Illinois De	epartment of Public	Health			FORM	IAPPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		с	
		IL6009872	B. WING		11/12/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
WEST CH	IICAGO TERRACE			0405		
0/0 I -			HICAGO, IL 6			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COL (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2478618/IL179683 2478851/IL180038	ation				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.610c) 300.1210b) 300.1210d)3) 300.1210d)3)					
	, ,	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 compl 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 l be reviewed at least annually documented by written, signed				
	Section 300.620 Ac Discharge Policies	Imission, Retention and				
	admission of person maternity care, and keeping of such per	Il have a policy concerning the ns needing prenatal and/or a policy concerning the rsons who become pregnant ents of the facility. If these				
BORATORY	ment of Public Health DIRECTOR'S OR PROVID cally Signed	ER/SUPPLIER REPRESENTATIVE'S SIC	GNATURE	TITLE		(X6) DATE 11/27/24
			6899	9QV11	If continua	tion sheet 1 o

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6009872	B. WING	B. WING		12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
WEST C	HICAGO TERRACE		ET ROAD HICAGO, IL 60	185		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
\$9999	kept in the facility, the policy concerning the appropriate prenatal individuals from in-tresources. Section 300.1210 (Concerns) Nursing and Person b) The facility sector practicable physical well-being of the rese each resident's complan. Adequate and care and personal corresident to meet the care needs of the rese care needs of the rese car	a persons to be admitted to or hen the facility shall have a he provision of adequate and al and maternity care to such house and/or outside General Requirements for hal Care shall provide the necessary to attain or maintain the highes l, mental, and psychological sident, in accordance with hprehensive resident care properly supervised nursing care shall be provided to each total nursing and personal esident. subsection (a), general holude, at a minimum, the be practiced on a 24-hour, basis: oservations of changes in a , including mental and , as a means for analyzing and quired and the need for luation and treatment shall be aff and recorded in the ecord. ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision		DEFICIENC		

	epartment of Public		1				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED	
		IL6009872	.6009872 B. WING			C 11/12/2024	
NAME OF F	AME OF PROVIDER OR SUPPLIER STREET			TATE, ZIP CODE			
		928 JOLI	ET ROAD				
WESTCH	HICAGO TERRACE	WEST CI	HICAGO, IL 60	0185			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLETE DATE	
				DEFICIENC	÷Υ)		
S9999	Continued From pa	ge 2	S9999				
		-					
	by:	s are not meet as evidenced					
	by.						
	A .Based on intervie	ew and record review, the					
		e a system or any policies in					
		vices needed to meet the					
		entally ill female residents of					
	child-bearing age.						
	B Based on intervi	iew and record review, the					
		e any policies for residents					
		ant while they reside at the					
	facility.						
	· · · · · · · · · · · · · · · · · · ·						
	These failures resulted in one female resident						
	(R1) becoming pregnant by another resident and						
		o-social harm when she was					
		r the hospital Psychiatrist, is					
	now in a "catastrop	hic situation."					
	The findings include	e:					
	Δ On 11/06/2024 a	t 1:30 PM, V29 (R1's Hospital					
		1 was inpatient at the hospital					
		a mental health crisis					
		pregnancy. V29 said R1 was					
		due to her current situation.					
		hable to care for a child					
		lf requires 24-hour custodial					
		ental health. V29 said the					
		quately assess R1's ability to					
		practices which resulted in R1					
		while residing at the facility, access to an adequate facility					
		nental and medical health					
	needs. V29 said al						
		ult in a poor outcome to her					
		ng that all of these events					
		a "catastrophic situation." V29					
	stated she may hav		1			1	

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S9999	Continued From pa	ge 3	S9999			
	judge may grant guardianship and/or she may have an abortion, or if she has the child and it is removed because of her capacity. V29 stated R1 won't understand, which would be catastrophic. V29 stated R1 "thinks she is rich and has a rich man- she does not understand her current position." V29 stated "a lot of [R1's] thoughts are 'child-like thinking' or 'magical." V29 stated he feels the facility did not adequately provide contraceptives for her and now has basically kicked her out. V29 stated "they give condoms to residents in hopes they use them right- mental patients- where the normal adult has difficulty even using them right." V29 stated "it's an environment problem" and in his opinion, "the facility has failed her ethically."					
	anxiety disorder, ep R1's 10/17/2024 Gy Summary Report co ultrasound with an	oses included schizophrenia, bilepsy, and asthma. ynecology Consultation onfirmed R1's pregnancy by "Estimated gestational age: g pregnant 9/2/2024), with an delivery: 6/9/2025."				
	Practical Nurse/LPI instructed not to ad medications becaus pregnant on 10/17/2	2:37 PM, V7 (Licensed N) said on 10/18/2024 she was minister R1's antipsychotic se R1 was confirmed to be 2024. V7 said she was not n sexually active at the facility.	5			
	stated he was unsu boyfriend and presu consequences of u	:45 AM, V20 (R1's Brother) are if R1 and R2 (R1's amed father) understood the nsafe sex. V20 stated R1 and together on 10/17/2024 with				

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WESTC		WEST CH	HICAGO, IL 60	0185		
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S9999	Continued From pa	ge 4	S9999			
	no plan but "to get a neither R1 or R2 ha Social Security, but	an apartment." V20 stated ave no funds except for a little they have no way of getting no skills to leave and find				
	R1's 9/23/2024 Level of Functioning assessment showed she "needs significant assistance" in the listed areas of- forming and maintaining friendships; pursuing appropriate leisure and recreational activities; taking care of own possessions and living space; money knowledge and money management skills; and recognizing and avoiding common dangers.					
	said R1 was curren facility had her petit psychiatric admissi R1 had experience reportedly told R1 h with her pregnancy Involuntary Admissi R1 "presents with e extreme agitation, a	:30 PM, V18 (R1's Brother) tly at the hospital after the ioned out for an involuntary on on 10/18/2024. V18 said d an emotional crisis after R2 ne did not want to be involved . R1's 10/18/2024 Petition for ion (timed at 9:30 AM) showed exacerbated psychosis, aggression, and mania. The t and not taking psychotropic				
	Nursing) said she re (resident elopement building and then we to the hospital. V2 longer care for R1 s another resident we said the facility did processes to monit perform pregnancy contraceptives, con	2:00 PM, V2 DON (Director of esponded to a "code green" t) for R1 when R1 exited the as subsequently petitioned out said the facility could no since she became pregnant by hile residing at the facility. V2 not have policies and or menstruation cycles, testing, distributing npleting intimacy assessments pregnancy. V2 said she did	t			

IT OF DEFICIENCIES OF CORRECTION					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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Continued From pa	ge 5	S9999			
not know much about the intimacy assessments because psychosocial staff were responsible for completing them.					
(Psychiatric Rehab 10/17/2024 when R pregnant, she expre R2. V3 then said of informed R1 was ar leave the facility. V was asked to assist petition for acute psy was extremely agita and others. V3 said intimacy assessment they did not maintai in intimate relations on the assessments they apply, they are psychosocial staff a condoms, but they of of which residents a the amount provide	Social Director) said on 1 found out she was essed wanting to leave with n 10/18/2024 she was ngry and screaming trying to 3 said after the incident she with R1's emergency transfer sychiatric services because R1 ated and a danger to herself d psychosocial staff completes nts quarterly and annually but n a list of residents engaging hips. V3 said the "questions s are asked of residents and if c checked off." V3 said llso provide residents with did not maintain a tracking list asked for or received them, d, when they were given, or				
(Psychosocial Reha R1 had been a long facility for four years with R1's psychoso- inpatient mental hea had delusions about and has required m hospitalizations. V6 wanting to get preg refusing contracept	ab Services Coordinator) said I-term care resident at the s. V6 said she was familiar cial needs and R1 required alth care services. V6 said R1 t being pregnant in the past ultiple psychiatric S said R1 was obsessed with nant. V6 said R1 had been ives and was knowingly				
	(EACH DEFICIENCY REGULATORY OR LS Continued From par not know much abor because psychosod completing them. On 10/25/2024 at 1 (Psychiatric Rehab 10/17/2024 when R pregnant, she expres R2. V3 then said of informed R1 was ar leave the facility. V was asked to assist petition for acute psy was extremely agita and others. V3 said intimacy assessments they did not maintai in intimate relations on the assessments they apply, they are psychosocial staff a condoms, but they of of which residents a the amount provide with whom the residents a the amount provide with whom the residents a the amount provide with R1's psychoso- inpatient mental hea had delusions about and has required m hospitalizations. V6 wanting to get preg- refusing contracept continuing to engage	PHICAGO TERRACE 928 JOLI WEST CI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 not know much about the intimacy assessments because psychosocial staff were responsible for completing them. On 10/25/2024 at 11:17 AM, V3 PRSD (Psychiatric Rehab Social Director) said on 10/17/2024 when R1 found out she was pregnant, she expressed wanting to leave with R2. V3 then said on 10/18/2024 she was informed R1 was angry and screaming trying to leave the facility. V3 said after the incident she was asked to assist with R1's emergency transfer petition for acute psychiatric services because R1 was extremely agitated and a danger to herself and others. V3 said psychosocial staff completes intimacy assessments quarterly and annually but they did not maintain a list of residents engaging in intimate relationships. V3 said the "questions on the assessments are asked of residents and if they apply, they are checked off." V3 said psychosocial staff also provide residents with condoms, but they did not maintain a tracking list of which residents planned on having sexual relations. On 10/24/2024 at 4:33 PM, V6 PRSC (Psychosocial Rehab Services Coordinator) said R1 had been a long-term care resident at the facility for four years. V6 said she was familiar with R1's psychosocial needs and R1 required inpatient mental health care services. V6 said R1 had delusions about being pregnant in the past and has required multiple psychiatric hospitalizations. V6 said R1 was obsessed with wanting to get pregnant. V6 said R1 had been refusing contraceptives and was knowingly continuing to engage in unprotected sex with R2	HICAGO TERRACE928 JOLIET ROAD WEST CHICAGO, IL 60SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGContinued From page 5S9999not know much about the intimacy assessments because psychosocial staff were responsible for completing them.S9999On 10/25/2024 at 11:17 AM, V3 PRSD (Psychiatric Rehab Social Director) said on 10/17/2024 when R1 found out she was pregnant, she expressed wanting to leave with R2. V3 then said on 10/18/2024 she was informed R1 was angry and screaming trying to leave the facility. V3 said after the incident she was asked to assist with R1's emergency transfer petition for acute psychiatric services because R1 was extremely agitated and a danger to herself and others. 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V6 said R1 had been refusing contraceptives and was knowingly continuing to engage in unprotected sex with R2	Bit CAGD TERRACE B28 JOLIET ROAD WEST CHICAGO, IL 60185 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 5 S9999 not know much about the intimacy assessments because psychosocial staff were responsible for completing them. S9999 On 10/25/2024 at 11:17 AM, V3 PRSD (Psychiatric Rehab Social Director) said on 10/17/2024 when R1 found out she was pregnant, she expressed wanting to leave with R2. V3 then said on 10/18/2024 she was informed R1 was angry and screaming trying to leave the facility. 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IL6009872		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 11/12/2024		
					11/	12/2024
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WEST C	HICAGO TERRACE		IICAGO, IL 60	0185		
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\$9999	10/17/2024 with her she was pregnant. intimacy assessment consensual sex and and the assessment educate residents at then initiates an inti- based on the assess R1's 6/21/2024 Soc note from 11:35 AM exercise consensua- intimate sexual rela- counseled on the in- and birth control to STDs [sexually tran- provide resident with refusing condoms at Resident stated that Writer educated resi- partners must be at Consent must be m (R1's Electronic Me- latex as one of her progress note appro- showed R1 "state no one can underst another language at peer [R2]. Writer no- statements. [No ne- Minimum Data Set African American.") R1's 6/26/2024 Intir (from five days later of the use of contra- consequences if sh- medication changes	r ultrasound result and told her V6 said she completes ints to counsel residents on d on the use of contraceptives it was a guide to help them about intimacy. V6 said she macy care plan and updates it issments. tial Services (SS) progress I showed "Resident will al, respectful, and appropriate tions. Resident has been apportance of using condoms prevent pregnancy and any smitted diseases]. Writer to h condoms. Resident is and any form of birth control. t she 'is allergic to latex.' sident that intimate/sexual ole to provide consent. intutual. Writer will monitor." dical Record does not list allergies.) R1's nursing poximately 30 minutes later ed she was Puerto Rican, and and her because she speaks nd that she had an interest in otified [Psychiatrist] of resident w orders.]" (R1's 9/24/2024 showed R1's race is "Black or				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: _			E SURVEY PLETED
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S9999	Continued From pa	ge 7	S9999			
	does not acknowled pregnant and her er sex. The assessme provided for any co became pregnant a contraception and F not updated. The "Self-sufficient Functioning assess prior to R1's pregna for 1. nutritional awa maintenance; 2. kn medication manage maintaining friendsl leisure and recreati folding, and doing la possessions and liv knowledge and mor recognizing and ava of the numbered bo instead, the "9" box "None of the above in these areas." R1's Intimacy care showed "[R1] is ale whom [she] choose	mate Relationship assessment dge R1 wanting to get ngagement in unprotected ent does not identify education nsequences for R1 if she is a result of not using R1's intimacy care plan was in" section of R1's Level of ment (also from 6/26/2024, ancy) included boxes to check areness, eating habits, health owing the importance of ement; 3. forming and hips; 4. pursuing appropriate onal activities; 5. washing, aundry; 6. taking care of own ring space; 7. money ney management skills; 8. biding common dangers. None exes were checked and was checked that showed , needs significant assistance plan (initiated 6/21/2024) rt/aware and coherent about es to exercise her right to ntimate/sexual relationship."				
	showed "Resident of contraception/nursi three-month Depo- care plan goal show respectful and cons through the next re- the intimacy care pl	nder the problem focus also counseled: female ng notified. Resident to start Provera shot." The intimacy ved "[R1] will exercise safe, sensual intimate relations view date." All interventions in an were from 6/21/2024, and uss birth control options and				

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S9999	Continued From pa	ge 8	S9999			
	consider pregnancy testing periodically for females of child-bearing age," "Educate [R1] on safe sex practices includes types of condoms/contraception methods and importance of monogamy," "Help [R1] maintain and preserve her dignity, integrity, and confidentiality by discussing these matters in a room that affords privacy," "Provide [R1] with condoms," and "Remind [R1] that intimate/sexual partners must be able to provide consent. Consent must be mutual."					
	was taking care of I aware of how long I relationship. V15 s which residents are said she believed p residents can conse "obtain resident inti she was unsure wh consents, and cont EMR (Electronic Me (Administrator) and	0:15 AM, V15 (LPN) said she R2. V15 said she was not R1 and R2 were in a aid the facility does not track in intimate relationships. V15 sychosocial staff determines it ent to sexual relationships and macy contracts." V15 said ere intimacy assessments, racts were in the residents' edical Record). V1 V5 (Regional Behavioral the facility does not have	f			
	Nurse/RN) said res their own sexual de R1 and was not aw with R2. V14 said t to residents but the said he assesses re to determine if they educates on options	1:00 AM, V14 (Registered idents are allowed to make cisions. V14 said he cared fo are of her intimate relationship he facility provided condoms re is not a tracking list. V14 esidents' neurological function know what sex means and s. V14 said he was unsure residents can practice safe)			

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WEST C	HICAGO TERRACE		ET ROAD HICAGO, IL 60	195			
	SUMMARY STA		-	PROVIDER'S PLAN OF CO		(X5)	
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S9999	Continued From pa	ge 9	S9999				
	showed "Writer asked if this is where she wanted to live or if she didn't live [here] where she would live. Resident stated 'here.' Resident commented quietly, 'I have a boyfriend.' That was a surprise to writer. Writer asked who? Resident stated, 'you don't know.' Writer stated, 'I don't.' Resident's boyfriend is [R2] and has been. Writer counseled resident on the importance of having safe, consensual, and appropriate intimate relations using a condom and female contraception (if resident chooses). Writer counseled to go to nursing if resident wants female contraception otherwise condoms will be provided. Writer counseled to always be respectful of roommates. Writer counseled if either changes their mind and does not want to engage to communicate that clearly. Resident receptive to counsel. Writer will monitor."						
	minutes later show that [R2] wants to 'k to give resident con embarrassed and to [R2]. Writer will do consensual relation second SS note fro [R2] denies having Resident may be de	rogress note from a few ed "Resident stated to writer bang' all the time. Writer tried doms. Resident was old me to give the condoms to so and re-educate [R2] on is. Writer will monitor." A m 7/6/2024 showed "Resident a relationship with resident. elusional or other resident may ith as is the case at times.					
	condoms are provid for them and there she did not know he assessed for sexua done during admiss psychosocial does	:05 AM, V11 (LPN) said ded to residents when they ask was no tracking list. V11 said ow frequently residents were il consent but believes it is sion. V11 said she believes an assessment but does not he assessment and where it					

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: _			E SURVEY PLETED
		IL6009872	B. WING		C 11/12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
WEST C	HICAGO TERRACE		ET ROAD HICAGO, IL 60	0185		
(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 ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page 10 can be found. R1's 7/17/2024 nursing progress note showed "It		S9999			
	been having ongoir intercourse with pe- education/informati potential conseque such as condoms/a that she would be v birth control and se Practitioner] and re up resident appoint issues/concerns." risks if R1 becomes the facility. R1's 8/3 showed "Resident r	on related to negative nces and refusal of protection abstinence. Resident agreed willing to start some sort of e gynecology. Notified [Nurse ferral left with scheduler to set timent with gynecology. No The note does not address the s pregnant while residing at 2/2024 nursing progress note returned from OB/Gyn ble condition. Progress note				
	condoms are provid when residents ask sexual consent by t assessing for verba orientation. V8 said the residents' EMR psychosocial staff a V8 said he was not where it could be for	2:45 AM, V8 (RN) said ded by nurses to residents c. V8 said he checks for talking to the residents and al cues such as alertness and d he documents consents in s. V8 then said he believed also completes consent forms. aware of the form's name and bund. V8 said the facility did system for residents in ps.				
nois Depar	reported [R1] was t resident. This write another resident is counseled [R1]. [R	progress note showed "It was hreatening to harm another er spoke with [R1]. [R1] stated bothering her 'boyfriend.' Staff 1] accepted counseling. Staff allow staff to address the				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ (°СОМ	E SURVEY PLETED
	IL6009872		B. WING			12/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
WEST C		928 JOLI	ET ROAD			
WESIC	HICAGO TERRACE	WEST CI	HICAGO, IL 60	0185		
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 11	S9999			
	Assistant/CNA) said engage in intimate in V10 said she report if she suspects resi relationships. V10 condoms, she tells responsible for mor cycles in a yearly lo monitoring R5, R8, R17's menstrual cy- instructed to report V10 said she did no for August, Septem 11/06/2024 at 4:20 out of those female only R12, R13, R14 able bear children a contraceptives or ha forms of contracept menstruation monit and not collected for On 10/24/2024, R1' 2024 showed R1's on 7/17/2024. The "Notify MD or NP of	1:38 AM, V10 (Certified Nurse d residents were allowed to relationships at the facility. is to nursing and psychosocial dents are having intimate said if residents ask for the nurses. V10 said she was of the nurses. V10 said she was currently R12, R13, R14, R15, R16 and cles. V10 said she was never or submit the data findings. of report R1's missed periods ber, and October 2024. On PM, V2 (DON) confirmed that residents being monitored, or, R15, R16, and R17 were and were not on ad no known history of other ion use. V2 confirmed the oring logs were kept by V10 or review by other staff. s Menstrual Tracking log for last tracked menstruation was log included instructions to any episodes of two (2) s without a menstrual cycle."				
	said R1 had always said the facility was while residing at the	:22 PM, V1 (Administrator) wanted to have a baby. V1 aware of R1's intimate activity facility. V1 continued to say aware that R1 was engaging	,			
	in unprotected sex a V1 said R1 had an which confirmed sh facility completed R	and refusing contraceptives. ultrasound on 10/17/2024 e was pregnant. V1 said the 1's petition for involuntary on on 10/18/2024 because				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	CIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6009872	B. WING			12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WEST C	HICAGO TERRACE		IET ROAD HICAGO, IL 60	0185		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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) COMPLET DATE
S9999	Continued From pa	ge 12	S9999			
	became extremely situation and said the for pregnant resider have policies on ca- intimate relationship for residents who be facility did not have residents in intimate facility provided res needed, the physical female oral or inject the facility did not he contraceptives.	ed for her safety after she upset about her pregnancy he facility was unable to care nts. V1 said the facility did not ring for residents engaging in os, intimacy consent, or caring ecome pregnant. V1 said the a process to monitor e relationships. V1 said the idents with condoms and if an could be contacted for tion contraceptives. V1 said ave a policy regarding 2:31 PM, V5 (Regional				
	policies on intimacy pregnancy. V5 said an intimacy assess quarterly and reside should be updated assessment. V5 sa (Interdisciplinary Te assessments are n additional sex educ intimate relationship what those expecta) said the facility did not have y, sexual consent, or d psychosocial staff completed ment on admission and ents' intimacy care plans based on the outcome of the aid the facility's IDT eam) determines if episodic eeded to give residents ation and expectations of os. V5 was unable to explain tions were. V5 said that there n a need to complete 'episodic				
	intimacy assessme intimacy assessme prompt (explorative interviewer to deter resident. V5 contin assessment was to decisional capacity question prompt sta selected for determ assessment does n	nts" at the facility. V5 said the nts have questions followed by) statements for the mine if they apply to the	/			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6009872	B. WING		C 11/12/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	HICAGO TERRACE	928 JOL	IET ROAD			
		WEST C	HICAGO, IL 60	0185		
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re cc ex kr V! in cc be at O P? m V! to cc in in ar sp m V! to cc in in ar sp m C C E A T E E E E E E E E E E E E E E E E E	the assessment does not identify who the resident's partner may be or the partner's consensual capacity. V5 said staff were expected to check the assessments when they know residents are engaging in sexual activity. V5 said the facility did not have a process to track intimate relationships or the distribution of condoms. V5 was unsure how the facility would be able to assist residents who become pregnant at the facility. On 10/28/2024 at 3:25 PM, V21 (R1's Facility Psychiatrist) said he had been treating R1 for mental health services at the facility since 2020. V21 stated it is not black and white when it comes to competency, adding a resident "can be competent to accept meds but not live independently." V21 said he was not specialized in caring for pregnant residents receiving antipsychotic medications as they require specialized facilities to ensure antipsychotic medications are administered safely since they can be very dangerous to a fetus during pregnancy. V21 said he was not notified R1 was actively trying to get pregnant at the facility. V21 said if V21 had been notified sooner he would have worked with the facility and R1's family to identify other interventions to implement in R1's plan of care. V21 stated R1 still requires 24-hour custodial care and now she knows she can do this- she needs to be monitored closely to make sure she takes meds to not repeat this. V21 said R1 was suffering and would continue to do so because she was now in unfavorable situation as she is unable to care for a baby.					
	said he was the fac R1's medical physic	:45 PM, V4 (Medical Director) ility's Medical Director and cian. V4 said R1 was sexually tated he was unsure if there				

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICAT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6009872	B. WING		C 11/12/2024	
	PROVIDER OR SUPPLIER		DRESS, CITY, S		· ···	
		928 JOLI				
NEST C	HICAGO TERRACE		IICAGO, IL 60	0185		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
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S9999	Continued From pa	ao 14	S9999		")	
39999		-	39999			
		ne psychiatric physician				
		t's decisional capacity. V4				
		now how they facility knew who				
		and the facility should have a				
		process and policies when residents are sexually				
		active. V4 said he expected the facility to have processes and policies to know how to care for				
	sexually active residents, residents who want to					
	5	esidents who become				
	pregnant while resid					
	R1's comprehensiv	R1's comprehensive care plan reviewed on				
	10/23/2024 showed R1 "chooses to exercise her					
	right to engage within an intimate/sexual					
	relationship" initiated on 6/21/2024. R1's care					
		olan did not have updated interventions to address R1 wanting to have a baby and engaging				
		R1's care plan was not				
		24, 7/6/2024, or 7/17/2024				
		address R1's verbalizations				
		become pregnant and				
		rge, engagement in [.] discharge planning.				
	R1's Discharge Pot	ential assessment dated				
		R1 had poor discharge				
		expected to remain at the				
		sment said R1 was not able to				
		less structured level of care				
		ad problems complying with				
		reatment regimen (including				
		as ordered, following up with				
	mental/psychiatric of	counseling, and case				
		management recommendations) has had				
		l problems increase the				
		lity and hydration/food/clothing				
		e a victim or perpetrator of				
		avoid self-neglect lacks a				
		t can provide housing,				
	∣ financial support, di	irection, guidance, physical				

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	LAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		C 11/12/2024	
		IL6009872	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		928 JOLI		,		
WEST CI	HICAGO TERRACE		ICAGO, IL 6	0185		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 15	S9999			
	care, and supervisi	on." R1's Discharge Potential				
		not address R1's goal of				
		nant and her risk of discharge				
		gnant while residing at the				
		assessments dated				
		9/23/2024, showed R1's discharge goal was to				
	"age in place."					
	The facility's policy titled Admission Criteria dated					
	4/2020, said "Residents will be admitted to this					
	facility as long as their nursing and medical needs					
	can be met adequately by the facility. The facility					
	does not have the capability for caring for					
	residents who are pregnant" The policy does					
	not address how the facility will care for long-term					
	care residents who become pregnant while					
	esiding at the facility, and when to initiate					
	discharge planning	in such a case.				
	The facility's policy	titled Resident Rights dated				
	The facility's policy titled Resident Rights dated 4/2020 said "be informed about his or her rights					
		be informed of, and				
		her care planning and				
	treatment"	1 0				
	The facility's March	2021 Care Plan Davelanment				
		2021 Care Plan Development erson-centered care plan that				
		le objectives and timeframes				
		t's medical, nursing, mental				
		eeds, that are identified in the				
	evaluation process,					
		ich resident3. Discharge				
		nt's care plans will be prepared				
		ary team8. Evaluations of				
		going and care plans are				
		ed by the interdisciplinary team				
	after each evaluatio					
		plinary Team is responsible for				
		dating of care plans; When				
	there has been a si tment of Public Health	gnificant change in condition,				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		IL6009872	B. WING			C 12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEST C	HICAGO TERRACE	928 JOLI		0405		
			IICAGO, IL 6			
(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 / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 16	S9999			
	When the desired of services provided of outlined by the com- professional standar by qualified persons resident's written pl The 8/02/2024 Fact facility provided a "V designed to maxim wellness, promote if and preserve persons treatment plan that planning"	putcome is not met 11. The or arranged by the facility, as prehensive care plan will meet ards of quality and be provided s in accordance with each				
	R1 was a long-term the facility on 4/23/2 services. R1's EM	n resident who was admitted to 2020 for mental health R showed R1 had multiple g schizophrenia, anxiety				
	Rehab Coordinator resident at the facili inpatient care for m R1 was obsessed v V6 said R1 had bee was knowingly cont unprotected sex at said R1 came to he	:33 PM, V6 (Psychiatric) said R1 was a long-term care ity for four years who required ental health services. V6 said with wanting to get pregnant. en refusing contraceptives and inuing to engage in the facility with R2 and R3. V6 er on 10/17/2024 with her her she was now pregnant.				
llinois Depa	said R1 had been r years and had alwa the facility was awa unprotected sex an said R1 was confirr	:22 PM, V1 (Administrator) esiding at the facility for four tys wanted a baby. V1 said re R1 was engaging in d refusing contraceptives. V1 ned pregnant on 10/17/2024 unable to care for pregnant				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 11/12/2024	
		IL6009872	B. WING			
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
NEST C	HICAGO TERRACE		ET ROAD HICAGO, IL 60	0185		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 17	S9999			
		the facility did not have any or residents who became ding at the facility.				
	Nursing/DON) said did not have policie for pregnant reside	0:10 AM, V2 (Director of she confirmed that the facility s for pregnancy testing, caring nts, or prenatal care. V2 said ble to care for R1 now that she				
	said he was the fac said he expected th	:33 PM, V4 (Medical Director) illity's medical director. V4 ne facility to have policies and for residents who are sexually some pregnant.				
	said he had been tr services since 2020 was unable to conti pregnant residents required specialized antipsychotic medic	25 PM, V21 (Psychiatrist) reating R1 for mental health 0 at the facility. V21 said he nue to treat R1 because with mental health conditions d facilities to ensure cation safety. V21 said cations can be very dangerous o the fetus.				
	10/23/2024 showed right to engage with relationship" initiate plan did not have in care regarding refu	e care plan reviewed on d R1 "chooses to exercise her n in an intimate/sexual ed on 6/21/2024. R1's care nterventions to address R1's sing contraceptives and nant with a subsequent need				
	10/17/2024 showed gonadotropin) blood	ults dated 10/08/2024 and I R1's HCG (human chorionic d test result was "POSITIVE" e HCG hormone indicates				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		IL6009872				2/2024
			DDRESS, CITY, ST	TATE, ZIP CODE		
VEST CI	HICAGO TERRACE		IET ROAD HICAGO, IL 60)185		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 18	S9999			
	summary report dat pregnant and show	ynecology consultation ted 10/17/2024 said R1 was ed R1 had an "Estimated /3d" and "Estimated date of by Ultrasound."				
	facility provided a "v designed to maxim wellness, promote i and preserve perso	ment dated 8/02/2024 said the wide variety of services ize physical and emotional independence and healing, onal dignityTo comply with is focused on individual care	•			
	4/2020, said "Resid facility as long as th can be met adequa does not have the o residents who are p address how the fa	titled Admission Criteria dated lents will be admitted to this neir nursing and medical needs tely by the facility. The facility capability for caring for oregnant." The policy does not cility will care for long-term become pregnant while ity.	3			
	Behavioral Director care for R1 becaus facility. V5 said the Packet dated 01/20	0:15 AM, V5 (Regional) said the facility was unable to e she became pregnant at the facility's Resident Admission 024 did not have policies and en residents become pregnant.				
	4/2020 said "be info and responsibilities	titled Resident Rights dated ormed about his or her rights be informed of, and r her care planning and				
	(A))				