

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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 Facility Reported Incident of April 22, 2023//IL159043.	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.710a) 330.4240 a) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. This requirement is NOT met as evidenced by: Based on interview and record review, the facility failed to ensure a resident is free from staff to resident sexual abuse for one (R1) of six residents reviewed for abuse in the sample of six. This failure resulted in R1 experiencing negative psychosocial outcomes evidenced by R1's tearfulness, sad demeanor, feelings of fear and traumatization, and worrying about the stability of her residential placement. Findings include:	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 1</p> <p>An email to IDPH (The Illinois Department of Public Health), dated 4/22/23, authored by V1 (Administrator) documented the following: "(R1) was admitted to (the facility) on 11/14/18 from (another shelter care facility). (R1) has a diagnosis of bipolar disorder and is her own guardian. I received a call this morning at 3:50am from V3 (Personal Care Attendant), off duty staff, stating (R1) was at her (V3)'s door just across the street, saying she had been assaulted by staff. V3 brought R1 back to the facility and called me. I immediately came in and called 911 and when they (law enforcement) arrived, they placed staff (V4 Personal Care Attendant) under arrest. V4 has been employed here since 8/14/19. R1 was transported to (a local hospital) ER (Emergency Room) accompanied by ...the Sheriff's Deputy as well as myself and (V2 Assistant Administrator). R1 was transferred to (a larger hospital) as (the local hospital) does not have a sexual assault nurse examiner. If any further information is needed, please advise ..."</p> <p>R1's Face Sheet documented an admission date of 11/14/18, and a diagnosis of Bipolar Disorder, Unspecified.</p> <p>On 4/25/23 at 9:15am, V1 stated that R1 was out to a previously scheduled Primary Care Physician appointment at this time. V1 stated R1 is very low functioning, having been in special education throughout school, and has a diagnosis of bipolar disorder. V1 stated R1 was at an appointment with her Primary Care Provider and would return around 10:00am. V1 stated R1 is her own guardian and has no Power of Attorney. V1 stated the facility's shifts are 6:00am to 2:00pm, 2:00pm to 10:00pm, and 10:00pm to 6:00am. V1 was asked to produce the Abuse Investigation for</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 2</p> <p>the above referenced incident. V1 stated she had not written down individual resident or staff interviews. V1 produced a handwritten one sheet document titled, "Incident: 4/22/23". This document states the following: "Walking through the facility after returning from ER at about 7:30am, to check on all residents and rooms, making sure everyone was alright, and ask (R1's) two roommates if they were alright and if they heard anything during the night-both said no. At this time, no resident seemed to know what had happened. I also spoke individually with other residents on the same hallway, and no one heard or saw anything. (R6) said he thought he heard a noise but that was all, he said the hallway was dark."</p> <p>R1's 4/22/23 "Emergency Department Provider Note" documented, "41-year-old woman with intellectual disability reported that she was sexually assaulted overnight, with oral and vaginal penetration, unknown if anal. Patient experiencing pain, "down there", and a moderate severity diffuse headache. Reports from home staff indicate that perpetrator was witnessed by other staff to be in an undressed state and was apprehended by law enforcement and is currently jailed. R1's Illinois State Police Division of Forensic Service Patient Discharge Materials sheet dated 4/22/23 documented, "Testing: Gonorrhoea, Chlamydia, Trichomonas, Pregnancy (Negative), Hepatitis B, HPV (Human Papillomavirus), HIV (Human Immunodeficiency Virus), Syphilis. Medications (prescribed): Rocephin 500mg (milligrams) IM (intramuscular) injection single dose, Doxycycline 100mg twice daily for seven days, Flagyl 500mg twice daily for seven days. Received information on crime victims' compensation, and a voucher for follow up care. As a survivor of sexual assault...you are</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 3</p> <p>encouraged to seek help in dealing with the effects of surviving an assault. Rape crisis centers offer free counseling services. You may call your local rape crisis center at 1-800-656-4673 to schedule an appointment. Medical forensic exam and evidence collection with photographic evidence and direct report to law enforcement officer consent: (signed by R1)."</p> <p>On 4/25/23 at 10:50am, R1 was interviewed with V1 and V2 also present at the request of R1. R1 was alert and oriented to person place, and time. R1 presented with a speech impediment. R1's affect was sad and R1 was tearful at times during the interview. R1 stated she resides on the first floor of the residence and shares a room with R2 and R3. R1 stated on Friday 4/21/23 at about 7:30pm, R1 took her nighttime medications and went to bed. R1 stated she was sleeping soundly when at some point in the night, time unknown, she was awakened by the sensation of somebody kicking her bed. R1 stated V4 was standing over her, completely naked. R1 stated she noticed it was very dark in the room and the lights in the hallway were not on like usual. R1 stated she asked V4 what he was doing, and R1 stated that V4 told R1 he wanted her to suck his penis. R1 stated she told V4, "Leave me alone, or I will tell (V1)." R1 stated V4 took R1's pants off, and R1 was afraid to scream. R1 stated that V4 looked out the window, and then left the room briefly. R1 stated V4 then returned with a condom. R1 stated that using her phone, she took pictures of V4 naked and said she would show them to V1, and V4 told R1 that V1 wouldn't believe her. R1 stated V4 then, "Put his privates in her mouth, and then put the condom on and put his penis in her "down there." R1 stated neither of her roommates woke up while this was going on. R1 stated that V4 then told her he was finished, that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/27/2023
NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906		
(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 the condom had broken, and how much he had enjoyed it. R1 stated V4 then went to the bathroom, and R1 threw a blanket over herself and ran as fast as she could to V3's house, who lives across the street. R1 stated V3 came to the door and R1 told V3 "What he did." R1 stated V3 put on her shoes, and they went back across the street together. R1 stated V3 was on her phone calling V1 to tell her what happened. R1 stated when they got to the house, V4 was outside hiding in the bushes. R1 stated V1 showed up within a few minutes. R1 stated V1 took V4 into V1's office, and then the police arrived on scene. They went into the office, handcuffed V4, and took him away. R1 stated later the police reported they found a condom wrapper in the toilet of the bathroom that V4 had been in, and condoms in V4's bookbag. R1 stated V1 and V2 took R1 to the ER, but the staff there said they couldn't do a rape test so the ambulance took R1 to a larger hospital where the test could be done. R1 stated, "The hospital took pictures of my privates, they said they were red." R1 stated she was not sure what tests were performed or what medications were administered. R1 stated after that, she came back home and was told by staff that V4 is in jail, but she is scared he will get out of jail and come back and hurt her. R1 stated staff did everything they could do for her. R1 stated she has been offered counseling, and she is thinking about it. R1 stated V4 had never previously been inappropriate with her in any way, and R1 had never seen or heard other residents say he was inappropriate with them. R1 asked the Surveyor if R1 was in trouble or if the Surveyor would close down the facility, as apparently a peer told R1 that would be the case. R1's "Outpatient Patient Care Medical Provider Summary" dated 4/25/23 documented,	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 5</p> <p>"Diagnoses discussed: 1. Adult victim of sexual abuse. 2. Intellectual disability. 3. bipolar disorder. No procedures performed, no medication changes. " Follow up was not outlined on this document.</p> <p>On 4/25/23 at 11:30am, V3 stated she works days and evenings. V3 stated she was asleep on 4/22/23 in the very early morning when V3 heard somebody pounding on her door. V3 stated R1 was at the door, and stated, "(V4) raped me." V3 stated R1 was wrapped in a blanket and had on a nightshirt and no pants. V3 stated R1 showed V3 a naked picture of V4 on R1's phone. V3 stated as they headed back to the facility, V3 called V1 to report the abuse. V3 stated upon entering the residence, V3 noted the front door alarm had been turned off and several lightbulbs had been removed, making common areas dark. V3 stated they found V4 hiding in the shrubs. V3 stated V4 was fully dressed. V3 stated at this point, V1 arrived and took V4 into V1's office, and law enforcement arrived about a minute later. V3 stated V4 was handcuffed and taken away by V5 (Police Officer). V3 stated she then remained in the residence with the residents, as V4 had been the only staff member on duty, while V1 and V2 took R1 to the hospital. V3 stated since she does not work nights as V4 always did. V3 did not have a lot of interaction with V4 beyond giving shift change report. V3 stated she never witnessed or heard reports from other staff or residents about any inappropriate behavior. V3 stated she believes R1's account of the incident. V3 stated R1's mood is usually happy and upbeat, but since the incident she has been very quiet.</p> <p>On 4/25/23 at 1:15pm, R2 was alert and oriented to person, place, and time. R2 stated she is</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 6</p> <p>roommates with R1 and R3. R2 stated she heard about what happened to R1, but the night of the incident she was asleep and didn't witness anything.</p> <p>On 4/25/23 at 1:25pm, R3 was alert and oriented to person, place, and time. R3 confirmed she is roommates with R1 and R2. R3 stated she heard about what happened to R1. R3 stated R3 sleeps very sound so she didn't hear or see anything at the time the incident occurred.</p> <p>On 4/26/23 at 9:30am, V1 stated she was asleep on the morning of 4/22/23 when the phone rang at 3:50am. V1 stated it was V3, who stated, "I'm at the facility with (R1), (V4) has just assaulted her sexually I need you here now." V1 stated she lives three miles away and was on site within a couple minutes. V1 stated V3 was with R1 and V4 was hiding in the bushes. V1 stated she took V4 into her office and called 911. V1 stated she asked V4 what he had done, and he stated, "I didn't do it." V1 stated at that point, V2 and V5 arrived, and V5 arrested V4 and took him away. V1 stated she did not hear any conversation between V4 and V5. V1 stated she then got R1's chart and drove R1 to the local ER, accompanied by V2 driving separately. V1 stated ER staff stated they could not treat R1 as they did not have a nurse trained to treat sexual assault victims. V1 stated R1 was then transferred via ambulance to a larger hospital ER. V1 stated she returned to her office between 7:00 to 7:30am and submitted the above referenced email to IDPH, and "Did a walk through to make sure the other residents were ok." V1 stated no formal written resident or staff interviews were conducted. V1 stated she then went home and returned at about 11:00am, and "Did another walk through and interviewed residents and staff,"</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 7</p> <p>again none were written down. V1 stated, "Nobody saw or heard anything, except (R6) "thought he heard a noise and had noticed some of the lights were out." V1 stated she communicated by phone with V5 who stated that V4 had confessed to the crime. V1 stated R1's examination and testing took about three hours, and R1 returned to the facility on 4/22/23 at about 1:00pm. V1 stated she had been in communication with ER staff who stated they had treated R1 prophylactically for sexually transmitted diseases. V1 stated ER staff stated they could not disclose information as to the findings of the evidence. V1 stated counseling services have been discussed with R1 and R1 said she might take advantage of these services. V1 stated R1 is on oral contraceptives. V1 stated R1 has a significant other at the facility, but there has never been any evidence that they are sexually active. V1 stated, "I believe it (the sexual assault) happened exactly as (R1) said it did. She was very descriptive, and she also had the naked pictures of him, where you could clearly see his face." V1 stated she had never previously had any observance or reports of V4 acting inappropriately with staff or residents. V1 stated V4 was introverted but was a reliable employee. V1 stated V4's employment background check was clear of any offenses. V1 stated the facility has a zero-tolerance policy for abuse and, V4 has been terminated. V1 stated according to information on Judici.com, V4 has been charged with a Class X felony.</p> <p>V4's "Illinois State Police Bureau of Identification Conviction Information Request Response" dated 8/29/19 documented, "A search of the files of this bureau. Submitted by your agency failed to reveal any criminal conviction record for the subject in question. Result: No record on file."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906
--	--

(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	<p>Continued From page 8</p> <p>On 4/26/23 at 10:10am, V2 corroborated V1's above account of the details of the incident. V2 stated since she works day shift, she usually didn't see V4 unless she had to come in early to transport a resident to an appointment. V2 stated she never heard or witnessed anything about him abusing any of the residents. V2 stated she believes R1, and V5 had stated V4 confessed.</p> <p>On 4/26/23 at 12:20pm, V1 stated staff are closely monitoring R1, whom today is more quiet than usual, but is interacting with staff and peers, seems stable, and is talking about looking forward to a shopping trip next week.</p> <p>On 4/26/23 at 12:55 pm, R1 was sitting outside, enjoying the nice weather with peers. R1 was quiet but not tearful. R1 stated she is doing ok today.</p> <p>On 4/26/23 at 1:05pm, R6 was alert and oriented to person, place, and time. R6 stated he generally wakes up about 2:00am every night and gets up to get a drink. R6 stated he woke up about 2:00am on 4/22/23 and went to the kitchen area and noticed the lights in the TV room, sunporch, and dining room were not on like usual. R6 stated V4 was not sitting by the back door playing games on his phone as usual. R6 stated he then saw V4 standing by the TV. R6 stated he spoke to V4 and V4 seemed startled. R6 stated V4 was fully clothed. R6 stated he returned to bed and thought later at some point he heard a noise but couldn't be sure what it was or where it came from. R6 stated as far as he knew, V4 had been usually quiet and a nice guy, and he was surprised when he had heard what happened to R1. R6 stated he has never been hurt or abused by any staff, nor prior to 4/22/23 had he heard</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/27/2023
NAME OF PROVIDER OR SUPPLIER SPANISH OAKS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 223 WEST VIENNA, P.O. BOX 118 ANNA, IL 62906		
(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 about abuse happening to other residents. On 4/27/23 at 12:50pm, V8 (Police Chief/V5's Supervisor) stated the investigation into the assault is still ongoing and evidence is still being gathered, and per guidance V8 has obtained from the States Attorney, the investigation may not be released at this time. V8 stated for this reason, he has advised V5 not to be interviewed by IDPH. V8 stated he is very limited in what he can disclose about the investigation but was able to share that V4 confessed to the sexual assault and did not seem to understand the concept that R1's ability to consent could be limited due to R1's intellectual functioning. V8 stated that there was at this time no evidence that V4 had been grooming R1. The facility's undated Abuse and Neglect Policy documented, "An owner, licensee, Administrator, employee, or agent of the facility will not abuse or neglect a resident. Residents are to be treated with dignity and respect at all times and under any circumstance." "A"	S9999			