

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006795	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2023
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NAME OF PROVIDER OR SUPPLIER OAK PARK OASIS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302
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S 000	Initial Comments Complaint Investigation: 2399457/IL166638	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.3210t)</p> <p>Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to protect a resident identified to be at risk for abuse from a resident-to-resident sexual abuse. This affected one of three residents (R1) reviewed for resident-to-resident sexual abuse. This failure resulted in resulted in R1 feeling sad, scared, and powerless.</p> <p>Findings include:</p> <p>On 11-14-23 at 9:55 AM, R1 said she went with R2 to his room to get a pop. R1 said R2 did not touch R1 and moments later said R2 touched R1's genitals with his hands. R1 said R2 touched between my legs under my clothes. R1 said they were in R2's bed. R2 asked R1 to sit on his bed and R1 said R2 is big, and she didn't have a choice. R1 said R2 put 2 hands under the skirt and R2's 2 fingers penetrated R1's vagina. R1 said she did not fight R2 and did not tell R2 to</p>	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
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S9999	<p>Continued From page 1</p> <p>stop. R1 said R2 put R1 in her wheelchair and pushed R1 out of his room. R1 said she told R1 told V4 (Certified Nursing Assistant/CNA) who told V3 (Licensed Practical Nurse/LPN). R1 said V3 called the local police. R1 said she did not talk to the police. R1 said R2 is no longer at the facility however said she still feels scared at the facility. R1 said she feels safer since R2 is not here anymore. R1 said she is satisfied with the facility handling this situation. R1 said R2 has not touched R1 before. R1 said R2 did not try to be romantic with R1. R1 said R2 was able to lift her up and place her on his bed and this happened in the afternoon. On 11-16-23 at 8:54 AM, R1 said R2 pushed R1's wheelchair to his room R2 did not say what they would do in his room. R1 said R2 told R1 to get on the bed, R2 assisted (lifted) R1 on the bed, R2 flipped R1 over on the bed, R2 pulled R1's skirt and panties down, and R2 slapped his penis on R1's vagina. R1 said R2 did not penetrate me with his penis. R1 said she did not consent to any of this. R1 said she did not put up a fight because he was a big guy. R1 said this lasted 3 minutes. R1 said after, R2 put panties back on and skirt on. R2 threw me in the chair and wheeled me out. R1 said she did not tell anyone because she did not like the nurse. There are no previous altercations or encounters with R2 prior to this. R1 denies any previous abuse concerns prior to this incident.</p> <p>On 11-14-23 at 9:30 AM, V2 (Director of Nursing/DON) said on 11-12-23 around 8:00 AM, R1 informed V3 informed R1 made sexual assault allegation against (R2). V2 said she was on her way to facility and said the staff kept R1 and R2 separated. On the phone, R1 told V2 that R2 pushed R1's wheelchair into his room around 2:00 PM on Saturday (11-11-23). R1 said R2 told R1 to get on R2's bed. R1 needed assistance to</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>transfer on to his bed. R1 said she transferred herself onto R2's bed. While on his bed, R2 vaginally penetrated R1 with his penis. V2 asked R1 if she yelled or screamed for help and R1 said no. V2 asked R1 why she didn't scream for help and R1 said R2 was big. R1 said she was scared of R2. R1 told V2 that she went back to her chair and she left out of R2's room. When V2 arrived at facility, R1 was interviewed by 2 other staff (V12 Assistant Administrator and V5 Social Services). V2 talked with V12 (Assistant Administrator) and V5 (Social Services). V2 said local police were called by Assistant Administrator and they arrived at the same time ambulance was bringing R1 to hospital. MD was notified and gave order to send R1 for hospital evaluation and rape kit. Emergency contact was called however no response and message left. Facility called R2's psych MD and family. MD gave order for R2's psych evaluation. V2 said R2 can show behaviors of flirtation and making inappropriate sexual comments towards staff residents. V2 said R2 may attempt to touch an arm but has not seen R2 grab or sexually touch a resident or staff. V2 said she would not condone R2 taking a female to his room knowing R2's sexual behaviors and mental illness for a safety measure. V2 said R2 requires standard rounding because he is out and about. V2 said when she is around and sees R2's door closed, she would make it a point to knock on the door to check on his due to his behaviors.</p> <p>On 11-14-23 at 11:08 AM, V3 (LPN) said on 11-12-23 around 7:15 AM, R1 told V3 R2 raped her (R1). V3 immediately asked if R1 was OK and did a visual inspection. V3 said R1 did not complain of any pain or discomfort. V3 appeared to be OK at that time. V3 said R1 did not show any signs of abuse. V3 said she did not check</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R1's genitals. V3 asked when this happened and R1 said it happened yesterday at 2:00 PM (11-11-23). R1 said R2 raped her and did not give any detail. V3 said R1 did not mention any penetration or finger activity. V3 immediately notified social worker, V2 (DON), (Administrator was on vacation), V11 (MD), and no family was listed. V3 said V5 (Social Worker) called police. V3 said local police met R1 at the hospital. V3 said R2 was sent out for hospital evaluation and has not returned.</p> <p>On 11-14-23 at 11:51 AM, V4 (CNA) R1 is alert, oriented, and able to make her needs known. V4 said R1 would be able to report abuse if it happened to her. V4 said R2 is alert, oriented, and able to make his needs known. V4 said she is not aware of R2 being capable of sexual abuse towards others. V4 said she has not seen R2 have any sexual behaviors towards other residents. V4 said she arrived to work on Sunday (11-12-23) at around 7:15 AM, R1 saw V4 at the elevator and took V4's hand and lead V4 around the corner. R1 told V4 R2 raped R1. R1 did not give details however V4 immediately reported to V3 (LPN). V3 arrived and R1 told V3 the same allegation. V3 reported it to necessary administration. V4 said R1 was tearful, emotional, and scared.</p> <p>On 11-14-223 at 12:18 PM, V5 (Social Service Director/SSD) said R1 is alert, oriented, and able to make her needs known. V5 said R1 is capable of reporting abuse if it happened to R1. V5 said R2 is alert, oriented, and able to make his needs known. V5 said R2 is known for inappropriate jokes which can be very personal or sexual at times. V5 said staff will report inappropriate touch from R2. V5 said R2 can be difficult to redirect and R2 has poor respect of other</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>people's boundaries and can be impulsive. V5 said she would separate R2 from female peers due to his joking and sexually inappropriate behaviors. V5 said if she would see a female with R2 going to his room, she would suggest they meet in a common area of the floor. This way staff can monitor and ensure resident safety. On 11-16-23 at 9:30 AM, V5 said R1 is vulnerable for abuse because of confusion related to CVA, Hemiplegia, Psychiatric History, and Depression.</p> <p>R1's Minimum Data Set/MDS (ARD 9-11-23) documents: BIMS = 11. Active Diagnoses (not limited to): Cerebrovascular Accident.</p> <p>R1's Progress Note dated 11-12-23 documents: Upon checking rooms this a.m., resident came out to nurses' station and stated to writer and CNA that she had been raped by R2. Resident stated that "(R2) pushed her wheelchair into his room and told her to get on the bed and she did. She stated, "He pulled my dress up and raped me." When writer asked where roommate was, she stated, "he was in his bed." Writer asked why you didn't scream. She stated, "I was scared, he is a big guy, and I was afraid of him." T 98 P 84 R 18 B/P 162/111. Rapid Covid 19 complete. Results are negative. Dr. Olson called and notified. Order sends to ER (Emergency Room). EMS (Emergency Medical System) called and ETA (Estimated Time of Arrival) within 30 minutes. At 9:00 a.m. EMS arrived EMTs (Emergency Medical Technicians) x2 with stretcher to pick up resident. DON notified and present. Assistant Administrator notified. Social Service notified.</p> <p>R1's Social Service Note dated 11-12-23 documents: Writer was made aware that resident made an alleged statement against peer, writer</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>informed SSD. DON (Director of Nursing) and Assistant Administrator were made aware. Resident was sent out for observation. Writer gathered witness statement and room change was made because resident felt unsafe. Staff will continue to monitor resident needs upon return from hospital.</p> <p>R1's Comprehensive Assessment Care Plan documents: R1 is susceptible for abuse/neglect.</p> <p>R2's Social Service Note dated 11-12-23 documents: Writer provided resident with a wellness check due to resident being named in an alleged incident. Writer took residents' statement, during which time resident appeared nervous due to labile (shaking) affect. Also, during intake of statement resident held a blank stare. Due to the nature of the incident resident was sent out for observation (around noon) and writer will provide an update upon residents' return.</p> <p>R2's Care Plan documents: Focus: Comprehensive assessment reveals history of suspected abuse and/or neglect or factors that may increase his/her susceptibility to abuse/neglect. Intervention: Assure the resident that he is in a safe & secure environment with caring professional. Explain that psychosocial adjustment is often facilitated by developing a trusting relationship with another person (i.e., social worker, nurse, CNA, peer) and by verbalizing thoughts, needs & feelings.</p> <p>R2's Care Plan documents: Focus: (R2) exhibits sexually inappropriate behavioral symptoms related to Severe Mental Illness. Intervention: Intervene & redirect when any inappropriate behavior is observed. Communicate assertively</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>that the resident must exercise control over impulses & behavior (Social skills training). Remind the resident to refrain from hostile and inappropriate touching.</p> <p>Initial State Reportable dated 11-12-23 documents: Circumstances of alleged incident: It was reported to the nurse by the resident that she was allegedly sexually assaulted by another resident. The victim evaluated and sent out for further evaluation. The alleged perpetrator sent out as well. The police were called, and a report was filed. MD made aware. Family made aware and administration made aware.</p> <p>R1's Hospital Record dated 11-1-223 documents: HPI: (R1) female with medical history as noted who presents with call for sexual assault. R1 is a resident at a nearby nursing home. She states that another resident brought her into his bedroom against her will. States he "slapped" his penis on her unclothed vagina. Denies penetration, did not see bodily fluids. This interaction was brief lasting couple seconds to minutes. She was able to leave shortly after. She denies sustaining any other injury during this event. She is low concern for STDs. Of note, the patient does have history of hypertension and had a stroke last year which is why she is now living in a nursing home. She denies any pain. Denies any skin changes. Denies any trauma or injury. Police called by NH (nursing home) and present in dept (department). Pt does not want to discuss with police does not want a SA (sexual assault) kit. Medical Decision Making: Initial Assessment and Plan: female with medical history as noted above who presents with report of sexual assault. No penetration. No apparent involvement of bodily fluid. There was skin to skin contact between this man's penis and the skin over her</p>	S9999		

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S9999	Continued From page 7 vagina. She denies any vaginal discharge, bleeding, lesions. This occurred within the past 24 hours. Patient initially refusing to make a police report. Has gone back and forth. Multiple discussions with (R1), SANE (Sexual Assault Nurse Examiner). Sexual assault kit catered to exposures and desires of the patient. Please see SANE full documentation. Reviewed this work-up with the patient and she does not feel comfortable with this plan. We also called the nursing home to confirm that this individual is no longer living there he has been sent to another institution nursing supervisor aware and she will be living on a different floor from here on out according to the nursing supervisor. All questions answered patient does feel safe to go back to the institution. No further needs at this time will discharge in stable condition. "B"	S9999			