

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments Complaint Survey: 2571214/IL186561	S 000			
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6 300.3210t) Section 300.610 Resident 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999			

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/21/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Requirements were NOT MET as evidenced by: Based on observations, interviews, and record reviews, the facility failed to: 1. Protect a resident's right to be free of sexual and mental abuse from staff and other residents. This failure resulted in R1 being inappropriately touched by V8 (CNA-Certified Nursing Assistant) in the shower and being subjected (verbally and via phone message) to inappropriate and lewd comments of a sexual nature about R1's body. This failure also resulted in R1 being exposed to	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 R6, who formerly sexually abused R1. R6 was in close proximity to R1 without supervision. These failures caused R1 to experience emotional distress and feel unsafe in the facility and caused her to discharge herself AMA (against medical advice). 2. Protect a resident's right to be free from physical abuse by a resident and failed to protect residents from further abuse from the abusive resident. This failure resulted in R5 hitting R7, R5 hitting R4 twice within two days, and R5 hitting R6 between 2/5/25 and 2/20/25. This failure also resulted in R2 being hit by R3. This applies to 5 of 5 residents (R1, R2, R4, R6, and R7) reviewed for abuse in a sample of 16. The findings include: 1. Facility Final Investigation Report Form, submitted 8/26/24, shows the facility substantiated that R6 sexually abused R1. R1's Face sheet, dated 2/20/25, shows R1's diagnoses include Huntington's disease, major depressive disorder, and suicide ideation and attempt. The face sheet shows R1 was admitted to the facility on 2/27/24 and discharged on 2/18/25. MDS (Minimum Data Set), dated 2/5/25, shows R1 was cognitively intact and required supervision or touching assistance for bathing, hygiene, and lower body dressing. Face sheet, dated 2/25/25, shows R6's diagnoses include alcohol abuse, depression, and chronic obstructive pulmonary disease. MDS, dated 12/11/24, shows R6 was cognitively intact and was able to independently ambulate. Care plan, initiated 8/22/24, shows R6 was admitted to the facility with a history of a Class 4 felony, was at moderate risk, "and requires closer	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 3 supervision and more frequent observation than standard or routine for most residents in an open facility." Care plan, initiated 9/5/24, shows R6 "is to remain on his designated floor (2nd floor) and is not to enter other residents' rooms. [R6] will be escorted to and from floors if he is to participate in the designated smoke times, attend activities or go to therapy." Interventions include educating the resident on appropriate behavior redirect resident if seen on the first floor other than to smoke or participate in activities and monitor resident when in community areas to make sure actions are appropriate. 2. Facility Final Incident Investigation Report Form, provided 2/22/25, shows the facility substantiated R1 was abused by V8. The report shows the abuse occurred on 2/16/25 and R1 left the facility AMA on 2/18/25 at approximately 10:30 PM. Facility abuse investigation documents show V8 was interviewed and stated he assisted R1 with a shower, stood outside her curtain, assisted R1 as she stumbled, and then only washed her back and lower legs for R1. V8 denied touching R1 in inappropriate ways. V8 stated he and R1 connected on Facebook on 2/16/25 and messaged each other on the application. On 2/20/25 at 9:56 AM, V4 (PRSC- Psychiatric Rehabilitation Services Coordinator) stated R1 showed her a message from V8 on R1's phone regarding V8 becoming sexually aroused when V8 was near R1. V4 stated she was shocked and felt the messages were very inappropriate. V4 stated R1 told her that R1 kept the conversation going via the messages because she wanted proof of how V8 was talking to R1.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 4 On 2/20/25, V3 (assistant administrator) stated she was informed on 2/17/25 that V8 was messaging R1 via phone in a sexual nature. V3 stated she interviewed R1, R1 read V3 some of the messages, and V3 read messages which showed V8 was referring to becoming sexually aroused when he saw R1. V3 stated, "I saw enough- they were very concerning." V3 stated by the time the police arrived, V8 deleted the messages on the messaging application. On 2/20/25 at 1:13 PM with V25 (R1's Friend), R1 stated V8 would often bring R1 food from outside the facility including the day V8 inappropriately touched R1. R1 stated, "Then as we were showering, he ended up washing my [internal reproductive area] and then my [buttocks]." R1 stated she almost fell prior in the shower and V8 steadied her but then continued washing areas of R1's body that she did not need assistance washing. R1 stated V8 never asked if he could wash R1's body. R1 stated after the shower R1 and V8 were in R1's room and V8 stated, "Nice butt." R1 stated V8 stated, "Could I tell you something without getting fired? You have a really nice butt and nice boobs." R1 stated after the comments, V8 asked to connect on Facebook with R1 and V8 used R1's phone to add V8 as her friend. R1 stated at that time they were sitting next to each other in her room and V8 stated, "He told me how cute I was, that I had a cute butt and boobs again, and then he left." R1 stated V8 later messaged R1 telling her that V8 was sexually aroused, suggested he could have sexual intercourse with her while she was in the shower, and referenced the size of his sexual organs. R1 stated all of the administrative staff left the facility because it was late on a Sunday, so R1 reported the interactions the next day to V4 (PRSC-	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 5 Psychiatric Rehabilitation Services Coordinator). R1 stated she showed V4 and V3 (Assistant Administrator) the messages from V8 before V8 deleted the messages on the application. R1 stated she didn't initially mention her concerns about the shower because R1 thought V8 was helping her but after R1 told her children about the interaction, they told R1 no staff should be helping her in the shower and R1 was capable of washing herself even if she became off balance. R1 stated she told V26 (Restorative CNA) about V8 washing her peri area in the shower and R1 stated V26 told R1 that R1 did not need assistance from staff to perform those tasks. R1 stated V26 never washed R1's peri area in all the times V26 provided R1 assistance in the shower. R1 stated she experienced prior sexual assault at the facility by a resident and stated, "Hence I am no longer there. I am not safe at all at that facility.... Nobody asked me if I felt safe at the facility this time. I had friends come and get me on Tuesday because I don't feel safe!" On 2/20/25 at 3:15 PM, V26 (Restorative CNA) stated R1 could independently wash herself in the shower. V26 stated R1 could sit on a shower bench and wash all of their body in the shower. V26 stated R1 only needed supervision to help her get set up and regulate the water temperature in the shower. V26 stated she assisted R1 with a shower on 2/18/25 and R1 did not require assistance to physically wash R1. On 2/20/25 at 11:54 AM, V23 (R1's Daughter) stated R1 was sexually assaulted at the facility in the past and V23 stated R1 was sexually abused a second time by facility staff. V23 stated the facility staff did not need to assist R1 to walk to the shower but recently a male CNA was allowed to wash her body and her "privates." V23 stated	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 6 on 2/17/25 at 12:44 AM, R1 messaged V23 stating she had to report a male CNA because he helped R1 in the shower and made verbal and written sexual comments toward R1 via phone, and suggested R1 allow V8 have sexual intercourse while being showered by V8. R1 identified the staff as V8. V23 stated she called the facility at approximately 2:15 PM on 2/17/25 and spoke to V4 (PRSC- Psychiatric Rehabilitation Services Coordinator). V23 stated she told V4 she was aware of V8 sexually messaging R1 as well as touching R1 inappropriately in the shower. V23 stated she called the police at 2:30 PM to report the allegation that V8 touched R1 inappropriately in the shower and the inappropriate messages because V4 stated they were not going to call the police but instead "would handle it in house." V23 stated she pulled R1 out of the facility and sent R1 to the hospital to be examined on 2/18/25. On 2/20/25 at 12:53 PM, V24 (R1's Friend) stated she was with R1 at the hospital on 2/17/25 and R1 told the staff V8 asked R1 if she needed help with her shower and R1 told him she did not because she was fully capable of washing herself. V24 stated R1 told the staff V8 proceeded to wash her vaginal and buttocks areas which shocked R1. V24 stated on 2/16/25 evening, R1 messaged V24 stating V8 made verbal sexual comments toward R1. On 2/20/25 at 4:00 PM, V9 (Police Officer) stated V3 told her that V3 did see some of the messages and described the messages as very disturbing. At 7:00 PM, V9 stated V8 came to the police station to do an interview but would not speak with the police officers and requested a lawyer.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 On 2/20/25 at 11:15 AM, V5 PRSD (Psychiatric Rehabilitation Services Director) stated she spoke with V8 who stated he stood outside the shower curtain during R1's shower until R1 stumbled. V8 stated he helped R1 and then helped R1 wash her legs and back. V5 stated V8 was very short with his answers and not forthcoming. On 2/20/25 at 9:15 AM. V1 (Administrator) stated on 2/17/25 he received report that R1 alleged V8 (CNA) sent sexual messages via phone to R1. V1 stated the messages included phrases such as "you are hot" or "you are sexy." V1 stated when he asked to see the messages, the messages were deleted. V1 stated he spoke with V8 who admitted to messaging R1 but denied ever physically touching R1. V1 stated V8 resigned from facility employment. V1 stated later in the day on 2/17/25, R1 contacted V1 and informed V1 she spoke with her daughter who informed R1 that V8 assisting R1 in the shower was sexual abuse because R1 did not require physical assistance with her showers. V1 stated R1 told V1 that V8 unnecessarily wiped R1's peri area and buttocks during her shower. On 2/25/25 at 12:38 PM with V27 (R1's Friend), R1 stated since R6 sexually abused R1, R1 experienced R6 in close physical proximity and unsupervised to her several times and as recent as January 2025. R1 stated, "I was freaked out" and stated she told a staff member. R1 stated R6 would visit the table at which she was sitting for approximately 10 minutes and talk to all of the residents at the table other than her. R1 stated R6 at times pushed a resident around the first floor in his wheelchair unsupervised where she resided. R1 stated R6 was not supposed to be on the first floor and was supposed to remain on	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 8 the second floor where he resided because of the sexual abuse she experienced by R6. R1 stated R6 came down to the first floor unsupervised other than during designated smoking breaks. On 2/20/25, V23 (R1's Daughter) stated R1 messaged her on 1/26/25 at 11:25 AM telling V23 that R6 was walking by R1. V23 stated R1 pressed charges against R6 last year after R6 sexually assaulted her and R1 recently went to court on the case and there was an upcoming court date in April of 2025. V23 stated R1 left the facility because R1 was not safe at the facility. On 2/20/25 at 1:13 PM with V25 (R1's Friend), R1 stated she was sexually assaulted by R6 the prior year and she was in disbelief she was sexually assaulted again the facility recently by staff. R1 stated she no longer felt safe at the facility because she experienced sexual abuse twice and she chose to discharge AMA from the facility to a friend's home until she could find a different facility in which to live. On 2/24/25 at 3:55 PM, R6 stated he travels up and downstairs by himself to smoke breaks at the facility. On 2/25/25 at 1:35 PM on the first floor, R6 walked off the elevator with female resident and independently walked into the dining room. R6 then began walking around the dining room talking to residents with no direct supervision from staff. V28 (Social Services) was sitting at a table with a resident engaged 1:1 in an interview of the resident. R6 stood at R14's table talking to residents with no direct supervision and then walked to R9's table and then back to R14's table. At 1:40 PM, an announcement was made overhead the facility that the smoking patio would	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 be opened in five minutes. R6 continued to walk around the dining room speaking to R9 and other residents. There were 11 females and 11 males in the dining room in addition to R6. On 2/26/25 at 9:45 AM, V1 stated R6 did not need any kind of supervision at the facility. V1 stated R6 was moved to the second floor because of his isolated behavior of sexual abuse toward R1 (which was substantiated) and to reduce interactions with R1 when the incident was new. V1 stated he did not deny R6 was coming down to the first floor unsupervised. On 2/24/25 at 3:47 PM, V31 (CNA- Certified Nursing Assistant) stated R6 travels back and forth on the elevator to the first floor independently without supervision. On 2/24/25 at 3:45 PM, V30 (Registered Nurse) stated R6 was not allowed to go downstairs due to an incident a year ago which was why R6 was moved to the second floor. V30 stated R6 did travel back and forth on the elevator without an escort to the first floor. 2. Face sheet, dated 2/22/25, shows R5's diagnoses included Huntington's disease and mood disorder. R5 was admitted to the facility on 12/15/23. MDS, dated 1/15/25, shows R5 was cognitively intact and R5 was able to propel in a wheelchair once set up in the wheelchair. Care plan, dated 4/23/24, shows R5 was admitted to the facility on 4/22/24 with a criminal history of violating an order of protection and domestic battery. Approaches include, "Review of my past behavior and evaluate the potential for me to engage in inappropriate / high risk behavior, provide R5 with supportive group	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 10 intervention and/or 1:1 via a qualified provider, to promote safety intervene when I am observed to be engaging in inappropriate behavior, teach me impulse control strategies and communicate to me that I am responsible for all my actions/behavior and must therefore exercise control over my impulses and behavior. Care plan, dated 10/17/24, shows R5 had a history of a hit and run accident and may have flashbacks, become upset, and become aggressive verbally and physically with staff. Care plan, dated 11/4/24, shows R5 was observed with manipulative behaviors and approaches included providing educations to not fabricate stories, perform check-ins with residents, and providing 1:1 interaction with R5 to help find solutions towards issues. Behavioral care plan, initiated 2/10/25, shows R5 displayed verbal and physical aggressive behaviors toward others, uncontrolled behavior outbursts and requires the use of non-pharmacological and pharmacological interventions to address and mitigate behaviors. Interventions included "Social Services will continue to educate resident on aggressive behaviors and encourage resident to utilize healthier ways to communicate thoughts and feelings. Social services will work with resident to establish better communication and mechanisms." Delusions/paranoia care plan, dated 2/14/25, shows R5 was diagnosed with Huntington's disease and believes everyone is making fun of his disability. Interventions include psychiatric management, minimizing risk factors through interventions such as "assessment, team, consultation, supervision, observation, structured	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11 environment, peer-buddy system, contracting and medication management." Other interventions include teaching stress/anxiety management techniques, discussing benefits of therapy with physicians, encouraging resident to follow mental health treatment plans and encouraging resident to attend groups. Illinois State Police report, dated 1/2/24, shows R5 was convicted of domestic battery/bodily harm, revisiting a peace officer, criminal trespassing, possession of drug paraphernalia, manufacturing/delivering controlled substances. Facility Final Incident Investigation Report Form, dated 2/10/25, shows on 2/6/25 R5 stood up and attempted to hit R7 in the face. The report shows R5 was sent to the hospital and R7 declined to press charges. The report shows R5 has a history of dwelling in the past which leads him to become physically aggressive with co-residents. The report shows R5 was educated on the facility policy and proper way of communicating. R7 was educated on the proper way to speak to his co-residents. Investigation witness statement, shows R7 reported R5 repeatedly came into R7's room and when R7 asked if R5 had a problem, R5 stood up and started punching R7. The statement shows R7 covered his head while R5 swung but R5 missed which caused R7 to fall. Investigation witness statement shows V17 (Registered Nurse) heard R7 was calling R5 the "n" word and R7 told R5 to get away from R7. The statement shows R5 stood, leaned into R7 and hit him in the left side of the face. The statement shows R7 pushed R5 off of him and R5 lost his balance and fell. Investigation witness statement shows V11 (Registered Nurse) saw R7 and R5 arguing, R5 stood and hit R7, and R5 fell to the floor. The report shows the facility did not	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 12 substantiate the abuse because R5 "stood up from his wheelchair and attempted to hit [R7], but has an unsteady gait, which caused him to lose balance and fall into [R7]. Nursing note, dated 2/5/25, shows, "Writer was standing near nursing station, turned around to note this resident standing up and using profanity towards a co-resident. As soon as writer began to approach the situation, this resident stood up, leaned into co-resident and was physically aggressive. Co-resident pushed this resident to the ground. The writer and other staff members separated the resident from each other. On 2/25/25 at 2:59 PM, R7 stated he had a previous altercation with R5 approximately a year ago when the two were roommates and R7 hit his head several times. R7 stated the most recent altercation happened a few weeks ago when R5 hit him in the head several times and R5 stated he had several knots on his head. Social Services note, dated 2/5/25, shows the PRSD was informed that R5 and another co-resident got into a physical altercation by the nursing station, R5 hit another co-resident, and R5 was being sent out for a psychiatric evaluation. Social Services note, dated 2/5/25, shows R5 "got in a physical altercation with co-resident as resident claimed that this co-resident had insulted him. PRSC explained to resident that he cannot get physical with co-residents whatsoever. PRSC explained to resident that if he has an issue with co-resident, he must find a PRSC to intervene. Resident was therefore educated on facility policy and proper communication. Will continue to monitor." Review of R5's clinical record showed	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 13 no interventions were put into place to prevent further physical aggression by R5. Progress note, dated 2/6/25, shows R5 angrily knocked on R7's door to get in, entered R7's room, and knocked R7's belongings around the room and was verbally aggressive. The note shows R5 hit R7 the day prior and R5 was told to stay away from R7. The progress notes show R5 was sent to the hospital for evaluation and returned the same day to the facility. Review of R5's clinical record showed no interventions were put into place to prevent further physical aggression by R5. 3. Face sheet, dated 2/20/25, shows R4's diagnoses included schizoaffective disorder, epilepsy, convulsions, post-traumatic stress disorder, and cocaine/cannabis abuse. MDS, dated 1/29/25, shows R4 was cognitively intact and could independently ambulate at the facility. Care plan note, dated 1/28/25, shows R4 was reported to be making inappropriate remarks, becoming aggressive with staff, and verbally aggressive with co-residents. Care plan notes, dated 1/28/24, show R4 experiences auditory and visual hallucinations and paranoia when discussing his symptoms. Progress note, dated 2/9/25, shows R5 was in a second physical altercation at the facility. The note shows, "Writer was notified that [R5] was fighting with other resident at the end of the hallway 400. We proceeded to separate them, assess them, and place them in different areas. I notified [Psych Nurse Practitioner], who ordered	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 14 to send the resident to the [Psychiatric Hospital] for a psychiatric evaluation" Facility Final Incident Investigation Report form, submitted 2/14/25, shows on 2/9/25 in the 400 hallway, R5 stood up and hit R4 in the face after R4 was speaking with V14 (Housekeeping). V14's statement shows R4 did nothing to provoke R5 to hit R4 and V14 was hit during the altercation. The investigation shows R4 stated R5 caught R4 off guard and R5 "smacked [R4] on the lips." The investigation showed R4 was protecting his head because of his seizures and was trying to run away but was not able to do so because of his clinical condition. The statement shows staff assisted to stop R5 and staff assisted R4 up off the floor and took him upstairs. The report shows R4 was educated not to go to the first floor, R5 was sent to the hospital for a psychological evaluation, local police were called, and R5 was educated on facility policies and the proper way of communicating. The report shows the facility substantiated R5 physically abused R4. Progress notes, dated 2/9/25, shows R5 was sent to the psychiatric hospital and returned to the facility the same day. Review of R5's clinical record showed no interventions were put into place to prevent further physical aggression by R5. Social Services note, dated 1/24/25, shows R4 was reported to have called a co-resident in a wheelchair a "vegetable." The note shows R4 had a history of bullying co-residents and was told he could not bully residents. Social Services note, dated 2/10/24, shows R4 was educated to stay away from R5 and R4 was	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 15 encouraged to stay on the second floor during meal times. The note shows R4 verbalized understanding. 4. Progress notes, dated 2/13/25, show R5 was in a third physical altercation at the facility (R5's second altercation with R4 within two days), 911 was called, the police and fire department arrived at the facility and R5 was escorted from the facility by the police. The progress notes show R5 was being involuntarily admitted to the psychiatric hospital with diagnoses including aggression/mood disorder. Facility Final Incident Investigation Report Form, dated 2/18/25, shows on 2/13/25 at approximately 7:40 AM, R5 again hit R4 which was witnessed by staff. Witness statement by V15 (Registered Nurse) shows R5 "suddenly got up from his wheelchair and pushed [R4] against the wall, [R4] hit his head to the wall and fell on the floor. [V15] immediately ran towards and separated [R5] from [R4], [R4] was on the floor, he was unconscious [V11] called 911 while we were monitoring[R4]." R5's statement stated R4 was picking on R5 so R5 "got up from his wheelchair to try to hit [R4] but lost his balance and grabbed onto his sweatshirt instead to gain back balance." R4's statement shows R4 briefly spoke to R5 when he walked past R5 with nice words and when walking away from R5 R5 pulled his sweatshirt and fell to the floor, and R4 thought he fell to the floor because he had a seizure. Investigation witness statement by V11 (Nurse) shows V11 saw R5 and R4 next to each other and V11 immediately told R4 to move. The statement shows R4 began to walk away and then R5 suddenly got up from his chair and tried to walk toward R4 but because of R5's disease	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 16 R5 fell. The witness statement shows R4 had a seizure and the police removed R5. The report summary shows the facility concluded that the allegation of physical abuse by R5 was substantiated. The report shows R4 was educated to keep his distance from R5, was told not wander to the first floor during mealtimes and wait until mealtimes are over to go to the first floor. The report shows R5 was educated to not use physical violence towards co-resident and to speak to case workers to resolve issues with residents. The report shows R5 believed people are against him and residents make fun of him even if they are not. R5 was sent to the hospital for psychological evaluation and returned to the facility, the residents were separated by floors, and plans were made to move R5 to a private room. On 2/20/25 at 11:27 AM, V16 (PRSC) stated R5 felt like residents like R4 make fun of R5's disability and that was why R5 hit R4. Social Services Note, dated 2/14/25, shows, "Resident is no longer a part of the work program due to numerous aggressive incidents in past week." Progress note, dated 2/14/25, shows the facility spoke with [V12 (Psychiatrist)] to place [R5] in a different nursing due to increase aggressive behaviors. [V12] is working with hospital caseworkers to find a appropriate placement." Progress note, dated 2/18/25, shows R5 was readmitted to the facility from the psychiatric hospital. Review of R5's clinical record showed no interventions were put into place to prevent	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 17 further physical aggression by R5. 5. Progress note, dated 2/20/25, shows R5 was in a fourth physical altercation at the facility with a co-resident in the back patio of the facility. Facility Final Incident Investigation Report Form, submitted 2/25/25, shows the facility substantiated the allegation that R5 physically abused R6. The report shows R6 was punched unprovoked by R5 and the altercation was witnessed by R8-R11. Witness statements shows R8 stated he intervened to try to prevent R5 from hitting a staff member and fell, R9 was talking to R6 and R5 began hitting R6 without provocation, R10 stated R5 got up and grabbed R6, and R11 stated R5 got out of his chair and swung at R6. Staff witness statements show V18 (Activities) stated R5 started swinging at R6 and R8 tried to intervene. On 2/21/25, V22 (Hospital Case Manager), stated when R5 was admitted to the hospital emergency department, there was no medical necessity to admit R5 to the hospital, but the facility would not allow R5 to return to the facility. V22 stated R5 reported to hospital staff that he was constantly being placed near a resident that constantly bullied and harassed him and R5 felt like he needed to defend himself. V22 stated while R5 had been in the hospital R5 had not shown any aggression. V22 stated, "While he has been at the hospital, he has been fine. Maybe they aren't moving him away from this person like he is asking!" Hospital Nurse Practitioner note, dated 2/21/25, shows, "R5 was previously admitted to the inpatient psychiatric unit between 2/13/25 and 2/18/25. The note shows R5 was returned to the	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 18 emergency room on 2/20/25 with the facility stating he was not welcome back to the facility. The note shows R5 was discharged previously from the facility to a different hospital for the same reason and returned to the facility at that time. During this admission, R5 was unable to be admitted to inpatient psychiatry due to not meeting criteria. The note shows the facility stated R5 was aggressive and injured six other residents and the facility would not allow him to return. On 3/325 at 12:30 PM, V12 (Physician) stated when R5 arrived at the hospital R5 was appropriate and there was no sign of aggression from R5. V12 stated there was no reason to admit R5 to the hospital however the hospital was forced to take R5 because the facility would not accept R5 back. 6. MDS, dated 1/29/25, shows R2 was cognitively intact. Review of R2's care plan showed no concerns with aggressive behaviors. MDS, dated 12/4/24, shows R3 was cognitively intact. Care plan, initiated 9/11/24, shows R3 displayed verbal aggressive behaviors toward others, uncontrolled outbursts, and changes his story to make himself look like the victim. On 2/20/25 at 3:30 PM, R3 stated he was attempting to wake his friend, who was sleeping on a table, so he began banging on the table. R2 told R3 he was going to go to the hospital and R2 hit R3. R3 stated he was hit first by R2, but R3 hit him back. On 2/20/25 at 3:00 PM R2 stated R3 began "messaging" with a resident and R3 threw a punch at R2. R2 had a healed scratch on his left upper	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 19 cheek. R2 stated if he had not slipped, he would have fought back and hit R3. Social Services note, dated 2/13/25, shows at 3:55 PM in the first-floor dining room, R3 was having a conversation with another co-resident when he alleged another resident interrupted him. R3 alleged that the other resident then punched R3 in the side of the head and R3 responded by punching him and knocking him to the ground and then hit him again. Final Incident Investigation Report Form, dated 2/18/25, shows on 2/13/25 R3 hit R2 after a verbal argument in the first-floor dining room. The Form shows V6 (Registered Nurse) witnessed the end of the occurrence and R2 sustained a scratch on his left cheek. The report shows the police were called, R3 was sent to the hospital for a psychiatric evaluation, and R2 was treated at the facility. The Form shows R3 was educated on not using physical violence toward other residents and the facility substantiated R2 was physically abused by R3. Abuse Prevention Program - Policy, dated 11/22/17, shows, "Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment.... The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents including verbal, mental, sexual or physical abuse...The facility has a "no tolerance" philosophy; persons found to have engaged in such conduct will be terminated. Definitions: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means.... Abuse is also the willful infliction of injury.... Willful, as used in this definition of abuse, means the individual must	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004758	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER RIVER VIEW REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 50 NORTH JANE ELGIN, IL 60123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 20 have acted deliberately, not that the individual must have intended to inflict injury or harm. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention.... Sexual abuse is non-consensual sexual contact of any type with a resident.... Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent. Mental abuse is also the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation...." Facility Abuse Prevention Training Program, dated 11/22/17, shows, "...Protection - The facility will remove any alleged perpetrator(s) of abuse or neglect from any further contact with residents pending an investigation ... If the perpetrator is a resident, the residents will be separated from the alleged victim" The facility presented an abatement plan to remove the immediacy on 2/19/25. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented a revised abatement plan on 2/19/25, and the survey team accepted the abatement plan on 2/19/25. (A)	S9999		