at all, and I don't want that happening to me or any other female, especially elderly who cannot give their consent. (R1) actions were	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 7 sexually motivated and were inappropriate. (R1) was coherent enough to know what he was doing." On 5/10/2022 at 4:30 P.M., R10 said she saw R1 touch female residents' breast. R10 said she does not remember the residents' name. R10 also said "I felt it was very inappropriate, so I yelled at him (R1) to stop. I don't want (R1) doing that to me or to any other resident. He is a dirty old man. I reported (R1) to the administrator." The physician progress notes dated 9/19/2021 show R1 had no complaints. The notes show R1's neurological assessment was grossly intact and psychiatric evaluation showed R1's affect was flat. The plan of care was to continue with same medication (Namenda) and monitor behavior. It was noted that physician documented "dementia without behavior." There was no evaluation assessment /revised plan of care that addressed R1's inappropriate sexual behavior. The psychiatric nurse practitioner's evaluation report dated 9/23/2021 shows R1 was alert and oriented times three spheres, with poor boundaries and grabbing females inappropriately. The notes show the psychiatric nurse practitioner had discussed this behavior with R1 and that R1 was educated on respecting people's personal space and expected social norms. The assessment shows R1's insight was fair and abstract reasoning was intact. 4. The SW (Social Worker) Behavior Notes dated 9/29/2021 show R1 has been observed talking with a female resident and they appear to have started a romantic relationship. The notes show that R1 had been observed holding the hand of the female resident and fixing her coat at times.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 8 The SW explained to R1 that R1 may have female friends; however, he needs to refrain from touching them. The notes show that R1 had verbalized understanding and was able to track what was being talked about. 5. The General Progress Report dated 10/26/2021 shows that R1 was observed touching a cognitively impaired female resident (R5). The Attending Physician was informed, psychiatric evaluation was ordered. The facility's incident report dated 10/26/2021 at 10:21 A.M., shows V15 (Activity Director) saw R1 place his hands on top of R5's hands and was moving R5's hands towards R5's breasts. The report shows that R5 was sitting in her wheelchair in the dining room when this happened. The report shows that R5 is cognitively impaired. The MDS (Minimum Data Set) dated 11/11/2021 and 12/01/2021 shows that R5's cognition is severely impaired. On 5/9/2022 at 11:45AM, R5 was observed sitting in her wheelchair in the dining room. R5 was not able to verbalize, had a flat affect and only stared. Review of record shows that on 10/26/2021, the social worker met with R1 regarding report of inappropriate boundaries with peer. R1 was placed on 1:1 for on-going monitoring and the local police department was involved. R1 was sent to the hospital for evaluation on 10/26/2021 and returned to the facility on 11/7/2021. R1 was placed on 1:1 care. R1 was described as alert and oriented times 2, and able to follow directions. 6. The psychiatry nurse practitioner notes dated 11/11/2021 show that V3 (ADON/ Assistant Director of Nursing) reported to the psychiatric	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 9 nurse practitioner that R1 continues to exhibit inappropriate behavior despite recent inpatient hospitalization. The notes show that on 11/8/21, R1 attempted to grab the breast of a nursing staff. The social worker notes dated 11/20/2021, document that SW spoke with R1 and his daughter, regarding the continuous exhibition of sexually inappropriate behavior including inappropriate touching. The progress notes show that on 12/3/2021 R1 attempted to grab CNA's chest during care. The CNA pulled back and informed R1 that behavior is not acceptable. This behavior was reported immediately to V1, who gave instruction to file a report with police department. The psychiatry nurse practitioner notes dated 12/12/2021, show R1 was exhibiting inappropriate sexual behavior. The notes show R1 was alert and oriented times two and the plan of care was discussed with the nurse on duty and V3. The notes document the plan was to continue to monitor R1 and to communicate any further inappropriate behaviors. The general progress notes dated 1/19/2022 show R1's daughter was notified of R1's inappropriately touching a CNA's breast with his hand. The notes show that police were notified. The Behavior Notes dated 4/20/2022 show at approximately 09:30 on 4/16/22, the NOD (Nurse on Duty) witnessed R1 reach out and grab a CNA's rear end. The CNA was standing by wound treatment cart at the time. R1 was being pushed back to room by his assigned 1:1 monitoring aid at the time. 8. The General Progress notes dated 4/24/2022,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 10 show around 11:30 A.M., R8 (female resident) witnessed R1 inappropriately touch R4 (female resident) while in the dining room. The notes show R8 reported this to V4 (CNA), who then reported to the Administrator. The notes show R1 was sent to the hospital for psychiatric evaluation with an involuntary petition for admission to the hospital. The incident report dated 4/24/2022, shows on 4/24/2022 at approximately 12:10 PM, V4 notified the abuse coordinator that R8 informed V4 that R8 saw R1 touch R4's breast. The police were notified. Review of this facility's investigation shows that R1 had a BIMS of 9 (moderately impaired for cognition) is "aware and oriented." Review of the investigation shows this incident was substantiated for sexual abuse. The Police Report dated 4/24/2022 shows the facility's social worker had called police department on 4/24/2022 at 1:02 PM to report "battery between 2 residents identified as (R1 and R4)." The report shows R8, as a witness, was the only resident interviewed. The report shows R8 reported to the police that there were no staff around when R8 saw R1 "fondling (R4's) breast repeatedly." Per report, the social worker informed the police that R1 and R4 both have "severe dementia." The social worker had no answer when the police asked why R1 was left alone unsupervised. It was documented on the police report that the social worker had informed the police that R1 had "numerous problems battering, fondling female peers' breast and female staff." Further review of the report shows the facility is "currently contacting (R1 and R4's) family and all they wanted from us (police) was to document the incident. There was no further action."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 11 R4 was observed on 5/9/2022 at 12:10 PM in the dining room. R4 was noted not to respond to questions but was awake. The EHR shows R4 is a 71-year-old female resident with diagnoses of Alzheimer's Disease and dementia. The MDS dated 12/24/2021 and 3/15/2022 shows that R4 is severely cognitively impaired. A BIMS score for R4 was not attainable due to severe impairment. On 5/9/2022 at 2:35 PM, R8, an alert, oriented, female resident. R8's BIMS Assessment dated 4/13/2022 was 15/15, indicating R8 is cognitively intact. R8 said: "On 4/24/2022, there were 4 of us in the Providence Dining room (myself, R9, R1 and R4). There was a table next to my table. (R1) and (R4) were at that table, sitting in their wheelchairs. They were sitting next to each other, like elbow to elbow. I saw that dirty old man (R1) fondling, caressing (R4's) breast. (R4) is so confused and cannot speak for herself, she just mumbles. I yelled at (R1) to STOP!!!, then he looked at me, then he stopped for few seconds and started to do it again and again. He did it fondling (R4's) breast repeatedly 4-5 cycles and each cycle had stroked her breast 4-5 times. I yelled and screamed at the top of my lungs for staff to come. There were no staff around. It was very scary situation what this dirty old man did to this helpless female resident (R4). I was so traumatized and up to this day, it's been more than 2 weeks since it had happened, and I still cry about it and felt so scared. I don't even want to see women being sexually exploited. It was very scary to see that. How about if no one was there to ask for help, if I was not there, since there was no staff, then this dirty old man (R1) can just take advantage and sexually assault women that cannot speak for themselves and are helpless. It is not right at all. We are supposed to be	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 12 protected." On 5/9/2022 at 1:23 P.M., V4 (CNA/sitter, a female staff) said she was the assigned sitter as 1:1 monitoring/supervision for R1 the morning shift on 4/24/2022. V4 said she took R1 to smoke around 11:30 A.M. and left him at the patio to smoke. V4 said V5 (Activity Aide) was on the patio but was supervising other residents that were smoking. V4 said she left R1 on the patio without 1:1 supervision, and she proceeded to go inside the facility. V4 said that as far as she knows, her job as a sitter was to supervise, and report R1's negative behavior to the nurse. V4 said during supervision, she just sits behind R1. According to V4, R1 can easily touch female residents if he wanted to because during the supervision R4 sits behind R1. V4 said. there was no caution for distancing from female residents allowing R1 the ability to touch others within R1's arms reach. When asked if she could prevent R1 from touching female residents, V4 responded she will just have to remind him not to do it. V4 said R1 was alert and oriented and able to verbalize his needs, was aware of his surroundings and events, especially smoking time. V4 confirmed that she left R1 unsupervised on 4/24/2022 when the incident happened between R1 and R4. On 5/9/2022 at 3:23 P.M., V5 (Activity Aide) said that on 4/24/2022, around 11:40 A.M., she propelled R1 into the dining room and left him there at the table in his wheelchair with no supervision. V5 said there was no staff or other residents in the dining room at that time. V5 was very upset during the interview and said that she should have not left R1 alone. On 5/10/2022 at 4:10 P.M., V6 (Registered	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 13 Nurse) said she was on duty on during the morning shift of 4/24/2022. V6 said she was passing medications and was not aware that R1 was not supervised as 1:1. V6 said R1 was alert and oriented. V6 said when R1 was asked why he touched R4's breast, R1 said "I don't know and shrugged his shoulders with somewhat of a smirk on his face." R1's plan of care was reviewed for the dates of: 4/14/2021, 9/29/2021, 10/7/2021, 10/20/2021, 11/9/2021, 7/6/2022 and 4/7/2022. The care plans show the same non-specific interventions, were generalized and vague. The care plans did not address detailed instructions how the 1:1 monitoring should be implemented to ensure and protect female residents from inappropriate touching and sexual abuse. The care plans addressed R1's problem as "SEXUALLY ORIENTED BEHAVIOR: I exhibit sexually inappropriate behavioral symptoms which may be manifested by my diagnosis of TBI or dementia. My behavior is exhibited by me physically touching female staff. Interventions: -Have male CNA's provide cares to me when available. -Intervene and redirect when any inappropriate behavior is observed. Communicate assertively that I must exercise control over impulses and behavior (Social Skills). Remind me to refrain from inappropriate touching ("Please keep your thoughts and your hands to yourself"). -Use creative refocusing to alter behavioral patterns (e.g. distraction techniques with food, drink, or another activity) to redirect me. SEXUALLY ORIENTED BEHAVIOR: I exhibit sexual behavior symptoms which are manifested	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 14	S9999		

by: my diagnosis of TBI and dementia. I exhibit the behaviors of physically touching or grabbing female peers. I am easily redirected.
-I will comply with staff redirection and behave in a safe and respectful manner, daily by next review period.
-I suffer from dementia and a TBI. Use creative refocusing to alter behavioral patterns (e.g., distraction techniques with food, drink, or another activity to redirect my attention.
-Implement limit setting. Specify appropriate versus inappropriate behavior. If I try to touch inappropriately, gently but firmly remove my hand and redirect me.
-Intervene and redirect when any inappropriate behavior is observed. Communicate assertively that I must exercise control over impulses and behavior. Remind me to refrain from inappropriate touching ("Please keep your hands to yourself").

On 5/16/2022 at 9:30 A.M., V1 said the facility has no policy regarding 1:1 staff monitoring and supervision.

-On 5/9/2022 at 1;13 P.M., V7 (female CNA/sitter) said she was the assigned sitter as 1:1 monitoring/supervision with R1. V7 said that as far as she knows, her job as a sitter was to supervise, and report R1's negative behavior to the nurse. V7 said that during supervision, she sits behind R1 and when she propelled R1, they pass by other female residents. V7 added that during these periods of supervision, there was no caution for distancing, therefore, R1 can easily touch anyone if he wanted to since the distance was only within R1's arms reach. When asked if she could prevent R1 from touching female residents, V7 responded that she will just have to remind him not to do it. V7 said R1 was alert and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 15 oriented and able to verbalize his needs, was aware of his surroundings and events, especially smoking time. - On 5/9/2022 at 1:25 P.M. V8 (female sitter/CNA) said that she was the assigned sitter as 1:1 monitoring/supervision with R1. V8 said that as far as she knows, her job as a sitter was to supervise, and report R1's negative behavior to the nurse. V8 said that during supervision, she just sits behind R1 and when R1 being propelled by her, R1 passes by female residents. V8 added that during these periods of supervision, there was no caution for distancing, therefore, R1 can easily touch female peers if he wanted to since the distance was only within R1's arms reach. When asked if she could prevent R1 from touching female residents, V8 responded that she will just have to remind him not to do it. V8 said that R1 was alert and oriented and able to verbalize his needs, was aware of his surroundings and events, especially smoking time. V8 added that there was an incident that when her daughter (V14/Restorative Aide/female sitter) approached her and R1 at the reception area/hallway. R1 "attempted to grope my daughter, but my daughter was very quick and had avoided being touched inappropriately." - On 5/9/2022 at 1:25 P.M., V11 (female sitter/CNA) said that multiple times that R1 had grabbed her rear end while providing R1 incontinence care. V11 said that "I know (R1) intentionally touched me with sexual intentions. (R1) knows what he was doing." V11 said during supervision of R1 she sits behind R1 and when R1 being propelled by her, R1 passes by female residents. V11 added that during these periods of supervision, there was no caution for distancing, therefore, R1 can easily touch female residents	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 16	S9999		

since the distance was only within R1's arms reach. When asked if she could prevent R1 from touching female residents, V11 responded that she will just have to remind him not to do it.

- On 5/10/2022 at 10:45 A.M., V13 (female CNA/sitter) said that R1 also touched her inappropriately in her rear end. V13 said R1's touch was sexually explicit in nature. "I told him to stop, then he stopped, smiled and did it again." V13 said that during supervision, she sits behind R1 and when R1 is being propelled by her, R1 passes by female residents. V13 added that during these periods of supervision, there was no caution for distancing, therefore, R1 can easily touch female residents since the distance was only within arm's reach. When asked if she could prevent R1 from touching female residents, V13 responded that she must remind him not to do it.

-On 5/10/2022 at 10:30 A.M., V14 (female Restorative aide/sitter, daughter of V8) said that she was inappropriately touch in her rear end by R1. V14 added that R1 did it on purpose, told him to stop and did it again. V14 said that during the periods of 1:1 monitoring/supervision, there was no caution for distancing, therefore, R1 can easily touch female residents since the distance was only within R1's arms reach. When asked if she could prevent R1 from touching female residents, V14 responded that she just must remind him not to do it.

-On 5/9/2022 at 3:25 P.M., V9 (Registered Nurse) said she was aware of R1's sexually inappropriate touching of female residents. V9 added that R1 had a sitter since the 10/2021 incident. V9 said the sitter was supposed to supervise and intervene. V9 said she did not provide detailed instructions for the sitters/CNA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 17 -On 5/9/2022 at 3:15 P.M., V10 (female nurse) said she was aware of R1's sexually inappropriate touching of female residents. V10 said R1 had a 1:1 sitter/CNA since the 10/2021 incident. V10 said the sitter was supposed to supervise and intervene. V10 added that she did not provide detailed instructions -On 5/10/2022 at 1:25 P.M., V18 (Psychiatric Nurse Practitioner) said R1 was alert and oriented times three. V18 said he examined R1 once a month and as needed. V18 said the last time R1 was examined by him was on 4/14/2022. V18 said he was not aware R1 was touching female staff inappropriately. V18 said he was not told R1 was touching female residents inappropriately. V18 said the plan of care for R1 included structured activity to divert R1's attention. V18 said it was okay for R1 to be with other residents playing card games for socialization if there was a sitter next to him. However, if V18 was aware of R1 touching female peers inappropriately then the plan would have been modified to the extent that R1 and female residents have a caution distance. R1 would not be able to reach out and touch them inappropriately. V18 said his expectation was he would have been made aware of R1's behavior of touching female residents. V18 said he should have been notified when R1 was sent out for this behavior. V18 said that no one told him that R1 was in the hospital for this behavior. V18 said based on his examination with R1, R1 knows where he is at, the time, and events. The facility Abuse Prevention Policy dated 11/28/2017, with a revision date of 1/17/2022 shows, "It is the policy of the facility to provide	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007439	A. BUILDING: _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF ST CHARLES	611 ALLEN LANE SAINT CHARLES, IL 60174

(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	Continued From page 18 professional care and services, in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect or mistreatment. Types of abuse; physical, verbal, mental, sexual, neglect, theft, involuntary seclusion, exploitation, and injury of unknown origin. Sexual abuse includes but is not limited to harassment, coercion, disparaging remarks or sexual assault." (B)	S9999		