Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	•	
:SV		IL6008593	B. WING		10/19/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GROVE	AT THE LAKE, THE	2534 ELIN ZION, IL	M AVENUE 60099			
(X4)ID PREFIX TAG				PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPL	
S 000	Initial Comments		\$ 000	h ;		
	Annual Licensure a	nd Certification Survey	. fi			
S9999	Final Observations		S9999	r RE		
	Statement of Licens	sure Violations				
	300.610a) 300.1210b) 300.3210t)			. (*	12.	
	procedures governing facility. The written public formulated by a factor of committee consisting administrator, the administrator, the admedical advisory coof nursing and other policies shall comply. The written policies the facility and shall	nave written policies and all services provided by the policies and procedures shall Resident Care Policy ag of at least the divisory physician or the mmittee, and representatives services in the facility. The y with the Act and this Part, shall be followed in operating be reviewed at least annually ocumented by written, signed				
	Section 300.1210 G Nursing and Person b) The facility shall p and services to attai practicable physical, well-being of the res each resident's com plan. Adequate and care and personal care	eneral Requirements for al Care provide the necessary care in or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.		Attachment A Statement of Licensure Violat	ions	
	ment of Public Health			·		

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

TITLE

(X6) DATE

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Illinois [	Department of Public	Health	<b>Y</b>	1.445	FOR
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DA
	<u> </u>	IL6008593	B. WING		
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE ZID CODE	1_1(
GROVE	AT THE LAKE, THE		IM AVENUE	TATE, ZIF CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE, DEFICIENCY)	SHOULD BE
S9999	Continued From pa	ge 1	S9999		<del></del>
	i subjected to physica	neglect, exploitation, or			
	These requirements by:	were not met as evidenced			
	failed to protect a fe sexually abused by	and record review, the facility male resident from being a male resident. This failure cually assaulting R116 on			
\$E .	This applies to 1 of 2 for abuse in a sample	27 residents (R116) reviewed e of 27.			
	The findings include	:			
	10/18/22 states, "On AM, V16 (Certified N into R116's room and (R116's) bedside. R1	eport Final Form dated October 12, 2022 at 9:30 lursing Assistant/CNA) went d observed R187 standing at 16 was noted lying in bed d with incontinent brief	Na Ma		
	"Sexual assault deter another male resider today. Management was inf resident were duly inf The resident was tak team at 9:20 AM and exactly 9:15 PM. The	es dated 10/12/22 state, cted on the patient with at by a CNA around 8:45 AM ormed and the POAs of the formed of the incident. en to the hospital by ER returned to the facility at patient was treated at the		18 (8)	
	hospital with antibiotion and discharged to the	c Clindamycin (Antibiotic) facility with no new order. llso carried out at the			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			10/19/2022		
NAMEOF	NAME OF TRANSPORT OF TRANSPORT			STATE, ZIP CODE		1 10/	TOILULL
GROVE	AT THE LAKE, THE		M AVENUE				
(X4)ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	T	PROVIDI	ED'S DI AN OE CODDECT	ION .	1 (1)
PRÉFIX TAG			PREFIX TAG				(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999		· .	-	
	Ag). The resident winformation sheet for a sexually transmit assault sheet 2. Prophylaxis information in the sexual sheet as a sexual shee			id.			
	information sheet 4. Checkpoint instru The general condition receiving from the following vital signs 118/72, Pulse: 72, F	on of the resident was stable ne hospital team with the : Temperature: 98.2, BP: Respiration: 20, Spo2: 95 at					
	On 10/17/22 at 1:45 stated, "The man is BIMS of 1. He was a daughter wanted to	5 PM, V1 (Administrator) a 97-year old man with a admitted on 9/30/22. His bring him here from home.			× °		
	medications, etc. I to the hospital first, an no history of anythin in and he was stand only a t-shirt. R116 to had a gown on and	anything about him- old her she had to take him to d then he came here. He had ng like this. The CNA walked ding at the bedside wearing was lying down in bed and a brief but the brief was open ne CNA acted immediately		*			
F	and put him on one They were not able dementia. We really or not. We sent her and a STD screen. If for 4-6 weeks and the	on one, and the police came. to interview him- he has don't know if he did anything out and they did a rape kit We won't get the results backnose results will go to her tent to (another local) hospital				\$	
	stated, "The CNA (V	PM, V1 (Administrator) (16) allegedly walked in the					

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(X3) DATE SURVEY

(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

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STATEMENT OF DEFICIENCIES

AND HAN OF CORRECTION IDENT		A. BUILDING:		UILDING:			COMPLETED	
IL6008593		B. WING			10/19/2022			
1 · ·		DDRESS, CITY, STATE, ZIP CODE  M AVENUE				¥.		
(X4)ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTI TIVE ACTION SHOUL CED TO THE APPRO EFICIENCY)	.D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 3	S9999	×			:=	
	door wearing just a saw he had his han	the bed with his back to the t-shirt. Originally, she said she ds near her private area. She V17 (Licensed Practical						
-	(another male CNA one to one. Then S to R116. I then aske		3. 26		10		# W	
	look at her and do a to look for trauma. I (Local Police Office	d V20 (Wound Care MD) to an exam on her private areas called the police and V21 r) came down and tried to came downstairs and said.		3		<b>1</b>	20	
***	"V1- 'the light is not interviewed R116 a who it was, but she	on for him.' He also nd (R116) said she didn't know felt someone's finger in her. was a nurse or a CNA or who	э	51 50				
o i	it was. We sent her did a rape kit and a up today and it says to get the results- d also went in and tal	to (Local Hospital) and they STD screen. I tried to look it it could take up to 6 months ue to staffing. Social Services ked to (R116's roommate) and	a s				107	
	she saw. Never saw him to (another loca coming back here. 'I came in the room	im standing there but that is all v his feet leave the floor. I sent al hospital) and he is not Then today (V16's) story was, and I didn't know who he		3	843		3	
	touching her clitoris see any of his cloth here on September anything in his histohad him on 1-1 for a came in. We never	hand moving in and out and ',' V16 (CNA) said she did not es on the floor. R187 came 30. There is no sexual bry. He wanders, yes, and we about 2-3 days when he first had any problems with his			ε		27	
	On 10/19/22 at 9:21 was going in her rootstanding there over	AS easily redirectable."  I AM, V16 (CNA) stated, " I com and there was someone her bed- I didn't know who he ket was pulled back and her	æ				it o	

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(X1) PROVIDER/SUPPLIER/CLIA

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STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
is a second of the second of t		A. BUILDING	:	COMP	LEIED	
Z: .		IL6008593			10/1	9/2022
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GROVE AT THE LAKE, THE 2534 ELIM AVENUE						
OROL /	AT THE CARE, THE	ZiON, IL (	60099		94	
(X4)ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX			
				DEFICIENCY)		DATE
S9999	Continued From pa	ge 4	S9999			
	brief was open, and	his hand was touching her				
		bed him and gently started				
	trying to walk him a	way, but he was resisting me.				
	I got him as close to	the door as I could, and then				
;	I screamed for the r	nurse. V17 (LPN) came in				
	and helped me get	him away from her. He was				
	definitely touching h	er in her private area. R116 is				
		didn't seem upset; she was				
= .		nurse completely took over				٠.
	from there and I did	n't talk to R116 about it. "				
	On 10/18/22 at 2:33	PM, V17 (LPN) stated, "V16				
	(CNA) called me. ar	nd I went to R116's room. I		\$20 miles		
		by R116's bed and R116 was		· ·	SQ.	
		d her diaper was off and her				
75		his hands were beside him.				ĺ
	This was about 8:30 AM. I took R187 away and			·		
	put him in his room.	I asked V16 to stay with				
i	R116. We had a mo	onitor in the hallway, and I				
40	asked him to stay w	ith R187 and I immediately		T/2		
	called V1 (Administr	rator). Immediately, V1				
		examined and then she called				
	the police. She want	ted me to get everything off of				*
36		ncluding her gown, sheets,				
	diaper, etc., and put					
	she velled really low	upset. When V16 called me, d and so I ran down the hall.				
(4)	My first instinct was	to move R187 away from				
ì	R116 (R187) wande	ers a lot. He uses everyone's				
8	bathroom. I suspect	t when he got off the toilet, he		5		
		nstead of the hallway. Now				
[		nk his pants were in the				
Ì		no pants on- he walked away				
		nis pants were around his				
1=1	ankles, then he wou	ld not have been able to walk.				
	The one thing I have	noticed about resident's up		<del></del>		
	here is when they ar	e wet, they will take their				
7.	diapers off. They do	n't want to be wet. Some will		8		
		r, but they want them off.				
	When R116 is uncor	mfortable with the urine, she				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IL6008593		B. WING	<u> </u>	10/1	10/19/2022	
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	, 10/1	012022
GROVE	AT THE LAKE, THE	2534 ELIN ZION, IL (			•	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	(X5) COMPLETE DATE	
S 9999	a tendency to do the didn't seem to unde wrong. I called some him and closed the	ge 5 ne diaper. I can't say she has at, but I think she would. R187 rstand that anything was eone to be in the room with door. All the excitement was ervous. He is very confused."	\$9999			×
2.	stated, "R187's BIM Status) was a 1(Sevand he can't have a know what is going Director had a conve	PM, V18 (Social Worker) S (Basic Interview for Mental vere cognitive impairment) conversation. He does not on. My Social Service ersation with R116. She safe and any issues with her no."				
	dated 10/12/22 at 8: that she reviewed si the hallway of the 4t enter R116's room at 0. This same report als as a Local Police Of able to see. The following that the same report als as a Local Police Of able to see. The following that the same report als as a Local Police Of able to see. The following that the same report als as a Local Police Of able to see.	partment Offence Report 59 AM states, "V1 advised urveillance camera footage in h floor and observed R187 at 8:11 AM, then was escorted 30 AM by a staff member" so states, "I identified myself ficer due to R116 not being owing is a summary of my				
ŧş.	R116 if she was oka tell me about the inc said she was lying ir (unknown male or fe 15-30 minutes and p vagina. R116 though doing it and asked the from her vagina. R1 subject didn't say an R116 was unable to information at this times.	116, not verbatim. I asked y, then R116 proceeded to ident that took place. (R116) a bed when a subject emale) came into her room for placed their finger in her at it was a nurse that was nem to remove their finger 16 advised that the unknown ything and left the room. provide any additional me. "			20	
		V19 (Wound Care Physician)	91	°an		

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.. PRINTED: 11/15/2022 ¥ FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6008593 B. WING 10/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2534 ELIM AVENUE GROVE AT THE LAKE, THE ZION, IL 60099 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 dated 10/12/22 states, "Due to recent events." complete skin exam completed at facility request. Overall, there were no ecchymoses, lacerations, contusions, handprints or injuries noted whatsoever. Particularly, there was no battle damage noted over wrists, scalp, chest/breasts, thighs. Oropharyngeal cavity WNL, nails are kempt with no debris under nails at all. Peri-area is clear and healthy and there is no external damage to anal or vaginal introitus. Patient is in high spirits and although demented, her mental status appears to be at her baseline and uninterrupted." R187's Admission Record shows that he is a 97-vear old male resident admitted to the facility on 9/30/22 with diagnoses including Alzheimer's Disease and Dementia. R187's Care plan dated 10/5/22 states, "R187 is at risk for elopement. He has poor cognition and exhibits disorientation. He needs frequent reminders as to the location of his room and to not enter other resident's rooms. He will frequently touch and grab items that are not his and when staff redirect, he will say, "mine". " R187's Care Plan also states, "R187 is functioning at cognitively impaired level related to a diagnosis of Dementia or other severe neurological impairment... R187 is extremely confused and disoriented. " R116's Admission Record shows that she is a 79-vear old female resident admitted to the facility

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on 5/18/16 with diagnoses including Parkinson's

Schizophrenia, Age-related Nuclear Cataracts.

R116's Care Plan dated 1/10/22 states, "R116 is

Disease, Dementia, Anxiety Disorder,

Bilateral and Legal Blindness "

PRINTED: 11/15/2022 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008593 10/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2534 ELIM AVENUE GROVE AT THE LAKE.THE ZION, IL 60099** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 7 S9999 S9999 functioning as a cognitively impaired level related to a diagnosis of Dementia or other severe neurological impairment, a diagnosis of severe mental illness, lack of awareness concerning others and the environment and legal blindness." R116's care plan dated 7/14/21 states, " R116 displays socially inappropriate and manipulative behavior. " The facility policy entitled Abuse and Neglect dated 1/17/22 states, "It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse..." This policy also states, "Sexual abuse includes but is not limited to harassment, coercion. disparaging remarks or sexual assault." (A)

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