		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/10/2009 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			(X3) DATE SU COMPLE	TED
		14G362	B. WI	NG _			C 2/2009
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE TE	RRACE				2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 356	E3 (RSD - Residem R3's mother was go teeth cleaned. E1 t been done. 2) R1, per review of Program Plan), is a diagnoses include f Down Syndrome, A Prolapse with Regu R1's annual dental years were reviewe noted: - "5/3/07 - Finding: Decay on canine to Recommendations: canine, Needs to be - "4/18/08 - Finding: hygiene. Recommendations: canine, Nee	tial Services Director) that bing to take R3 to have his hen verified this has not yet of her 7/29/08 IPP (Individual 26 year old female whose Moderate Mental Retardation, sthma and Mitral Valve irgitation. examinations for the past 2 d and the following was s: generalized gingivitis, oth (lower left), bruxism, Ext (extract) lower left e pre-med (pre-medicated)." gs: Dental plaque, poor oral endations: Adult cleaning, over, dad decline the sentative) and Z1 were at 3:20pm regarding R1's eaning. E2 verified R1 has eaned for the past 2 years. ave her teeth cleaned, the QMRP to schedule the	W	356			
	phone call. Z2 veri dental office. Z2 sta examinations shoul Z2 stated R1 was la April 2008. Z2 state and should have he	2/27/08 at 12 noon via a fied R1 is a patient at a local ated annual dental d include dental cleanings. ast seen in the dental office in ed R1 has poor oral hygiene er teeth cleaned at least every d R1 has not been back to the					

		AND HUMAN SERVICES				FORM	08/10/2009 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G362	B. WI	NG _			C 2/2009
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
PINE TER	RRACE				2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W 356 W9999		April 2008 - and at that time r teeth cleaned as	W : W9	356 999			
	LICENSURE VIOL/ 350.620 a) 350.3240 a) 350.3240 b) 350.3240 d) 350.3240 e)	ATIONS:					
	 a) The facility shall procedures governithe facility which shinvolvement of the shall be available to public. These writted operating the facilitile least annually. Section 350.3240 A a) An owner, licensor agent of a facility resident. (Section 2) b) A facility employ aware of abuse or nimmediately report administrator. (Section 2) 	ee, administrator, employee y shall not abuse or neglect a					
	who becomes awar	report the matter to the	l				

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		I AND HUMAN SERVICES				FORM	08/10/2009 APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G362	B. WI	NG _			C 2/2009
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
PINE TER	RRACE				2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	Continued From pa	ige 50	W99	999)		
	Department. (Section	on 3-610 of the Act)					
	investigation of a re- resident indicates, I that an employee of the perpetrator of the immediately be bar with residents of the of any further inves disciplinary action a 3-611 of the Act) These REGULATIC evidenced by: Based on interview	rpetrator of abuse. When an eport of suspected abuse of a based upon credible evidence, f a long-term care facility is ne abuse, that employee shall red from any further contact e facility, pending the outcome tigation, prosecution or against the employee. (Section DNS were not met as and record review, the facility their policy to prevent abuse					
	and potential abuse - Ensure a system i	e when they failed to: is in place for reporting 1 of 1 al and physical abuse (R1 and					
		is in place for investigating 1 verbal and physical abuse (R1					
		is in place for investigating 1 t R3 made in a statement to uched him."					
		is in place for removing staff gations of verbal and physical					
	Findings include:						
	1) R1, per review	of her 7/29/08 IPP (Individual					

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		AND HUMAN SERVICES					FORM	08/10/2009 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION	- (X3)) DATE SL COMPLE	TED
		14G362	B. WII	NG .				C 2/2009
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP (2017 NORTH PINE STREET	CODE		
					WAUKEGAN, IL 60085			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
W9999	Continued From pa	ge 51	W9	990	9			
	Program Plan), is a diagnoses include I Down Syndrome, A Prolapse with Regu interviewed 2/18/09 ambulatory.	26 year old female whose Moderate Mental Retardation, sthma and Mitral Valve argitation. R1, observed and at 2:40pm, is verbal and er 7/29/08 IPP, is a 44 year						
	old female whose c Retardation and Hy	hiagnoses include Mild Mental pothyroidism. R4, observed 8/09 at 2:40pm, is verbal and						
		titled "Investigative NO: 5.24" was reviewed and						
	unreasonable confi	illful infliction of injury, nement, intimidation, or sulting harm, pain, or mental						
	be responsible for t A. To identify, revieve violations of any ince abuse and neglect B. To investigate a and impartial mann	ew and determine if alleged dividual's rights, including have occurred. llegations in a professional						
	or suspects a violat or neglect as well a shall immediately re management using 1. In order for the	loyee or agent who witnesses ion of resident rights, abuse, s injuries of unknown source eport the matter to facility the following protocol: incident to be considered yee or agent must speak						

		I AND HUMAN SERVICES				FORM	08/10/2009 APPROVED 0938-0391
STATEMENT OF DEFIC AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		14G362	B. WI	NG			C 2/2009
NAME OF PROVIDER	OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE TERRACE					2017 NORTH PINE STREET WAUKEGAN, IL 60085		
	CH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
directly - Adm - Exe - Dire "3. Th note re (Form "B. If t commi employ such ti 1. I 2. T takes a E1 (Fa 2/25/0 the fac would regard R1 was bedroo this tim was as immed direct o hard, it (E12) s was po hard." she was Repres in any punche mornin yells at	ninistrator cutive Direct ctor of Opera e employee egarding the #GP-15) price he allegation tted an act of yee shall be me as the investigation The Administrative cility Repress at 1:00pm. ility's above be notified, at ing all allega s interviewed be notified, at ing all allega s interviewed s interviewed s interviewed be notified, at ing all allega s interviewed s i	e following managers: or ations" or agent will document a brief incident on a Progress Note or to leaving the shift." It is that an employee of abuse or neglect, the suspended from duty until is complete and trator considers the report and	W9	99			

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		HAND HUMAN SERVICES				FORM	: 08/10/2009 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	URVEY TED
		14G362	B. WI	NG _			C 2/2009
NAME OF P	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE TEI	RRACE				2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	٦IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	chest." R4 was ask anyone. R4 stated E12 poked her in the morning. R1 then shurts me and threat here if she hurts me was asked if she to poking her and threat has told other staff Residential Service care). On 2/18/09 at appro Representative) wa facility had any alle mistreatment since E2 told surveyor, 2/ were "no reportable incidents of abuse, clients. E2 stated so of any GP - 15's (th any unusual incider On 2/18/09 at 4:10p Z1. Surveyor notific allegation that E12 R1's guardian was on 2/18/09 at 7:30p R1's guardian state from R1 in mid Jan she can not recall the poking at her and y guardian, "I'm really home." R1 identific her as E12. R1's g	ked if she reported this to she did not. R4 again stated he chest to wake her up in the stated, "I told E1 that E12 tens me. I don't want to live e. If she stays - I leave." R1 old any other staff about E12 eatening her. R1 stated she including E3 (RSD - e Director) and E6 (direct oximately 1:10pm E2 (Facility as interviewed and asked if the egations of abuse, neglect or January 1, 2009 until present. /18/09 at 2:38pm, that there es." E2 then clarified, no neglect or mistreatment of the she has not been made aware he form staff use to document	W9	999			

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	-	H AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	08/10/2009 APPROVED 0938-0391
-	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IULTIPLE	CONSTRUCTION	(X3) DATE SU COMPLE	
		14G362	B. WII	NG			C 2/2009
NAME OF F	PROVIDER OR SUPPLIER			2017	ADDRESS, CITY, STATE, ZIP CODE NORTH PINE STREET JKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W9999	stated that E1 told admitted to being I her arm. R1's gua E1 she got a little I when she is upset keep her voice dow tapping R1 on the morning. R1's gua	age 54 her she spoke to E12 and E12 oud with R1 and tapping R1 on rdian stated E12 admitted to oud - E12 said she gets loud and she realizes she should vn. E12 also admitted to arm to get her up in the urdian also stated that R1 told rened to call her (guardian) and	W9	999			

tell her that R1 has a girlfriend. R1's guardian explained that R1 calls her roommate her girlfriend and E12 is threatening R1 that she is

going to tell her guardian this. R1's guardian stated she discussed all of the above with E1 during a phone conversation. E3 was interviewed 2/20/09 at 10:45am. E3 was asked if the facility had an investigation regarding R1's allegations of abuse. E3 stated she did not see any P15's (the facility's form for documenting unusual incidents). E3 explained that E1 would have written a P15 if there was an allegation of abuse E3 stated she was aware that R1's guardian had spoken to E1 about how E12 was waking R1 up in the morning. E7, E5, and E6 were interviewed regarding R1's allegations that E12 was verbally and physically abusive to herself and R4. E7 was interviewed 2/25/09 at 4:45pm via a phone call. E7 stated she was asked by E2 to write a statement on 2/18/09. E7 stated E2 asked her if she every saw a staff person hit a client. E7 stated she has not witnessed staff hit any of the clients, however it was brought to her attention that some of the residents have problems with E12. E7 explained that on several occasions R1 and R4 have complained that E12 harasses them. E7 explained that R1 and R4 like to drink coffee.

FORM CMS-2567(02-99) Previous Versions Obsolete

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		AND HUMAN SERVICES				FORM	08/10/2009 APPROVED 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			(X3) DATE SU COMPLE	TED
		14G362	B. WI	NG _			C 2/2009
NAME OF P	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE TE	RRACE				2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W9999	E12 does not want and R4 told E7 that do not do their choi they can not have a E12 has poked her when R4 told her th approximately 1 to emergency room w R1 told her that E13 drinking too much of was threatening to that R1 is a lesbiar her roommate her g threatening to tell R this has been going threatening and hat that R10 and R12 of boyfriend and girlfri consider themselve girlfriend. E7 state and R11 that she is stated E12 finds wh most and uses it ag aware of all of this told her. E7 was as above occurred. E allegations occurre E5 was interviewed phone call. E5 stat statement 2/18/09 a that some time in m the kitchen when R the arm and E12 po stated E6 (direct ca informed them of th she told R1 to call R	age 55 them to have any coffee. R1 t E12 has told them that if they res around the house then any coffee. R4 told E7 that in the chest. E7 was asked his. E7 stated it was 2 weeks before R4 went to the vith chest pains. E7 stated that 2 was mad about R1 and R4 coffee. R1 told E7 that E12 call R1's mother and tell her h. E7 explained that R1 calls girlfriend and therefore E12 is R1's mother this. E7 stated g on for about a month. (E12 rassing the clients). E7 stated consider themselves to be iends. R5 and R11 also es to be boyfriend and d E12 will tell R10, R12, R5 s going to break them up. E7 hat the residents treasure the gainst them. E7 stated E3 is because the residents have sked, by surveyor, when the 7 stated R1 and R4's d in mid January 2009. d 2/25/09 at 3:15pm via a ted she wrote the above as requested by E2. E5 stated hid January 2009 she was in c1 said that E12 poked her in oked R4 in the chest. E5 are) was also present when R1 he alleged abuse. E5 stated E1. R1 and R4 spoke to E1 ons. E5 stated she did look at ot see any bruises. E5 stated	W9	999	9		

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	TH AND HUMAN SERVICES RE & MEDICAID SERVICES			FC	TED: 08/10/2009 RM APPROVED NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	IULTIPLE CONSTRUCTION		TE SURVEY MPLETED
	14G362	B. WIN	NG	— (C 3/12/2009
NAME OF PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE	, ZIP CODE	
PINE TERRACE			2017 NORTH PINE STREET WAUKEGAN, IL 60085		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVE CROSS-REFERENCED	NOF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLETION DATE
about E12. E5 s push to upset the spoken to E3 about E5 stated E3 is a calls R1's guardia girlfriend. E6 was interview phone call. E6 s statement on 2/1 stated some times that E12 roughly R4 in the chest. her shirt. E6 stat to E1 during a ph she also spoke to allegations that F told by E1 to" ma stated E1 said th encourage R1 to that R1 had calle allegations. E6 s and was threater E6 stated, "It is d stated E12 is me facility and E1 ar again interviewed asked if she with the facility. E6 si bases the abuse then stated that a drill E12 hid one stated after a fire animals was mis stated she was a stuffed animal wil and went into an	page 56 eone (clients) has complained tated E12 knows what buttons to e clients. E5 stated she has but this and so have the clients. Iso aware that E12 threatens to an and tell her that R1 has a ed 2/25/09 at 3:25pm via a tated she wrote the above 8/09 as requested by E2. E6 e in mid January 2009 R1 alleged pulled her out of bed and poked E12 also yelled at R4 to change ted she heard R1 tell the above none conversation. E6 stated to E1 and reiterated the same R1 told to E1. E6 stated she was ke tonight a special night." E6 is because she wanted to stay at the facility. E6 explained d her mother and told her of the stated R1's mother was upset hing to take R1 out of the facility. isturbing what (E12) does." E6 ntally abusing the clients at the nd E3 are aware of this. E6 was d 2/26/09 at 1:10pm. E6 was essed E12 abuse the clients at tated she has not, however, she on what the clients tell her. E6 a few months ago during a fire of R6's stuffed animals. E6 drill R6 noted one of her stuffed sing and R6 was very upset. E6 ssisting R6 in looking for the nen E12 arrived at the facility other clients' bedroom and affed animal to her. E6 stated E2	W99			

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		HAND HUMAN SERVICES & MEDICAID SERVICES				FORM	08/10/2009 APPROVED 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY TED
		14G362	B. WI	NG .			C 2/2009
NAME OF P	PROVIDER OR SUPPLIER		-		TREET ADDRESS, CITY, STATE, ZIP CODE		
PINE TER	RRACE				2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	was aware that E12 because she was t when E12 returned E2 was interviewed stated she does ret regarding R6's stuff stated she believes E2 stated R6 gets stuffed animals. E2 remember how this R6 got her stuffed a E1 was interviewed asked if E5, E6, or that R1 and R4 had she was never mad allegations by E5, I interviewed 2/25/09 maybe all 3 staff as and R4's allegation the telephone. E3 was interviewed asked if the Admini and R4's allegation not see any GP - 1 incident reports). E - 15's, E1 would wr There was no repro	2 hid her stuffed animal alking to her on the phone I R6's stuffed animal. d 2/27/09 at 9:33am. E2 member receiving a phone call fed animal. However, E2 s the stuffed animal was lost. very upset and cries over her 2 stated she could not s incident was resolved or how animal back. d 2/25/09 at 11:40am. E1 was E7 reported the allegations d reported to them. E1 stated de aware of R1 and R4's E6 and E7. E1 was again 9 at 12:25pm. E1 stated that ssumed she was aware of R1 as because she spoke to R1 on d 2/20/09 at 10:45am. E3 was istrator (E1) was notified of R1 as of abuse. E3 stated she did 5's (facility's form for writing E3 stated if there were any GP rite them.	W9	999			
	Program Plan), is a	of his 8/29/08 IPP (Individual a 26 year old male diagnosed ntal Retardation. R3, observed					

		I AND HUMAN SERVICES				FORM	08/10/2009 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		14G362	B. WII	NG	i		2/2009
NAME OF P	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE 2017 NORTH PINE STREET WAUKEGAN, IL 60085		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	FIΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W9999	ambulatory. E7 (direct care) do form GP-15, dated "At 11:05pm (R3) of to staff stating his s went into the med r could I check him. stomach and askin he wanted me to ch could not check that area and I was not wrist and started put his private area. I s told him to let go of went back to his ro approx. (approximate police arriving (R3) room stating that he with him, to take me touch hs private area (R3) went to his roo Police arrived at 11 the situation. They was he ok. (R3) to hurting and that I to to the hospital. I can her that we had a s to (facility) "	Ige 58 18/09 at 2:52pm, is verbal and cumented on a progress note, 2/21/09 the following: ame out of his room and came tomach hurted We then oom and (R3) kept saying So I proceeded to check his g where it hurts. (R3) stated neck his private area. I said I at because it was his private going to. He then grabbed my ushing my hand down towards snatched my hand away and my wrist. He then got up and om. I called the police at ately) 11:15pm Prior to the stood in his door way of his e wanted me to stay all night y coat off and lay with him and ea. After talking with his mom om and closed the door. :35pm and were informed of went to his room and asked ld police his stomach was buched him. He wanted to go alled (E2) at 11:50pm and told ituation she needed to come	W9	99			
		(^)					

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