	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	рер. I`	•	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		IL6014765					C 2 7/2025
NAME OF I	PROVIDER OR SUPPLIER		l .		TATE, ZIP CODE	03/2	2112023
			5050 WEST	, ,	,		
ALDEN N	NORTH SHORE REHA	B & HCC	SKOKIE, IL				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S 000	Initial Comments			S 000			
	Complaint Investiga	ation 2592391/IL18839	98				
S9999	Final Observations		:	S9999			
	Statement of Licens	sure Violations:					
	300.610 a) 300.1010 h) 300.1210 b) 300.3240 a) 300.3240 b)						
	a) The facility of procedures governing facility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed for any of nursing and othe policies shall complete the facility and shall shall complete the facility and shall complete the facility and shall complete the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the facility and shall control of the written policies the w	dvisory physician or the mmittee, and represe r services in the facility with the Act and this shall be followed in our least a service at least a documented by writter	ne entatives y. The Part. perating annually				
	h) The facility of physician of any acchange in a resider health, safety or we but not limited to, the manifest decubitus of five percent or manifest decubitus decubitu	Medical Care Policies shall notify the resident cident, injury, or significts condition that threat fare of a resident, increase of incipier ulcers or a weight loss ore within a period of tain and record the phange in condition at the shange in condition at the shall resident condition at the shange in condition at the shange in condition at the shall resident condition at the sh	icant atens the luding, at or s or gain 30 days. ysician's uch				
	tment of Public Health	DER/SUPPLIER REPRESENTA	ATIVE'S SIGNAT	TURF	TITLE		(X6) DATE

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

Electronically Signed 04/09/25

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014765	B. WING		1	7/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ALDEN N	NORTH SHORE REHA	AB & HCC 5050 WES SKOKIE,	ST TOUHY A IL 60077	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
\$9999	of notification. Section 300.1210 Nursing and Person b) The facility care and services the practicable physical well-being of the releach resident's complan. Adequate and care and personal care and personal resident to meet the care needs of the releach solution. An owner, I employee or agent neglect a resident. Based on interview failed to prevent and staff-to-resident selection in the selection on the selection of the selec	General Requirements for nal Care shall provide the necessary of attain or maintain the highest all, mental, and psychological sident, in accordance with imprehensive resident care disproperly supervised nursing care shall be provided to each de total nursing and personal esident. Abuse and Neglect icensee, administrator, of a facility shall not abuse or (Section 2-107 of the Act) imployee or agent who becomes in neglect of a resident shall the matter to the Department diministrator. (Section 2) Is are not met as evidenced by: If and record review, the facility and protect a resident (R1) from a straight and failed to follow atted to training, prevention, strigating. These failures esident out of three residents is As a result of this failure, R1	S9999			
	Findings include:	ated 3/18/2025, documents R1				

Illinois Department of Public Health

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU		` ′	E CONSTRUCTION		SURVEY PLETED
				71. BOILBING.			С
		IL6014765		B. WING			27/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALDEN I	NORTH SHORE REHA	AB & HCC	5050 WES SKOKIE, I	ST TOUHY AV	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	is a 77-year-old res 2/13/2025. R1 has limited to: dislocation prosthesis, infection chronic obstructive. R1's Minimum Data dated 2/17/2025, d. Mental Status (BIM cognition is intact. I 2/17/202,5 docume or touching assista and personal hygie partial/moderate as oral hygiene and shneeds substantial/r following: toileting hower body dressing footwear. Progress note, date documents in part: is requesting that no care. Facility agree per resident's requesting that no care that no	sident admitted to diagnoses included on of internal left on following process pulmonary diseases as Set (MDS) sectocuments a Briefles) score of 14, which was section Governs resident need one. Resident need with the following maximal assistance with the following and putting or set only assigned as to only assigned as to only assigned to oncern, resident need 3/11/2025, write of concern, resident of conc	ding, but not hip edure, and ase. tion C0500, f Interview for which indicates 60130, dated eds supervision owing: eating eds e following: . Resident ace for the ody dressing, h/taking off 2:14 PM, ware that R1 ovide her female CNA etten by V1 dent expressed over resident exception of also expressed ow up action ally with the scussed by staff to hecked.	S9999			
	documents: R1 is a to facility on 2/13/2						

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STATEMENT OF DEFICIEN AND PLAN OF CORRECTION	ICIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014765	B. WING		03/2	7/2025
NAME OF PROVIDER OR	SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALDEN NORTH SHO	RE REHA	AB & HCC 5050 WES	ST TOUHY AV IL 60077	VENUE		
PREFIX (EACH D	EFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
Therapy. Or Public Hear a complain aware of a was inappropriated in the Assistant of the As	skilled Pl Dn 3/18/ Ith (IDPI t investignessident resident opriately IA suspect on initiate ote, date Writer s for V27 (allegation) ented fa til 3/18/2 lleged all d punch 3/14/20 t for V5 (at 9:59 F t at 6:30 continent ent at 5: try for or at 9:59 F vere present inapp propriate red that	hysical Therapy/Occupational 25, Illinois Department of H) Surveyor came to facility for gation. Made Administrator t who was alleging that she y touched by a male CNA. ended pending investigation. ed. Final report to follow. ed 3/19/2025, documents: poke with V26 (Physician (Doctor) and notified of n with no new orders given at acility schedule, V5 continued 025, when surveyor informed	S9999	DEFICIENCY		

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Illinois L	epartment of Public	Health				
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
		U 004 4705	B. WING		1	
		IL6014765	B: Wiite		03/2	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
		5050 WF	ST TOUHY A	VENUE		
ALDEN I	NORTH SHORE REHA	AB & HCC	IL 60077	V 2.102		
			IL 00077			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
17.0		,	.,	DEFICIENCY)		
S9999	Continued From pa	age 4	S9999			
	were assured by (\/	/2) that a male staff (V5,				
		ssistant/CNA) was rough in				
		per, and he would not be				
		anymore. I do not know his				
		e this happened Monday night				
		ed, "The only reason I feel safe	•			
		is that the people came and				
		kly." V6 stated, "(V2) knows,				
		knows. I don't know who told				
		after that happened on				
		use (R1) was upset. (R1)				
		broken hip because she fell				
		night last week (March 10,				
		after hip replacement surgery				
		ned of the hip. Hip is ok. (R1)				
		ning. After I spoke to front				
		k to (R1). (V1) came to talk to				
		e room, and also with me				
		ld me that (V5) was rough with				
		the diaper, and also put a				
		na. I told (V1) that. (V2) talked				
		re that. (V2) told me about him				
		sive before I found out the				
		was not called regarding (V5)				
		" R1 stated, "I wanted to call				
		the issue after I left this place,				
		ow." V6 stated, "(V1) asked me	•			
		oom to talk to privately about				
		llso to talk about plans after				
	(R1's) stay here." R	R1 stated, "This happened afte	r			
		vas the next morning, and (V5)				
		said 'you couldn't still be dry'				
		y diaper). (V5) went in there				
		me. I felt like he was moving				
		ut his finger in my vagina. This				
	happened Tuesday	morning, 3/11/2025, after the				
		and me. I do not know (V5's)				
		een (V5) a few times. (V5) was				
		s average height. (V5) had darl				
		r. I am unsure of markings or				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STOSO WEST TOUHY AVENUE SKOKIE, IL 60077 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 tattoos. I do remember that when (V5) got where he wanted to get to, (V5) said, 'yeah you are right you are dry'. I have not seen (V5) since that time." V6 stated, "(V2) is the head nurse that works days. (R1) has some confusion, but I do think it happened." On 3/18/2025 at 11:42 AM, V2 stated, "I am not aware of any sexual abuse allegation for (R1). I did speak to (V6), but did not speak to her regarding any sexual abuse allegation. I spoke to (V6) regarding (R1) having a fall the night before. Tuesday morning when I went to speak with (R1), she did not want me to call (V6) regarding the fall. (R1) told me she did not want a male CNA that night, and she did not want a male CNA per her preference. I verified (V6) was Power of Attorney (POA) and verified BIMS, and had to notify (V6). The only thing I spoke with (V6) about regarding a male CNA, was that (R1) preference was not to		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				7. BOILDING.		,	_
ALDEN NORTH SHORE REHAB & HCC (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK TAGK REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 tattoos. I do remember that when (V5) got where he wanted to get to, (V5) said, 'yeah you are right you are dry'. I have not seen (V5) since that time." V6 stated, "(V2) is the head nurse that works days. (R1) has some confusion, but I do think it happened." On 3/18/2025 at 11:42 AM, V2 stated, "I am not aware of any sexual abuse allegation for (R1). I did speak to (V6), but did not speak to her regarding any sexual abuse allegation. I spoke to (V6) regarding (R1) having a fall the night before. Tuesday morning when I went to speak with (R1), she did not want me to call (V6) regarding the fall. (R1) told me she did not want a male CNA that night, and she did not want a male CNA that night, and she did not want a male CNA that night, and she did not want a male CNA toney (POA) and verified BIMS, and had to notify (V6). The only thing I spoke with (V6) about regarding a male CNA, was that (R1) preference was not to			IL6014765	B. WING		1	
CALIDEN NORTH SHORE REHAB & HCC SKOKIE, IL 60077	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 tattoos. I do remember that when (V5) got where he wanted to get to, (V5) said, 'yeah you are right you are dry'. I have not seen (V5) since that time." V6 stated, "(V2) is the head nurse that works days. (R1) has some confusion, but I do think it happened." On 3/18/2025 at 11:42 AM, V2 stated, "I am not aware of any sexual abuse allegation for (R1). I did speak to (V6), but did not speak to her regarding any sexual abuse allegation. I spoke to (V6) regarding (R1) having a fall the night before. Tuesday morning when I went to speak with (R1), she did not want me to call (V6) regarding the fall. (R1) told me she did not want a male CNA that night, and she did not want a male CNA per her preference. I verified (V6) was Power of Attorney (POA) and verified BIMS, and had to notify (V6). The only thing I spoke with (V6) about regarding a male CNA, was that (R1) preference was not to	ALDEN I	NORTH SHORE REHA	AB & HCC		VENUE		
tattoos. I do remember that when (V5) got where he wanted to get to, (V5) said, 'yeah you are right you are dry'. I have not seen (V5) since that time." V6 stated, "(V2) is the head nurse that works days. (R1) has some confusion, but I do think it happened." On 3/18/2025 at 11:42 AM, V2 stated, "I am not aware of any sexual abuse allegation for (R1). I did speak to (V6), but did not speak to her regarding any sexual abuse allegation. I spoke to (V6) regarding (R1) having a fall the night before. Tuesday morning when I went to speak with (R1), she did not want me to call (V6) regarding the fall. (R1) told me she did not want a male CNA that night, and she did not want a male CNA per her preference. I verified (V6) was Power of Attorney (POA) and verified BIMS, and had to notify (V6). The only thing I spoke with (V6) about regarding a male CNA, was that (R1) preference was not to	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
have a male CNA. There was no allegation of sexual abuse. The male CNAs name is (V5), and that was the only time she had a male CNA. (V5) is a night CNA, and he was assigned to (R1) Monday night when (R1) had the fall." On 3/18/2025 at 11:55 AM, V1 stated, "I am not aware of any sexual abuse allegation for (R1). I did not speak to (V6) or (R1) regarding any sexual abuse allegation. I did speak with (V6) in person on Wednesday morning in private away from (R1), regarding discharge information. (V6) is very overwhelmed with (R1) going home, and (R1's) confusion. I was not made aware of any male CNA being rough with (R1), or any sexual abuse allegation. I did speak with (R1) Tuesday morning regarding her preference for no male CNA caregivers due to preference, except for the morning male CNA that she likes. I did ask (R1)	\$9999	tattoos. I do rememe he wanted to get to you are dry'. I have V6 stated, "(V2) is days. (R1) has some happened." On 3/18/2025 at 11 aware of any sexual did speak to (V6), be regarding any sexual (V6) regarding (R1). Tuesday morning with she did not want me (R1) told me she did night, and she did reference. I verified (POA) and verified. The only thing I spomale CNA, was the have a male CNA, sexual abuse. The that was the only this a night CNA, and Monday night where. On 3/18/2025 at 11 aware of any sexual did not speak to (Visexual abuse allegation on Wedness from (R1), regarding is very overwhelmed (R1's) confusion. It male CNA being roabuse allegation. I morning regarding CNA caregivers due.	aber that when (V5) got where (V5) said, 'yeah you are right not seen (V5) since that time." the head nurse that works he confusion, but I do think it as a legation for (R1). I but did not speak to her hal abuse allegation. I spoke to having a fall the night before. When I went to speak with (R1), he to call (V6) regarding the fall. In the did not want a male CNA per her had to want a male CNA per her had (V6) was Power of Attorney BIMS, and had to notify (V6). There was no allegation of male CNAs name is (V5), and the was assigned to (R1) in (R1) had the fall." 155 AM, V1 stated, "I am not all abuse allegation for (R1). I do or (R1) regarding any ation. I did speak with (V6) in day morning in private away and was not made aware of any ugh with (R1) going home, and was not made aware of any ugh with (R1), or any sexual did speak with (R1) Tuesday her preference, except for the	S9999	DEL ROILNOIT)		

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		SURVEY PLETED
						c
		IL6014765	B. WING			27/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
ALDEN	NORTH SHORE REHA	AB & HCC	ST TOUHY AV IL 60077	/ENUE		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
\$9999	and she stated she male CNA's caring for (V4). (V4) is a fe (R1) stated '(V4) is male I want caring was a male CNA, (confirm to (V6) and male would not car (V6) did not identify (V5), they just said (V4). (V5) is still wo My conversation wither fall from Monda for the majority of thad a man taking of am uncomfortable like that except for point of the converse me about (V6) and That conversation (3/11/2025). Then (3/12/2025), staff ir building. We quickly female staff only, we getting worse since that, and she was a very for the rest of the cabout (R1's) discharacteristic (V1's) discharacteristic (V2) that yet. I am sure (V1) stated to me, of (V5) putting his female to (V5) was rough with the care of the cabout (V5) was rough with the converse of (V5) putting his female stated to me, of (V5) was rough with the care of (is uncomfortable with any for her private areas except emale who appears as a male. like a son to me he is the only for me'. Monday night there V5), caring for (R1). I did I (R1) that (V5) or any other e for (R1), except (V4). (R1) or or specify something with any male in general, except orking here. (V5) works nights. Ith (R1) was to follow up with any night. We talked about that the time. R1 stated, 'you know I have of me during the night. I with men taking care of me (V4)'. That was not a huge sation. (R1) then was telling her life story and all of that. took place Tuesday morning Wednesday morning Wednesday morning we talked about her confusion to December and our plan for very appreciative of everything. conversation, we were talking arge planning and (V6) being				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6014765	B. WING		I	C 27/2025
NAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY,	STATE, ZIP CODE		
ALDENI	NORTH SHORE REHA	B & HCC 5050	WEST TOUHY A	VENUE		
ALDENI	TORTH OHORE REHA	SKO	KIE, IL 60077			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
\$9999	experience with (V5 also to (V1), but that On 3/18/2025 at 1: with initial report of stated, "CNA (V5) is investigation." On 3/18/2025 at 1: last Monday night (5 having a fall. (R1) when we put her bat (R1) said she was to the bed. Later that to because she was wound by myself, because not have any probled directed her what to had no complaints. changing (R1) once morning she was did did not open (R1's) was dry. I do not feany time. I did not svagina. I just did my once on the left side back. I do not reme felt I was rough with any other residents with them." V5 was inappropriate touch stated," I remembe that I was inappropriemember her name	ge 7 S). (R1) said that to (V2) and the was after this incident." 14 PM, V1 provided surveyor abuse, dated 3/18/2025. Versuspended pending 18 PM, V5 stated, "I worked 3/10/2025). I do recall (R1) was not complaining of pain took in bed, but she was wearying to get to the chair from hight, (R1) used the call light wet, and I went to change (F1 was assigned to her. I did took, she obeyed, and (R1) I can remember only after the fall, and in the ry. That was about 4:30 Alverse belike I was rough with (R1 tick my fingers in (R1's) or normal routine by wiping the and the right and then the mber (R1) telling me that so her. I have never touched inappropriately or been roughed in the was accused of ing of resident in the past. I can elady in (room #) state with her. I do not e. I think there was anothed one that stated I was	d or 1 i ak. m nt R1) d l. I) at he he ligh f V5 d			
	inappropriate with h facility was on my s inappropriately; I ar	ner. On both occasions the ide. I did not touch them i just doing my job".	200			

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Illinois D	epartment of Public	; Health				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	-E1ED
						<u> </u>
		IL6014765	B. WING		1	7/2025
NAME OF I	PROVIDER OR SUPPLIER	STDEET A	DDDESS CITY (STATE, ZIP CODE		
NAME OF F	-NOVIDEN ON SUFFEIEN					
ALDEN N	NORTH SHORE REHA	AB & HCC	EST TOUHY A' , IL 60077	VENUE		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,,		
S9999	Continued From pa	age 8	S9999			
	Monday night I had	d a fall. When I woke up this				
		me and put his hands in me; he	;			
		stuff with his hands back and				ı
		ared. I am very clear about				
		inside of me. This happened				ı
		pened the next day. It was				
		. It was before lunch, but I am				ı
		The only thing he said was				
		(about being dry). I was saying ny god stop it.' He (V5) was	·			
		scared me. I don't remember				ı
		I remember waking up in my				
		pened. Someone told me that I				ı
		, but I don't want to tell you who	,			ı
		don't want her to lose her job. I				
		(V6) and me right now, and I				
		I told what happened to (V22,				
		lent Care Coordinator), and				
		hem the details that (V5) was				ı
		I put his finger in my vagina.				
		management. I am feeling				ı
		ou this much. They might uh, I				ı
		n such a strange situation right may never get out of here. I				
		going to happen. I understand				ı
		ally do. I just told you more thar				
		lace has a very good	'			
	•	on't want to have to leave here				ı
		e. I have been here almost a				
		est part it has been ok, except				ı
		he reason I do not want any				
	other male staff wo	orking with me except (V4) is				ı
		cident. I cannot and will not tell				ı
		ght now, I am so afraid				
		that have happened in the last				
		you what. You have a really				ı
		sorry, but I did not mean to get				
		There is a lot of stuff going on				
		nd I do not want to rock the				
ļ	boat. I do not want	to talk about this anymore".				I

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.			
		IL6014765	B. WING		1	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALDEN	NORTH SHORE REHA	AB & HCC 5050 WE: SKOKIE,	ST TOUHY AV IL 60077	VENUE		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 9	S9999			
	had any other previstated, "(V5) has had abuse. (V5) just had is my only male CN. On 3/19/2025 at 10 for healthcare for (I the front desk. I told (V wants me to call the broken. I asked wh going to (R1's) room not tell (V24) about was more focused ended up coming in and (R1), and then (V1) did speak abome in the room, an happened, and (R1 could talk to me ou Wednesday 3/12/2 hall, (V1) asked me (R1) told me. (V1) because the detail R1's vagina was not (V1) previously. I this is going to clarand see if I can get report this." On 3/19/2025 at 10 not had any disciplilast July. I am gettin has been suspended and in-services on today. Last abuse the year at skills fair. P	15 PM, V1 was aksed if V5 ious allegations of abuse. V1 ad a previous allegation of d one that I am aware of. (V5) IA in the whole entire building." 10:12 AM, V6 stated, "I am POA R1). When I came in upset at 3/12/2025), I spoke with (V24) (24) I am here because (R1) e police. (R1) thinks her leg is to is in charge. I told (V24) I am moto see what's going on. I did the allegation, because (R1) on her leg being hurt. (V1) on the room and talking to me with me alone in the hallway. But the allegation with (R1) and do asked (R1) to describe what I did. Then (V1) asked if she attacks all happened on (V5). When we talked in the ewhat I knew. I told her what estated she was surprised of (V5) inserting his finger in the adetail that (R1) had told hink if you go speak to (R1), in up. Let me speak to (R1), in up. Let me speak to (R1) there to tell me who told her to (V5) as a of yesterday (3/18/2025), abuse have been started training was in February this rolice have not been called. In (Y6) to see if she wants us to file				

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Illinois L	epartment of Public	Health				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						•
		IL6014765	B. WING		1	7/2025
			1		1 00/2	1,2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AI DEN I	NORTH SHORE REHA	AR & HCC 5050 WES	ST TOUHY A	VENUE		
ALDENI	TORTH SHORE REHA	SKOKIE,	IL 60077			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DAIL
				,		
S9999	Continued From pa	ige 10	S9999			
	a police report."					
	a police report.					
	On 3/19/2025 at 11	:24 AM, V1 was asked why a				
		filled out. V1 stated,				
		cern form, the issue was not				
		A. (V5) came at 10pm Monday				
		vernights not evenings. The				
		written the following morning				
	by me, and was meaning there was an issue with					
		overnights the previous night.				
		(R1) was uncomfortable with				
		of her "down there". The issue				
		ng to have her brief checked, ot want her brief checked in the				
		d the need for it, and (R1) was				
		sts all the time that residents				
		, so I did not think anything of				
		ecause she thought (R1)				
		her leg. I went to speak with				
		and other things were brought				
		NA was just a blip in our				
	conversation."	, ,				
	On 3/19/2025 at 11	:26 AM, V1 stated, "I am				
		r was notified of sexual				
		dout if the doctor has been				
		al abuse allegation and let you				
	know."					
	0:- 0/40/0005 -/ 44	-FC ANA MOT (ONIA) - 1-1-1-1-11				
		:56 AM, V25 (CNA) stated, "I				
		only one day through an				
		witnessed any abuse here. I				
		se at my old job in January I work for does not train us for				
		of. I have not had abuse				
		his facility has not trained me				
	on abuse."	The facility has not trafficultie				
	on abase.					
	On 3/19/2025 at 12	2:29 PM, V17 (CNA) stated,				
		o me that she did not want to				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6014765	B. WING		03/2	7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALDEN I	NORTH SHORE REHA	IB & HCC 5050 WES	ST TOUHY AN L 60077	/ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	be changed due to not want to get any mention whether it (R1) if something h to tell me so I could confused more at nknows what's going happened to (R1)." On 3/19/2025 at 12 Assistant (CNA), st did report to (V19, I nurse. (V19) is not there was another was talking to (R1), for the conversation (V18) works pm or when it took place as any 'I don't want to to get anyone in trought on the situ behalf. (R1) thinks think there are rules supposed to be in pfollow them. I am trought most part (R1) is profiled in the enough problems to with this anymore I frustrated. I do know just so frustrated. I deal with this. I feel on 3/19/2025 at 1:	something happening, but did one in trouble. (R1) did not was female or male. I told appened to (R1), she needed report it. (R1) does get ight, but in the daytime (R1) on. I do believe something ated, "I am an agency CNA. I Registered Nurse/RN) the here today. The situation was CNA (V18) working, and she and (V18) came and got me and (V18) is not here today. overnight shift. I do not know or anything. (R1) would just be changed' and 'I don't want uble'." 39 PM, V6 stated, "My lation is that I am angry on her want revenge, I disagree. I so and protocols that are place and this guy (V5) did not ying to keep (R1) safe. For the letty clear, there are times sed. (R1) is really clear right nemy. (R1) said to me 'I have of deal with, I don't want to deal just want to go home'. I am so w something happened. I am never expected to have to like I am drowning."	S9999			
	see she had a fall,	I did look at (R1's) chart and and then no male CNA is to ke (R1) was trying to tell me				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, ,	(X3) DATE SURVEY COMPLETED	
		IL6014765	B. WING		l l	C 27/2025	
ALDEN NORTH SHORE REHAB & HCC 5050 WES			ADDRESS, CITY, S EST TOUHY AV I, IL 60077	,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S9999	something without is suspected as abuse handled. I guess ye I thought it was alreed in thought it was alreed. I guess ye I thought it was alreed in the area about (R1) To Saturday (3/15/202) anything to me. So and they said it was told me. (V17) told when (V17) told when (V17) told me (R1) never said not abused or nothing I on 3/24/2025 at 10 supposed to happe is reported. V1 state to be put on susper investigation in an aunfounded, they ca founded, probable is severity. I am the Ainvolves investigating involved, reporting, police. Each depart Nursing may have the assessment, notify etcetera. My DON (Coordinator for me on 3/24/2025 at 11	telling me something that I e, but it was already being es, I should have reported, but ady reported." O PM, V19, RN stated, any type of abuse allegation to the state of the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUF AND PLAN OF CORRECTION IDENTIFICATION			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		IL6014765		B. WING			C 27/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALDEN I	NORTH SHORE REHA	AB & HCC		A YHUOT T	/ENUE		
	I		SKOKIE, I				
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 13		S9999			
	be notified immedia is removed from the would be in charge perpetrator. For nur doctor, and any req to do a body assess not here, I would st. Abuse Coordinator, me immediately, we perpetrator, we wou immediately, intervireportable within a responsibilities if Acc. On 3/24/2024 at 6:5 to agency, abuse tremployees starting asked if facility provistaff prior to start desomething we have place."	e situation. The A of suspending al of suspending al rsing, we would nuired parties. We sment. If the admep up in the place. Staff would report would remove a lid start investigates immediately few hours. These dministrator is not with the agency. Vides abuse training its required with the agency. The late. V1 replied, "I	administrator leged actify family, e would need ninistrator is e of the ort abuse to alleged ations a send e would be my there." , "According a prior to "V1 was ing to agency No, this is				
	On 3/25/2025 at 10 document, dated 2/ abuse training. V1 that included abuse submitted included stated, "Yes". All enstated, "Some empon the phone. I will further documentat attendance docume training on 2/5/2025 V1 provided Abuse Form signed by V5 provide documentat training. Abuse Policy, dated	15/2025, was facilistated, "Yes, it was asked abuse training for abuse training for abuses may have look to see if I had ion." V5 was not ent to have received. Policy Acknowled on 7/26/24, when the training for a previous a second for a previous a p	lity's annual as a skills fair if document or all staff. V1 ot listed. V1 been called ave any listed on the red abuse dgement n asked to abuse				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED				
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IL6014765		B. WING		1	7/2025			
						1 00/2		
NAME OF I	PROVIDER OR SUPPLIER			, ,	STATE, ZIP CODE			
ALDEN N	NORTH SHORE REHA	B & HCC		ST TOUHY A	VENUE			
			SKOKIE, I	L 60077				
(X4) ID	-	TEMENT OF DE		ID	PROVIDER'S PLAN OF CORRECT		(X5)	
PREFIX TAG				PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
1710			,	17.0	DEFICIENCY)			
20000	Continued From no	go 14		20000				
S9999	Continued From pa	ge 14		S9999				
	POLICY:							
	This facility affirms	the right of c	ur residents to be					
	free from abuse, ne	eglect, misap	propriation of					
	resident property, c							
	involuntary seclusion	n. The facilit	y will report					
	reasonable suspicion	on of a crime	. This facility					
	therefore prohibits i	mistreatmen [:]	t, neglect or					
	abuse of its resider	its and has a	ttempted to					
	establish a resident							
	environment. The p							
	assure that the faci							
	control to prevent o							
	neglect or abuse of	our resident	s. This will be					
	done by:							
	2. Orientating and t							
	deal with stress and		•					
	to recognize and re							
	mistreatment, negle							
	3. Establishing an e							
	resident sensitivity,		curity and					
	prevention of mistre		-44					
	4. Identifying occuri potential mistreatm		allerns of					
	5. Immediately prot		onte involved in					
	identifying reports of	•						
	6. Implementing sys	•	•					
	and allegations of n							
	aggressively, and n							
	to prevent future oc		Josephan y Orlangos					
	7. Filing accurate a		estigative reports:					
	This facility is comm							
	residents from abus							
	limited to, facility sta							
	consultants, volunte							
	agencies providing							
	family members or							
	any other individual							
	knowingly employ in							
convicted of abusing, neglecting or mistreating								

Illinois Department of Public Health

individuals.

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. DOILDING.				
		IL601476	5	B. WING			C 27/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADD				DRESS, CITY, S	STATE, ZIP CODE			
ALDEN NORTH SHORE REHAB & HCC 5050 WEST SKOKIE, IL			ST TOUHY AV L 60077	/ENUE				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
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	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			С	
		IL6014765	B. WING			27/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, S	STATE, ZIP CODE			
ALDEN NORTH SHORE REHAB & HCC 5050 WES' SKOKIE, II			ST TOUHY A , IL 60077	/ENUE			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	of crime how to mo or insensitive staff a language. 3. Prevention The facility desires theft by establishing resident secure end. 4. Identification Employees are requoccurrences of potential mistrator. An employee who a abuse should immed. All residents, visitor or others are encountering concerns or sumistreatment to a such reports may be retaliation against a report, causes a law Anonymous reports investigated. Supervisors shall in administrator or depotential mistreatment report, the administrator or depotential mistreatment investigated. Supervisors shall in administrator or depotential mistreatment investigated in incident investigated in incident investigated in incident investigated in the potential mistreatment of such potential or of such potential mistreatment or of such potential mistreatment or of such potential or of such potential mistreatment or of such potential or of the ulpon report of such supervisor is resported to the adrill the resident compresident, reviewing reporting to the adrill the resident compresident harm is such potential mistreatment or of suc	conitor and correct Inappropriate actions, words or body to prevent abuse, neglect and g a resident sensitive and vironment. uired to immediately report any ential mistreatment they ut, or suspect to a supervisor of actually witnesses an act of ediately try to stop the act. rs, volunteers, family members uraged to immediately report uspected incidents of potential supervisor or the administrator or made without fear of any employee who makes a wful report to be made. Is will also be thoroughly mediately inform the signee of all reports of the trator or designee shall initiate pation. It additionally responsible for ity incident report the sing of unknown origin, report abnormalities as they occur. In occurrences, the nursing insible for assessing the the documentation and ministrator or designee. In plains of physical injuries or if its pected, the resident contacted for further instructions.	y r				

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BOILDING.	·	С		
		IL6014765	B. WING			7/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ALDEN NORTH SHORE REHAB & HCC 5050 WES SKOKIE, II				VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	The facility will take while the investigation b. Accused individus facility will be denied resident during the control of the accused of mistreat resident contact implementation that investigation has administrator or defermed complete the stresidents. 7. Reporting Initial Reporting of the immediately upon the investigation has administrator or defermed to complete the stresidents.	e steps to prevent mistreatment ion is underway. Itals not employed by the d unsupervised access to the course of the investigation. It facility who have been the	S9999			

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