(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008635	B. WING		04/2	; 6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CITADEL	OF SKOKIE, THE	9615 NOF SKOKIE,	RTH KNOX A	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation: 2492819/IL171754				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a) 300.3240a)					
	Section 300.610 Re	esident 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.					
		Abuse and Neglect				
	employee or agent	censee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)				
	These requirements by:	s were not met as evidenced				
	facility failed to prev resident sexual ass	and a record review, the vent an incident of staff to ault and inappropriate cted one of three residents				

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

Electronically Signed 05/08/24

TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			X3) DATE SURVEY COMPLETED	
		IL6008635	B. WING		04/2	26/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
CITADEL	OF SKOKIE, THE		TH KNOX A	/ENUE		
040.15	CLIMANA DV CTA	SKOKIE, I		PROVIDENCE DI ANI OF CORRECT	IONI	0.45
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	forcibly pushing R1 her breast, undoing penis to attempting hurt and wished for	exual assault and sure. This failure resulted in V6 down onto her back, grabbing his clothing and exposed his to rape R1. R1 said, she felt death. R1 said, she felt zed, and feared for her safety.				
	Findings Include:					
	R1 was diagnosed with Huntington's disease. Brief interview for mental status dated 02/27/24 documents a score of thirteen which indicates cognitively intact. Screening Assessment to determine abuse/neglect dated 2/21/24 and 4/9/24 documents: a score of (0-2) low risk (risk measure for likelihood of previous/recent mistreatment and psychosocial/psychological symptoms related to history of abuse and or neglect.)					
	Assistant) said, R1 lunch. V3 said, she R1 was acting funn like she was upset.	PM, V3 (CNA-Certified Nursing was her usually self after her went to lunch and returned, y, terrible in her chair, moving R1 was anxious. R1 moves in her disease but R1 was normal.				
	after she mentioned normally R1 is very	PM, V2 (DON) said, he saw R1 d the word rape. V2 said, quiet. V2 said, that was the l having that much anxiety.				
	he was informed by something about ra language before. V was sitting on the b	PM, V1 (Administrator) said, the V5 (nurse). R1 said, pe. R1 never used that 1 said, he spoke with R1. R1 ed crying. R1 said, rape, black ve any more detail. V1 said,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					С	
		IL6008635	B. WING		04/2	26/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CITADEL	. OF SKOKIE, THE	9615 NOR SKOKIE, I	RTH KNOX A' IL 60076	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
\$9999	V6 was identified as reviewing the video he did his rounds at he has not seen thr threw a shoe at V6. determine why R1 said, and agitated. R1 sa shiffling and increasincluded hitting bilar multiple times, V6 constanted to massage pushed her down on the graph of the graph of the was hit V6. determine whith V6 her room. R1 said, she was hurt and who of being raped. R1 traumatized and featon white was short and work through the was hurt and who of being raped and victure. R1 could not the was short and with the was short and work through the was hurt and who of being raped and victure. R1 could not the was short and with the was short R1 is one thing but to who being raped and victure. R1 could not the was short and w	s that black male after footage. V1 said, V6 reported, and then checked on residents roughout the day. V1 said, R1 V6 left the room, unable to threw the shoe. V1 said, gered by a past life event. I, V4 (CNA) said, R1 was he worked with R1 in the past R1 like that before. PPM, R1 was assessed to be person, place and time. R1 ly distraught, crying, anxious aid, while crying, red face, snot sed body movement which teral heels hard on the floor came into her room and her shoulders. V6 forcibly an her back by the shoulders, on top of her clothing, undid bosed his penis and tried to ex. R1 said, she couldn't yell. with her phone then V6 left V6 tried to rape her. R1 said, rould have rather death instead said, she felt victimized, ared for her safety. SAM, V8 (Family) said, while die from a debilitating disease watch R1 live through almost etimized was another level of	S9999			
	On 4/16/24 at 10:58	BAM, V6 (CNA) said, V6 said,				

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PRINTED: 07/09/2024 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:		A. BUILDING:		COMPLETED		
		7. Boilbino.		_	、	
			D. MINO			
		IL6008635	B. WING		04/2	6/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS. CITY. S	STATE, ZIP CODE		
			TH KNOX A			
CITADEL	. OF SKOKIE, THE			VENUE		
		SKOKIE, I	L 60076			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION COR		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG		,	IAG	DEFICIENCY)		
S9999	Continued From pa	ge 3	S9999			
	he was compelled to check on R1 because he					
		about a week to a week in a				
	,	as concerned about R1. V6				
		o not see certain residents. V6				
		ned from an escort, ten of his				
		ked in urine. V6 said, he did				
		esidents to the nurse. V6 said,				
		sidents, then realized he had				
	not seen R1 or R5. V6 said, he went into R1 and					
	R5's room. R5 was sleeping/breathing. V6 said,					
	he walked to R1's bed, R1 was sleeping, not					
	moving and really still. V6 said, he stood in R1's					
	room for one to two minutes to ensure R1 was					
	breathing. R6 said, he had no idea who was R1's					
	assigned CNA. V6 said, he did not notify the					
	nurse when he thought R1 wasn't breathing. V6					
	said, after one to two minutes he saw R1					
		she was okay. V6 said, no one				
		on R1. V6 said, he was				
	suspended pending	g an investigation for				
	something, but not	sure exactly what. V6 said,				
	abuse should alway	s be reported to V1 or the				
	nurse immediately.	Sexual, physical, mental,				
	emotional, financial	, involuntary seclusion and				
	verbal are all forms	of abuse. V6 said, he was not				
	sure which abuse h	e was accused of but plan to				
	stay away from all o	of them. V6 said, since he				
	returned to work he	did not have any training and				
	nothing was newly i	implemented related to his				
	suspension. V6 said	d, R1 did not throw a shoe at				
	him.					
	On 4/16/24 at 3:12pm, V9 (Nurse) said, R1 was alert and oriented to person, place and time. R1					
	has never made an					
		, 5				
	Health status note of	dated 4/9/24 documents:				
		rse on duty observed the				
		wheeled by two female CNAs				
		e nursing station. Resident				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
IL6008635		B. WING			C / 26/2024	
	PROVIDER OR SUPPLIER		TH KNOX A	STATE, ZIP CODE VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	was noted to restles the flash light on. R and asked what is a swinging her arms. the nurse to turn off nodded. Afterwards anxious and was agnurse to call her so nurse proceeded to Resident was again her and she made a called right away ar resident. One to on provided. Body assortion of the follow up of the fol	es and holding her phone with esident was then approached wrong with her but she kept. She was asked if she wanted if the flash light and she are resident was still noted to be gain asked if she wanted the in. Resident nodded and the reall her son but to no avail. In asked if what is wrong with an allegation. V1 and V2 was not they went check on the resupervision for safety ressment and police called. In a they went check on the resupervision for safety ressment and police called. In a they went check on the resident statement. Camera one employee that entered resident statement. Camera one employee that entered results with door open has been investigation. 4/9/24 documents: R1 said, male/black (M/B) about one divideo briefly which showed at M), a M/B, large build, afro hair, and wearing all black At 1438 hours (2:38PM), the re room. At 1439 hours the room and then walks to a red 4/9/24 documents: Assault	\$9999			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9615 NORTH KNOX AVENUE SKOKIE, IL 60076 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 close completely. Abuse Policy dated 12/2020 documents: Our resident have the right to be free from abuse. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse. Sexual abuse is defined as non-consensual sexual contact of any type with a resident.				D WING			
CITADEL OF SKOKIE, THE 9615 NORTH KNOX AVENUE SKOKIE, IL 60076 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 S9999 Close completely. Abuse Policy dated 12/2020 documents: Our resident have the right to be free from abuse. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse. Sexual abuse is defined as non-consensual sexual contact of any type with a resident.			IL6008635	B. WING		04/2	26/2024
CITABLE OF SKOKIE, THE SKOKIE, IL 60076 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 close completely. Abuse Policy dated 12/2020 documents: Our resident have the right to be free from abuse. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse. Sexual abuse is defined as non-consensual sexual contact of any type with a resident.	NAME OF	PROVIDER OR SUPPLIER					
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	S9999	close completely. Abuse Policy dated resident have the rithis includes but is corporal punishmer verbal, mental, sexuabuse is defined as contact of any type	12/2020 documents: Our ght to be free from abuse. not limited to freedom from ht, involuntary seclusion, ual or physical abuse. Sexual non-consensual sexual	S9999			

Illinois Department of Public Health

STATE FORM 6899 VG8711 If continuation sheet 6 of 6