

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557
-------------------------------------------------------	------------------------------------------------------------------------------------

(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
Z 000	COMMENTS Complaint Survey: 2344220/IL160108	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.1210b) 350.1210d)1 350.1230b)6)7) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. Section 350.1230 Nursing Services b) Residents shall be provided with nursing	Z9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 06/20/2023
NAME OF PROVIDER OR SUPPLIER PARK PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557		
(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	
Z9999	<p>Continued From page 1</p> <p>services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in:</p> <p>6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program.</p> <p>7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents Reporting Act. (Section 2-107 of the Act)</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to ensure:</p> <p>-Implementation of R2's Individual Service Plan (ISP). -Implementation of R2's sex education program immediately after 2/19/23 incident. -Implementation of R2's one on one supervision after 5/20/23 incident. -A change in supervision level was documented in R2's ISP and BMP (Behavior Management Program) after the 5/20/23 incident. -A sexual assessment was completed for R1 and R2.</p> <p>These failures resulted in R2 having a sexual</p>	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023	
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557		
(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
Z9999	<p>Continued From page 2</p> <p>incident with R1 on 2/19/23 in addition to R1 being sexually assaulted by R2 on 5/20/23. This has the potential to impact the remaining 12 individuals residing at the facility (R3-R14).</p> <p>Findings include:</p> <p>Facility Roster undated identifies R1-R3, R6-R8, R13, R14 as individuals who function within Mild Range for Individuals with Intellectual Disabilities; R11, R12 as individuals who function within Moderate Range for Individuals with Intellectual Disabilities; R5, R9, R10 as individuals who function within Severe Range for Individuals with Intellectual Disabilities; R4 as an individual who functions within Profound Range for Individuals with Intellectual Disabilities.</p> <p>R1's 1/19/23 ISP includes, "R1 is a reliable historian. Sexuality: May be at risk for sexual exploitation due to lack of knowledge and potential reluctance to say no or stand up for himself."</p> <p>R2's 8/18/22 ISP documents an admission date of 7/1/21. R2's ISP includes, "Sexuality: R2 has engaged in sexual activity. R2 will be on a program to enforce daily reminders of what is inappropriate touching. Rights: R2 is monitored in his environments due to inappropriate sexual behavior. Formal programming is in place to address and teach appropriate behavior."</p> <p>On 5/25/23 at 11:24 AM, E2 (Residential Service Director/RSD) confirmed prior to 3/23, R2 was not on a program for inappropriate touching.</p> <p>On 5/25/23 at 1:25 PM, E2 was shown R2's 8/18/22 ISP and the documentation showing, "R2 is monitored in his environments due to</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557		
(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
Z9999	Continued From page 3 inappropriate sexual behavior. Formal programming is in place to address and teach appropriate behavior." E2 confirmed R2 was not on that formal programing from 8/22-3/23 or monitoring from 8/22-5/23. E2 stated, "I wonder if that was copied over from previous facilities ISP." Facility Report dated 3/9/23 includes, "On 2/19/2023, E1 (Administrator) was notified that R2 asked R1 to hang out in his room and watch porn on R1's phone. R1 reported that R2 talked about having intercourse. R1 stated this made him feel uncomfortable. R2 will be placed on a sex education program." R2's Self Care-Sex Education Program dated 3/15/23 includes, "R2 will complete step 3 given 3 or less verbal prompts in at least 50% of sessions per month for 3 months." On 5/25/23 at 11:51 AM, E2 stated, "E8 (Qualified Intellectual Disabilities Professional/QIDP) said yes 3/15/23 was the date the Sex Education Program was started for R2." On 5/22/23 at 2:33 PM, E1 (Administrator) confirmed R2 engaged in inappropriate sexual behavior prior to incident on 2/19/23 at another facility with another individual. E1 then confirmed R2 was not admitted to the facility because of the inappropriate sexual behavior. E1 stated, "Z3 (Guardian) wanted R2 at a higher functioning home." E1 confirmed R2 had not been provided with sexual education when he was admitted to facility. E1 then confirmed R2 had no interventions in place upon admission preventing sexual encounters from occurring. E1 also confirmed the facility didn't change anything to keep R1 safe after the 2/19/23 incident.	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 06/20/2023
NAME OF PROVIDER OR SUPPLIER PARK PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557		
(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	
Z9999	Continued From page 4 Facility Report dated 5/20/23 includes, "On May 20, 2023, R1 reported that R2 and he had anal sex. R1 has been taken to Hospital for examination. The local police department has been notified." R1's Hospital ED (Emergency Department) Physician Notes dated 5/20/23 includes, "Chief Complaint: R1 here from group home (facility) with c/o (complaints of) sexual assault today. History of Present Illness: R1 presents to Emergency Department and reports being assaulted, R1 present with mother and 2 group home caregivers with reports that patient was sexually assaulted earlier today in the group home. R1 states that he was playing catch with a friend, in his (the friend's) room at the group home. States the friend asked him to have sex and patient told him he did not feel comfortable. States his friend then removed R1's (pts) pants and penetrated R1 in his rectum. States this occurred for only a few seconds when R1 stated he told his friend to stop because R1 was uncomfortable, and his friend did." Police Report dated 5/20/23 includes, "On 05/20/23 Z4 (Police Officer) was informed of a reported sexual assault at the facility, an assisted living facility for developmentally challenged adults. The incident occurred between one client and another. The staff member told E1 (Administrator) that one of the residents, R1, had reported to her that he was in the room of another resident playing catch. The other resident whom I later identified as R2, was pressuring R1 into having sex. I spoke with R2 with his stepmother present. R2 struggled to explain what happened so I asked him more directly and R2 confirmed that he inserted his penis in R1's anus. R2 immediately said he was sorry after admitting to	Z9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023	
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557		
(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
Z9999	<p>Continued From page 5</p> <p>this. R2 confirmed that he and R1 have done this before. It is always with R1. R1 has not done this to him. R1 does not like it. R1 asked him to stop so he did. I later spoke with E7 (Direct Support Person/DSP) who was the staff member with R1. When E7 returned to the town, I met her at the facility and she informed me that she became aware of the incident when R1 told her. R1 told E7 what happened by making a general statement about R2 'putting it in' for 'a few seconds' and then clarifying E7's questions by gesturing to R1 genitals when asked about what R2 did and R1's own buttocks when asked about where R2 did it. R1 later told E7 it happened one other time a few months ago. R1 also indicated to E7 that R2 had made R1 touch R2's penis. R1 was also not able to provide a lot of details in a narrative fashion but was capable of answering questions. R1 confirmed what I already knew and told me that R2 had put his "penis" in R1's "butt" and that it had happened a few months ago as well. R1 said R2 kept asking R1 to do it and R1 was not comfortable with it."</p> <p>R2's Hospital Medical Forensic Documentation Form dated 5/20/23 includes, "Anal Exam: 1) 3 cm (centimeter) linear (straight line) abrasion, no active bleeding, 12 o'clock position. Positive ALS (Alternative Light Source). 2) Dried red substance circumferential (Circular) 3 cm. Positive ALS."</p> <p>On 5/22/23 at 2:45 pm, R2 confirmed something happened between himself and R1. R2 stated, "I put my stuff in him. I didn't have any sperm. I wanted to get on porn and R1 didn't want to. I stopped when he said stop. I pulled his pants down and stuck it in." R2 confirmed this has happened before at another facility.</p> <p>On 5/23/23 at 9:50 AM, Z2 (Guardian) stated, "A</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557
-------------------------------------------------------	------------------------------------------------------------------------------------

(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
Z9999	<p>Continued From page 6</p> <p>couple months ago an incident occurred where R2 tried watching pornography with R1 and tried having sex. They didn't have sex. Facility told me that a report was made, and the police were called. Then, on 5/20/23 the facility called saying R1 was raped. I found out this has also happened before 5/20/23." Z2 couldn't remember who called from the facility. Z2 was unsure exactly when R1 and R2 had sex prior to this incident but stated, "R1 told her after the incident involving pornography." Z2 then stated, "I feel like the facility did not keep R1 safe and neglected him. R1 will not be returning to the facility."</p> <p>On 5/23/23 at 9:52 AM, R1 stated, "R1 and R2 were in R2's room playing catch and R2 asked me to have sex. I didn't want to and R2 followed me in the bathroom, pulled my pants down and stuck his penis in my butt." R1 confirmed this has happened twice but he did not tell any staff member about the sexual incident which occurred prior to 5/20/23 but did tell E7 about the incident that occurred on 5/20/23. R1 confirmed he did not feel safe at the facility.</p> <p>E7's Witness Statement dated 5/5/23 includes, "I was doing a craft with R2 while R1 was coloring across the table. R1 asked to speak with me in private. We went walking around the facility when R1 told me that R2 made him feel uncomfortable. I asked him what did R2 do to make him feel uncomfortable. R1 said that R2 forced R1 to touch his penis and R1 kept saying that he wasn't comfortable with it but R2 kept going. R1 said that R2 put his penis in R1's butt for a few seconds. On the way to the hospital, R1 was on the phone with Z2 when R1 stated that it happened in the past with R2, but R1 was too scared to speak up."</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557
-------------------------------------------------------	------------------------------------------------------------------------------------

(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
Z9999	<p>Continued From page 7</p> <p>On 5/30/23 at 11:25 AM, E7 confirmed that she wrote the wrong date on her witness statement, and it was written on 5/20/23. E7 stated, "We went on a walk outside. R1 said they were throwing a ball in the bedroom. R2 suggested to do something else. R1 asked what R2 wanted to do. R2 touched his own private area. R1 repeatedly told R2 no. R1 told me R2 stuck his penis in R1. I asked where and R1 pointed to his butt. R1 said R2 put it in for a couple of seconds." E7 confirmed she wasn't aware of an incident happening prior to 5/20/23 until E7 heard R1 talking to Z2 on the way to the hospital and R1 told Z2 it had happened before.</p> <p>On 5/22/23 at 2:33 PM, E1 confirmed the facility placed R2 on a 1:1 supervision after the incident on 5/20/23 incident but was unable to produce evidence of staff training for the 1:1 supervision and responded, "We don't have anything written, it was just verbal."</p> <p>On 5/24/23 at 5:40 AM, Surveyor entered facility, E5 (Direct Support Person/DSP) was in the kitchen. E5 was asked if she was the only staff member at the facility? E5 stated, "Yes." E5 confirmed that she's been the only staff member at the facility since midnight. R2 was down the hallway in his bedroom lying in bed with no staff in eyesight of him. From 5:45 AM-5:53 AM, E5 was in R9's room and not within eyesight of R2. At 5:54 AM, E5 walked down the hall and into the kitchen. During that time R2 came out of his room into the hallway, no staff within eyesight of R2. At 5:58 AM, E3 (DSP) arrived at the facility and went into the office. E5 went back into R9's room, leaving R2 out of sight of staff. At 5:59 AM, E4 (Cook) arrived at the facility and walked into the kitchen along with E3 while E5 remained in</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER PARK PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557
-------------------------------------------------------	------------------------------------------------------------------------------------

(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
Z9999	<p>Continued From page 8</p> <p>R9's room leaving R2 out of eyesight of staff while in his room. From 6:01 AM-6:06 AM, R2 came out of his room into the living room and sat down. R4 and R10 were also sitting in the living room, without staff in eyesight of R2. At 6:08 AM, R2 was lying on the couch in the living room watching TV while R4 and R10 were sitting in the living room. No staff within eyesight of R2. At 6:13 AM, E3 yelled R2's name. R2 walked into the dining room and E3 instructed R2 to put shoes on. R2 then turned around and walked back into the living room. No staff were in eyesight of R2 while in the living room. At 6:15 AM, R2 walked back into the dining room where R6, R10, R11 and R13 were also sitting. R2 began eating his oatmeal, no staff were present. At 6:21 AM, R4, R7, R11, R12, and R13 were sitting in the dining room with R2, no staff were present. At 6:26 AM, R2 left the dining room and went into his bedroom, no staff were present. At 6:29 AM, R4 walked down the hall through R2's bedroom, while R2 was in his room, and into the bathroom. No staff were present. At 6:30 AM, R4 walked out of the bathroom through R2's bedroom with R2 in the bedroom, and then R4 walked down the hall without staff present. At 6:36 AM, R2, R3 and R6 were sitting in the living room without staff present. At 6:49 AM, R12 sat next to R2 on the couch. R3, R6, R8 and R10 were also sitting in the living room and no staff were present.</p> <p>On 5/24/23 at 7:17 AM, E2 confirmed R2's supervision level was one on one and that no formal training has been done with staff. E2 stated, "I'm going to today." E2 confirmed one staff member works during the midnight shift. E2 then confirmed that one staff member is unable to provide one on one for R2 and take care of the remaining 12 individuals at the facility.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2023
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 205 PARK AVENUE PANA, IL 62557		
(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
Z9999	Continued From page 9 Facility April/May Schedule documents staff assigned on 5/20/23, 5/21/23, 5/23/23 and 5/24/23 from 12:00 AM-8:00 AM: E4. Staff assigned on 5/22/23 from 12:00 AM-8:00 AM: E7. On 5/25/23, facility unable to produce evidence of a sexual assessments for R1 and R2. On 5/25/23 at 9:53 AM, E8 was asked if a sexual assessment was done on admit for R2? E8 stated, "I'm not sure if a sexual assessment was done on admit for R2, he was admitted prior to my hire." E8 stated, "I can't say for sure if R1's sexual assessment was done on admit." E8 confirmed R1 should have a sexual assessment complete within 30 days of admit to the facility. E8 stated, "I'm still learning. I feel like everyone should have assessments done to be able to develop programs for them. You would have to ask E2." (A)	Z9999		