Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
		IL6004352	B. WING		01/2) 5/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			TH ROBER			
HICKOR	Y VLG NRSG & RHB	HICKORY	HILLS, IL 6	0457		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint 2490262/IL168597					
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a)					
	300.1210b					
	300.3210t)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of resident to meet the	shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal				
Ilinois Depai _ABORATOR`	tment of Public Health Y DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE
	ically Signed					02/14/24
			6899 L	18\//211	If continuati	on sheet 1 of 14

If continuation sheet 1 of 14

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED C	
		IL6004352	B. WING	B. WING		01/25/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
HICKOR	Y VLG NRSG & RHB		UTH ROBERT: Y HILLS, IL 60				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	age 1	S9999				
	care needs of the r	esident.					
	Section 300.3210	General					
	not subjected to ph	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or f property.	•				
	These requirement	s are not met as evidenced by	c l				
	failed to follow their /preventing a vulne sexually assaulted affected two of four for sexual abuse. T entering R1's room	and record review, the facility abuse policy by not protecting rable resident from being by another resident. This residents (R1, R2) reviewed his failure resulted in R2 approximately 3 hours after he facility and sexually R1 said no to sex.					
	Findings Include:						
		with the following diagnosis: pression, and seizures.					
	R2 is a 29 year old bipolar disorder and	with the following diagnosis: d schizophrenia.					
		with the following diagnosis: lisorder and schizoaffective					
	social services was	ote dated 1/8/24 document made aware the R1 reported as being sexually inappropriate					
		ed 1/8/24 documents R1 propriately touched by a peer.					

Illinois D	epartment of Public					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
						С
		IL6004352	B. WING		01/2	25/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		JTH ROBERT			
			HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	officers responded sexual assault alleg were met by V1 (Ac approached V1 and touched R1. R1 wa the following inform room at approximat R1's room, and R2 then proceeded to t reported telling R2 take off R1's pants. penis inside of R1's advised R2 was tryi R1's nipples and wa saying, "You are my interviewed. V1 adv R1 and R3 are roor with R3 who stated room and observed pants completely of on. R3 observed R2 and both residents R2 saw R3 then yel attention to leave. F the room shortly aft directions. R3 assis R2. R2 was taken to further investigation approximately 5:15 R2 had just arrived on this day. R2 met looking for a cigare lay on the bed with was laying with R1, R2 then asked R1 to remove	dated 1/8/24 documents to the facility for a criminal jation at 3:38 PM. The police dministrator) and advised R1 4 said R2 inappropriately s met in private and relayed ation: R1 was sleeping in R1's tely 2 PM. R1 noticed R2 enter started talking with R1. R2 ry to have sex with R1. R1 to stop but R2 continued to R1 stated R2 placed R2's a vagina without a condom. R1 ing to place R2's mouth on as touching R1's buttocks / girl." V1 was then rised R3 witnessed the event. nmates. Officers then spoke that R3 was walking into R3's R1 lying on the bed with R1's f. R3 said R1 still had a shirt 2 sitting on the edge of the bed were making out. R3 reported led, "Hey," as to get R3's R3 reported R1 and R2 exited er and walked in opposite sted the officers in identifying o the police department for n. R2 was interviewed at PM. R2 stated the following: at the facility for the first time R1 by walking into R1's room tte. R2 asked R1 if R2 could R1 and R1 stated "yes." R2 and R2 put R1 on top of R2. o be R2's girlfriend. R2 said ed each other, and then R2 each other, and R1 did. R2 seding to lick R1's breast. R2				

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		IL6004352	B. WING			25/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		TH ROBERTS HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	•	S9999			
	both times R1 said time and R1 agreed and R2 was grabbin take R1's pants off. R2's fingers inside minutes. R2 reporte what was going on. R2 could "put it in," get an erection. R2 sex, but R2 was jus butt. R2 saw R3 the ended it all. The Ambulance Ru documents the fire facility for a report of stated "I was in my came in and did the stop, and he would	ake R1's pants off twice, and "no." R2 then asked R1 a third d. R2 stated they were kissing, ng R1's butt so it was "OK" to R2 also described placing R1's vagina for 10 to 15 ed that R2 didn't think R1 knew R2 reported R1 told R2 that and R2 tried, but R2 could not said hey were trying to have st rubbing R2's penis on R1's en walked in the room and n Sheet dated 1/8/24 department was called to the of a sexual assault victim. R1 room sleeping when a male e sex to me. I asked him to not." R1 was transported to uest of the police department.				
	R1 presented to the concern of an alleg happened at the ex speculum exam wa of injury was noted. handed over to the Medical Forensic D document R1 was p	rds dated 1/8/24 documents e emergency department for a ed sexual assault that tended care facility. A is performed, and no evidence . The sexual assault kit was police department. The occumentation Forms penetrated in the vagina and enis as well as finger.				
	police were called t resident (R1) that w male resident (R2). R1, R1 said R2 can talking to R1. V2 sa	AM, V2 (Detective) said the o the facility for a female vas sexually assaulted by a V2 reported while interviewing ne into R1's room and started aid R2 then attempted to have told R2 to stop, but R2				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:			E SURVEY PLETED
		IL6004352	B. WING		C 01/25/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		9246 SOU	TH ROBERT	S ROAD		
HICKOR	Y VLG NRSG & RHB	HICKORY	HILLS, IL 6	0457		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	qe 4	S9999			
	continued. V2 said and R3 share and F pants. V2 reported R2 was detained. V the police station. V R2 reported asking twice and R1 said " asking R1 a third tin R2 reported R1 "se what was going on" have sex.	R3 came into the room R1 R3 saw R1 on the bed without R3 was able to identify R2 and 2 said R2 was interviewed at 2 said during R2's interview, R1 to take R1's pants off no." V2 said R2 admitted to me and R1 agreed. V2 stated emed like she did not know when they were about to 5PM, R1 said there was an				
	incident with a male room and "raped" F mental status was a state R1's name an date. R1 said on the lying in R1's bed try entered R1's room. questions such as I cigarette for R2, an with R1. R1 stated didn't respond. R1 of R1's bed and began underwear off. R1 s three fingers" inside them around." R1 s and put R1 on top of put R2's penis inside R1's shirt and bra a breasts. R1 said at but R2 replied "You stuff." R1 reported I or kissing R1 when walked in the room R1 said R2 left abo	e resident that came into R1's R1 "a couple days ago." R1's assessed and R1 was able to d birth date, the location, and e day of the incident, R1 was ring to take a nap when R2 R1 said R2 began asking R1 R1's name, if R1 had a d if R2 could sit on R1's bed R1 felt "scared" of R2 and reported R2 then just sat on n pulling R1's pants and said R2 then placed "two or e R1's vagina and "moved aid R2 then laid on the bed of R2. R1 said that is when R2 e of R1. R1 reported R2 lifted and began to suck on R1's this point R1 told R2 to "stop," are my girl now. I will buy you R2 did not stop penetrating R1 R1 said stop. R1 said R3 then and R1 lied down in the bed. ut five minutes after R3 came eported then leaving R1's				
	room and walking t	o the front office. R1 said R1				
	first saw V3 (Admis tment of Public Health	sions) and began to tell V3				

Illinois D	Pepartment of Public	Health			FORM	APPROVED
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		IL6004352	B. WING		C 01/25/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
			JTH ROBERTS			
HICKOR	Y VLG NRSG & RHB	HICKORY	HILLS, IL 60	457		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	what happened. R1 into V1's (Administr what happened with were called, and R2 leaving for the hosp hospital "to be teste do a rape kit." R1 s room that was R1's with R2. R1 denied said R1 felt safe in raped about a year male resident that r stated, "I feel emba to me. Why me?" R relations with anyor asked to define cor when asked what d for something to ha state what that mea meeting with V8 (S yesterday and discu- saying "no" when R something, and to t said R1 did not scre "no" again because was "afraid to keep facility starting any from this happening On 1/10/24 at 12:33 room and walked to furthest from the do man" in R1's bed. F man" was in R1's b out "the man" was f reported "the man's when R3 first walke felt like R2 was "wa was in the room wit	said V3 brought R1 directly rator) office, and R1 told V1 n R2. R1 endorsed the police 1 spoke with the police before bital. R1 said R1 went to the ed" and so the hospital "could aid when R2 came in R1's first time meeting or speaking R2 wearing a condom. R1 the facility. R1 said R1 "was ago" in this facility by another no longer resided here. R1 rrassed this keeps happening R1 denied having sexual ne else in the facility. When nsent, R1 was not able and oes it mean to give permission ppen, R1 again was unable to ant. R1 reported R1 had a focial Service Director) ussed what is sexual abuse, 11 does not want to do ell V1 about any abuse. R1 eam for staff help or tell R2 e R1 felt "uncomfortable" and ing saying no." R1 denied the new plans to keep R1 safe				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		IL6004352	B. WING		01/2	25/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HICKOR	Y VLG NRSG & RHB		UTH ROBERTS Y HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 6	S9999			
	the bed. R3 reported tried to take a nap to that?" to R1. R3 del question. R3 said a heard R1 and R2 le police then arrived identify R2. R3 repo- police and R2 was denied the facility h for newly admitted to On 1/10/24 at 1:20F was exiting the from said R1 whispered on R1 in R1's room reported immediate and heard R1 tell V and sucking on R1'	PM, V3 (Admissions) said V3 it office when V3 saw R1. V3 to V3 that R2 started kissing and then R1 began to cry. V3 ely bringing R1 into V1's office 1 that R2 began kissing R1 s breasts.				
	new resident admitt spoke of seeing R2 halls after being ad talking to V4 while V and tried to follow V room. V4 said V4 h other resident's roo denied telling any o enter another reside monitors new admis hours just like all ot incident would be c because R1 did not On 1/10/24 at 1:48F R2 was a new reside	PM, V4 (CNA) said R2 was a ted to the facility on 1/8/24. V4 walking up and down the mitted. V4 reported R2 began V4 was walking down the hall /4 into another resident's ad to tell R2 not to enter the m and R2 complied. V4 ther staff R2 attempted to ent room. V4 said the facility ssion residents every two her residents. V4 said this onsidered sexual abuse t want R2 touching R1. PM, V5 (CNA) said V5 knew dent but wasn't aware of any R2 needed. V5 denied the				
	facility monitoring n	R2 needed. V5 denied the ewly admitted residents says to watch for special				

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						С
		IL6004352	B. WING			25/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		UTH ROBERTS			
			Y HILLS, IL 60		0000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 7	S9999			
	touched R1 but was V5 said R1 did have of being sexually as resident in the past. interventions in plac unwanted touching. would be considere On 1/10/24 at 2:06F not require any incr admission. V6 said complete a resident facility as they pleas walking up and dow at all times. V6 said happened between arrived. V6 admitted incident of reporting facility. V6 denied b interventions were p allegation. V6 said t behavior and would On 1/10/24 at 2:32F admission process belongings and orie facility but after thos resident can walk fr newly admitted resi monitoring. V7 reported R2 was other residents. V7 considered sexual a	PM, V6 (Nurse) said R2 did eased monitoring as a new after the admission process is t is allowed to walk around the se. V6 admitted to seeing R2 n the halls but did not see R2 V6 was unaware of what R1 and R2 until the police d being aware R1 had another being raped in the past at the	5			
	keeping R1 safe. On 1/10/24 at 2:58					

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	IL6004352		B. WING		C 01/25/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		9246 SOL	ITH ROBERT	S ROAD		
HICKOR	Y VLG NRSG & RHB	HICKORY	HILLS, IL 6	0457		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	the facility. V8 repo part of the house ru around 3:15PM tha inappropriate with F working at the facili see R1's history of the past. V8 stated, awareness issues a scope of things, but On 1/10/24 at 3:19F was able to introduc speak with R2 agai another situation wi ago" where R1 repo inappropriately. V9	al service went over policies of rted abuse was discussed as iles. V8 said V1 told V8 t R1 alleged R2 was sexually R1. V8 said V8 has been ty about one month but did a sexual abuse allegation in , "There might be some safety and not fully understanding the t she is alert and oriented." PM, V9 (QA Nurse) said V9 ce V9's self to R2 but did not n after that. V9 said there was ith R1 that happened "a while orted being touched denied being aware of what put into place after the first safe.				
	encounter with R2. R1's room and ask said R1 then report suck R1's breasts. R2 then penetrated V1 reported intervie made physical cont stop. V1 said R2 re and that is when R2 discussed interview saw R1 with no par bed. V1 said R3 rep ask, "You like that? called and took R2 V1 reported R1 did where R1 reported R1 against R1's wil incident R1 was ed	PM, V1 said R1 reported the V1 said R1 said R2 came into ed to stay and R1 agreed. V1 ed R2 began to kiss R1 and V1 endorsed according to R1, R1 and R1 told R2 to stop. ewing R2 and R2 reported they fact but R1 did not tell R2 to ported R3 came into the room 1 began saying "no." V1 ving R3 and R3 reported R3 nts on while walking to R3's ported hearing a male voice " V1 said the police were to the station for questioning. have an incident in the past a male resident had sex with I. V1 said after the first ucated on safe sex and setting				
		facility will continue to				
inois Dono	rtment of Public Health					

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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		TH ROBERTS HILLS, IL 60			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ige 9	S9999			
	reeducate R1 on safe sex and "check in on" R1 to make sure R1 feels ok.					
	she (R1) is either m man into sleeping v or she's not able to V10 reported being incident of reporting ago. V10 said for th what happened bet need to be trained n monitoring of the re V10 that R1 was no asked how can a re cannot define cons- take away their righ lot of the residents educated and not s right to vote so I wo consent to, what the The following docum	ing I would have to say is that nanipulative and fooled the with her then said he raped her fully understand boundaries." aware R1 had another g being raped about one year ne facility to stop incidents like ween R1 and R2 then the staff more and increasing esidents. This surveyor told of able to define consent and esident consent to sex if they ent? V10 stated, "We cannot at the facility are not very mart people. They have the buld say they have the right to ey want to do with their body."				
	inappropriately touc the hospital for an e A Social Service no	ed 12/6/22 documents R1 was ched by a peer. R1 was sent to evaluation and treatment. ote dated 12/8/22 documents				
	of an unwanted sex peer. Social service teaching/counseling	ne hospital related to allegation kual encounter with a male es provided g related to the unwanted R1 verbalized comprehension				
	of the information p The Care Plan date a recent allegation					

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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HICKOR	Y VLG NRSG & RHB		JTH ROBERT: (HILLS, IL 60			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 10	S9999			
	wellness checks on safe from unwanted	Iff will monitor and perform R1 to help determine if R1 is sexual advances. There is Itation of any monitoring taking				
4 5 7 8 7 8 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	documents R1 is cu be ambivalent, and to deciding if R1 wa R1's self as having reportedly does not approaches. R1 rep has ever been hurt have sex when R1 having a hard time say anything, and re stated, "Sometimes	ssment dated 12/9/22 urrently sexually active. R1 can per R1's report when it comes ants to have sex, R1 describes difficulty saying "no." R1 resist men's sexual ported "yes" when asked if R1 in a sexual way or forced to did not want to. R1 reported saying "no", so R1 does not eportedly doesn't resist. R1 a I just want to kiss." During 1 seemed embarrassed and				
	The Human Sexuality Questionnaire dated 8/1/23 documents R1 does not engage in sexual activity with others. R1 was asked what R1 would do if R1 were asked to have sex but didn't want to. R1 answered just say "no." No safety issues were identified regarding R1's sexual history. There is no mention in this assessment of R1's previous history of being sexually abused or interventions that are in place to keep R1 safe.					
	R1 made an allegat for being sexually ir physical, sexual, ve	view dated 1/8/24 documents tion against another resident nappropriate. R1 is at risk for rbal, and mental abuse. There sk review before this date.				
	alleges that anothe	ed 1/8/24 documents R1 r resident was sexually R1. This care plan also				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE			
		9246 SOI	UTH ROBERT	S ROAD			
HICKOR	Y VLG NRSG & RHB	HICKORY	Y HILLS, IL 60)457			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 11	S9999				
	documents R1 is at of alleged sexual in residents and diagr	risk for abuse due to history appropriateness by other losis of severe mental illness. not initiated until after the					
	The following docur	mentation is for R2:					
	documents social s admission paperwo services explained	te dated 1/8/24 at 2 PM ervices met with R2 to go over rk and assessments. Social the facility rules and policies. erstanding and signed all ork.	-				
	documents it was re R2 was being sexua	te dated 1/8/24 at 4:08 PM eported to social services that ally inappropriate with R1. e separated, and the allegation abuse coordinator.					
	documents the nurs were notified of the	ed 1/8/24 at 4:15 PM se practitioner and physician alleged rape charges against ed out of the facility by the					
	accused of being se another resident. A	ed 1/8/24 documents R2 was exually inappropriate with n intervention is documented nd that unwanted sexual K.					
	document "Physica resident or a staff n includes abusive or resident or staff. Re	Rules were reviewed and l or verbal abuse of another nember is prohibited. This threatening behavior towards esidents who are found to be in of the house rules may be					

Illinois Department of Public Health									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED				
		IL6004352				C 01/25/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE					
		9246 SOI	JTH ROBERT	S ROAD					
HICKOR	Y VLG NRSG & RHB	HICKORY	HILLS, IL 60)457					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
S9999	Continued From page 12		S9999						
	immediate discharge from the facility for abusive or unsafe behavior directed against another resident or staff member." R2 signed a copy of the house rules on 1/8/24.								
	The Facility Final Incident Report Form dated 1/16/24 documents R1 reported to V1 that R2 was sexually inappropriate on 1/8/24. Both residents were separated and assessed. R1 stated that R2 came into R1's room approximately at 2 PM and begin asking sexually inappropriate questions. R1 reported that R2 then proceeded to have sex with R1 even after R1 told R2 "no". Upon interview, R2 denied the allegation. R2 stated R2 entered R1's room looking for money. R2 stated, asking for permission to sit on R1's bed, and R1 allowed. R2 denied having sex with R1 because R2 was not able to get an erection. R2 further stated that R3 entered the room, and that is when R1 told R2 to "stop". R2 reported stopping at this time and exiting the room. R3 was interviewed and reported hearing a man's voice when entering the room. R2 was initially transported to the police department for an interview.								
	documents, "This fa residents to be free exploitation, misapp deprivation of good mistreatment. This abuse, neglect, exp property, and mistre facility is committed from abuse, neglect								
		property and mistreatment by ut not limited to, facility staff,							
linaia Danas	tment of Public Health	at not minited to, lacinty stall,							

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			
		IL6004352	B. WING			C 25/2024
AME OF PROVIDER	OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	SG & RHB		UTH ROBERTS			
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999 Continu other re from oth individus friends, Abuse r sexual a by accio of injury or punis or ment "willful" individus the indiv or harm limited t sexual a	ed From pasidents, co ler agencie al, family m or any othe neans any issault infli ental mea , unreason hment with al anguish n the defir al must hav ridual must Sexual o, sexual h issault, inc		S9999			