AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 06/20/2024	
		IL6002315				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
Park Vie	EW REHAB CENTER		RTH RIDGE O, IL 60660			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Facility Reported Ir IL174218	ncident of June 10, 2024				
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.610 a) 300.1210 b) 300.3210 t)					
	a) The facility procedures govern facility. The writter be formulated by a Committee consist administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and sha	advisory physician or the ommittee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating II be reviewed at least annually documented by written, signed	,			
	Nursing and Perso b) The facility care and services to practicable physical well-being of the re- each resident's cor- plan. Adequate and care and personal	shall provide the necessary to attain or maintain the highes al, mental, and psychological sident, in accordance with mprehensive resident care d properly supervised nursing care shall be provided to each e total nursing and personal				
BORATÓRY		DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE
Electroni	cally Signed					07/08/24

Illinois D	epartment of Public	Health			FORM	APPROVED	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
IL600231		IL6002315	B. WING			C 06/20/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
PARK VI	EW REHAB CENTER		RTH RIDGE				
			D, IL 60660				
(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 ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	not subjected to ph	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or					
	These requirement	s are not met as evidenced by:					
	review, the facility fa (R1) was free from anguish. This failur experienced sexual	l abuse and mental anguish in ident exposing themselves to					
	Findings include:						
	was originally admir and latest admissio diagnoses that inclu Pneumonia, unspec muscle wasting, un intraocular lens, an	d admission record showed R1 tted to the facility on 08/10/24, in was dated 01/01/24, with udes but not limited to cified organism, hypokalemia, steady on feet, presence of xiety disorder, insomnia, ileus seential hypertension.					
	showed BIMS (Brie	m Data Set), dated 04/04/24, f Interview for Mental Status) g R1 is cognitively impaired.					
lincia Dono	was admitted to the diagnoses that inclu schizoaffective disc diabetes mellitus w	d admission record showed R2 a facility on 04/23/24, with udes but not limited to order unspecified, Type 2 ithout complications, sions, other depressive					

	epartment of Public	Health	1			APPROVED
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6002315	B. WING			C 20/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	EW REHAB CENTER	5888 NOF	RTH RIDGE			
		CHICAGO	D, IL 60660			
(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) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	episodes, and hypo	kalemia.				
		n Data Set) BIMS (Brief I Status) score of 12 shows R2 ed.				
	06/10/24, R1 allege while in the elevator investigation, based from the resident m the facility conclude substantiated. Both 1:1 supervision, R1	reported incident on d that R2 exposed self to R1 r and after the facility d on the facts from their review edical record and interviews, ed the allegation was R1 and R2 were placed on was transferred to another vas transferred to a local trist evaluation.				
	Practical Nurse), sta floor, separating R1	00am, V3, LPN (Licensed ated R1 has moved to the 1st from R2, and was placed on nearer to the nursing station.				
	room crying. R1 sta happened to me. I'r friends on my floor. I cannot see. I am a living on the floor ar (Crying). I don't go f afraid, I might find ( himself to me in the (R2) stands over my doorway. And anyw When asked about name, R1 could not was the only reside	D8am, R1 observed in the ted, "I am punished for what in the one not able to visit my I have friends on my floor that afraid because (R2) is still nd I cannot go upstairs. for activities because I am R2) there. (R2) exposed e elevator, and all the time, e on my bed and in my there I go, (R2) can go too." whom this was reported to by a remember, but stated R2 int in the elevator during the B. R1 stated R1 felt being happened.				
	On 06/17 at 10:28a	m, V4, LPN (Licensed				
iois Depai	tment of Public Health					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002315		(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 06/20/2024		
	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE. ZIP CODE		
			RTH RIDGE			
PARK VI	EW REHAB CENTER		D, IL 60660			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	the staff, (V13, CN4 (R2) had exposed h As soon as (V13) to Administrator. (R2) I called the psychiat send (R2) to the (lo evaluation. (R1) wa went to the hospital floor; she is now on to the 1st floor the s supervision." V4 ac to another intention	ated, "(R2) reported to one of A Certified Nurse's Aide) that himself to (R1) in the elevator. old me, I reported it to the was placed on 1:1 right away. trist and orders were given to cal hospital) for psychiatrist s put on 1:1 until the time (R1) . (R1) is no longer on the the 1st floor. (R1) was moved same day (R1) was put on 1:1 knowledged exposing oneself ally is a form of abuse.				
	Nurse's Aide), state (R2) told me about (R2) exposed himse (R2) said (R2) expo was the only reside it was not a normal exposing self to and peers). When aske	13am, V13, CNA (Certified ed, "On 06/10/24, (R1) and the incident. R1 stated that elf to (R1) in the elevator, and osed self in the elevator. (R1) nt in the elevator." V13 stated thing for R2 to go about other resident (referring to d whether exposing oneself to form of abuse. V13 stated, sexual abuse."				
	Services Director), at the time of incide that R2 had walked inappropriate comm to talk with R1, but hospital. The survey exposing oneself to	Yam, V15, PRSD (Social stated he was not in the facility ent of 06/10/24, but was told up to R1's room and made ments. V15 stated he was able R2 has been sent to the yor asked V15 whether another person/resident can abuse. V15 stated, "Yes."				
	of Nursing) stated, that (R2) had pulled	Bam, V14 (Assistant Director "(R1) came to me and told me I his pants down and exposed be elevator and said, 'come				

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IL6002315			C 06/20/2024	
STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
ed R1 was visibly shaking, 14 stated the Nurse ily were notified. "(V17, er) ordered some ation to calm (R1) down, and over the phone from the e surveyor asked whether g oneself to another can be e. V14 stated, "Yes and it can d resident rights issue." showed that Risperdal 1mg, staril 25mg was ordered for pm, V2, DON (Director of could be deemed sexual the intent and nature of the cally." V2 acknowledge the and R2 is a form of sexual om, V1 stated, "Exposing yes can be a form of abuse, tent and when it makes ble. The incident with (R1) to f abuse, and that was why ediately." pm, V17 stated, "I cannot they (referring to the facility ot, to be honest with you." V17 ar with R1. When asked				
	STREET AI 5888 NO CHICAGE TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CODENTIFYING INFORMATION) age 4 ed R1 was visibly shaking, 14 stated the Nurse hily were notified. "(V17, er) ordered some ation to calm (R1) down, and over the phone from the e surveyor asked whether ag oneself to another can be e. V14 stated, "Yes and it can d resident rights issue." showed that Risperdal 1mg, staril 25mg was ordered for pm, V2, DON (Director of could be deemed sexual the intent and nature of the cally." V2 acknowledge the and R2 is a form of sexual om, V1 stated, "Exposing yes can be a form of abuse, tent and when it makes ble. The incident with (R1) n of abuse, and that was why ediately."	STREET ADDRESS, CITY, ST 5888 NORTH RIDGE CHICAGO, IL 60660 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) TAG 99. 99. 99. 90. 90. 90. 90. 90.	STREET ADDRESS, CITY, STATE, ZIP CODE 5888 NORTH RIDGE CHICAGO, IL 60660 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) TAG PREFIX TAG PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY) ge 4 S9999 ed R1 was visibly shaking, 14 stated the Nurse illy were notified. "(V17, er) ordered some ation to calm (R1) down, and over the phone from the e surveyor asked whether ig oneself to another can be e. V14 stated, "Yes and it can d resident rights issue." showed that Risperdal 1mg, staril 25mg was ordered for pm, V2, DON (Director of could be deemed sexual the intent and nature of the sally." V2 acknowledge the and R2 is a form of abuse, tent and when it makes ble. The incident with (R1) n of abuse, and that was why ediately." pm, V17 stated, "I cannot they (referring to the facility ot, to be honest with you." V17 ar with R1. When asked e told V17 happened to R1	STREET ADDRESS, CITY, STATE, ZIP CODE S888 NORTH RIDGE CHICAGO, IL 60660 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION) Je 4 S9999 ed R1 was visibly shaking, 14 stated the Nurse ily were notified. "(V17, er) ordered some tion to call m (R1) down, and over the phone from the e surveyor asked whether g oneself to another can be e. V14 stated, "Yes and it can d resident rights issue." showed that Risperdal 1mg, staril 25mg was ordered for pm, V2, DON (Director of the intent and nature of the ally." V2 acknowledge the i and R2 is a form of sexual of abuse, and that was why ediately." pm, V17 stated, "I cannot they (referring to the facility it, to be honest with you." V17 ar with R1. When asked to did V17 happened to R1

Illinois Department of Public Health   STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA   AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ARK VII	EW REHAB CENTER		RTH RIDGE O, IL 60660			
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S9999	Continued From pa	ige 5	S9999			
	that includes but no	s the willful infliction of injury ot limited to mental anguish, ncludes but not limited to				
	with last revision, d employees shall off treat all residents w	n Resident Rights presented ated 2/24, documented fer all residents privacy and vith respect and dignity. To ment of care that supports a				
	(B)					
	tment of Public Health					