(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
	IL6006514 B. WING		·····	C <b>02/26/2014</b>		
	PROVIDER OR SUPPLIER ORS REHABILITATION	N CENTER LLC 811 WES	DDRESS, CITY, S T 2ND, PO BO IL 61010	STATE, ZIP CODE  OX 585		
(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 APPROPED DEFICIENCY)	D BE COMPLET	ΓΕ
S9999	Final Observations Statement of Licens	sure Violations:	S9999			
	300.1210b) 300.1210d)3) 300.1210d)6) 300.1220b)2) 300.1220b)3) 300.3240a)					
	Section 300.1210 General Requirements for Nursing and Personal Care					
	and services to atta practicable physical well-being of the res each resident's com plan. Adequate and care and personal of	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each total nursing and personal esident.				
	resident's condition emotional changes, determining care re	ations of changes in a , including mental and , as a means for analyzing and quired and the need for luation and treatment shall be				

(X2) MULTIPLE CONSTRUCTION

 ${\it LABORATORY\ DIRECTOR'S\ OR\ PROVIDER/SUPPLIER\ REPRESENTATIVE'S\ SIGNATURE}$ 

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6006514	B. WING		02/2	6/2014
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WES' BYRON, I	Г 2ND, PO B L 61010	OX 585		
(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 1	S9999			
	made by nursing si resident's medical	taff and recorded in the record.				
	assure that the res as free of accident nursing personnel	ecautions shall be taken to idents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.				
	Section 300.1220 S Services	Supervision of Nursing				
		supervise and oversee the the facility, including:				
	the residents' need defined conditions sensory and physic status and requirer discharge potential	comprehensive assessment of ls, which include medically and medical functional status, cal impairments, nutritional ments, psychosocial status, l, dental condition, activities tion potential, cognitive status,				
	each resident base comprehensive as and goals to be acc and personal care representing other activities, dietary, a are ordered by the the preparation of t	ip-to-date resident care plan for ed on the resident's sessment, individual needs complished, physician's orders, and nursing needs. Personnel, services such as nursing, and such other modalities as physician, shall be involved in the resident care plan. The ting and shall be reviewed and				

Illinois Department of Public Health

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	DI AN OF CORRECTION IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BOILDING.	A. BUILDING:		
		IL6006514	B. WING			26/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WES BYRON,	T 2ND, PO B IL 61010	OX 585		
(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)	JLD BE	(X5) COMPLETE DATE
S9999	modified in keeping indicated by the resistant be reviewed a Section 300.3240 A	g with the care needed as sident's condition. The plan at least every three months.  Abuse and Neglect see, administrator, employee or hall not abuse or neglect a	S9999			
	These Requirement by:	nts are not met as evidenced				
	review the facility faresident (R1) who we behaviors on the D contributed to R2 s	ion, interview, and record ailed to closely supervise a was exhibiting hypersexual ementia Unit. This failure seeking out a female resident her breasts on 2/11, 2/19, and				
	on 2/4/14 and 2/7/1	nasturbating the genitalia of R2 14. The facility failed to nterventions and supervise R1 with R2.				
		4 residents( R1, R2, R3,) Il behaviors on the Dementia idents.				
	The findings includ	e:				
	1. R2's February, 2	2014 Physician's Order Sheet				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		II 600651 <i>4</i>			00/0	
NAME OF 1		IL6006514			02/2	6/2014
	PROVIDER OR SUPPLIER	811 WEST	ORESS, CITY, S	STATE, ZIP CODE  OX 585		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC BYRON, II	-			
(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 APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	shows R2's diagnos Disease.	ses include Alzheimer's				
	has moderate cogn	a Set of 1/24/14 documents R2 itive impairment. The same that R2 has socially vior.				
	documents that R2 to him during care. related to R2 touch interventions includ behaviors endange	e Plan dated through 4/17/14 asks staff to do sexual acts No documentation is written ing female residents. The e to assess weather R2's r the resident and/or others ecessary. No specific documented.				
	by E3 (Licensed Pr was found in his roo Nursing Assistant) v pulled back. Another	for 2/3/14, 7:30 AM, written actical Nurse) show that R2 om by a CNA (Certified with the covers of his bed er resident was in the room, This resident was quiet and ections."				
	told a CNA" I have around about me th	on 2/5/14 document that R2 heard there are rumors going nat I'm a homosexual, I am not married and have a wife."				
	that a male residen "stroking" R2's pen	Note entry for 8:02 AM, shows t (R1) was found in R2's room is. The other male resident R1's room and he did.				
	while receiving care	2/17/14 at 6:40 PM, shows that e from the CNA, R2 said " wn there and feel around so				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.	A. BUILDING:		,
		IL6006514	B. WING		02/2	: :6/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WEST BYRON, I	Γ 2ND, PO B0 L 61010	OX 585		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 4	S9999			
	that he was making CNA's such as "clo and stroking the leg The same day the shows " R2 has be female residents as On 2/19/14 at 12:00 "R2 has been making to touch bre lips. R2 is asking the Nursing notes show	nursing notes for 10:09 PM en inappropriately touching and staff the entire shift."  O PM R2's Nursing Notes show ing inappropriate sexual and other residents. R2 is easts, and kiss areas that aren't ne staff to touch him.				
	On 2/20/14 at 3:46 R2 has made seve comments to staff a	PM nursing notes show that ral inappropriate sexual and other residents. Resident ouch staff and other residents.				
	weeks ago she wal R1 and R2 share a the washroom door in the room. When bed and R1 leaning told E3 (LPN) and were told since the and R2 was not coanything. R2 has to and he makes com to stick my tongue fondling R3's breas E3 saw it also, she direction and knew split them up if we sthey were going to	PM, E4 (CNA) said that 2 ked past R2's room. She said n adjoining washroom. I saw r was partially open so I went I entered the room I saw R2 in gover him, masturbating him. I when she came down, R1 had the bathroom to his room. We y are both consenting adults emplaining, we don't do buched a female resident (R3) ments. He said to me "I want in you." R2 has been seen sts, I saw it this morning again. was coming from the other I was separating them. We see it. At one point they said move R1 to another unit but goes after other men. He is				

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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	
		IL6006514	B. WING			26/2014
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WES BYRON,	T 2ND, PO BO IL 61010	OX 585		
(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	Continued From pa	ge 5	S9999			
	targeting women. E taught to do when s	ch or grab at others. R2 is 4 was asked what she was she sees these behaviors and rate, if no one resisting then it				
	that she saw R2 for the day room. R3 is her, she does not u making comments wanders, we were t intervene if there is residents. R1 is sug residents. His (R2) increasing, he used	PM. E5 (Activity Aide) said ndle R3's breasts yesterday in a deaf, when R2 say's things to nderstand. He (R2) was about her breasts. R3 raught to provide privacy and protesting by one of the aggestive to other male behaviors have been I to only be that way on the PM ore prevalent since the 1 and R2.				
	said that she did no can recall most thin for the last few wee residents and staff. room table trying to after dinner. I have R2 was seen grabb	PM, E6 (Registered Nurse) of think R1 has Dementia. He logs. R2 has been hyper sexual loks. He has been grabbing at R1 was heard at the dining get R5 to come to his room had reports from CNA's that loing R3's vagina. R3 is very been making advances to men.				
	has been inapprop them (R2 and R3) of inappropriate talk to getting worse over R1 wrote something	PM, E7 (CNA) said that R2 riate to R3. Neither one of can hear. He (R2) has presidents and it has been the past few days. I know that g inappropriate on R2's not sure what it said.				
	has heard things at	PM, E8 (CNA) said that she bout R1 and R2. She says as R1 sitting very close to R2. I				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7.1. 20122.110.1	<del></del>		
		IL6006514	B. WING			6/2014
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WEST BYRON, II	<sup>-</sup> 2ND, PO B0 L 61010	OX 585		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
\$9999	saw R2 feeling for I puts herself in the a try to keep someon in the evening. The R2 can wander into On 2/20/14 at 12:59. Nurse) said that R2 for a week or so. H could stick his tong been touching CNA CNA if she could pure R1 is always trying in R2's room, master R1 had a "special rime. Because R6 has pulled himself at to get R1 to move of where the residents want to move. No reget. We have had son the unit. I am not that he (R1) should had some changes and we have notice Z1 is here today to week he (R2) has be behaviors, he's beer residents and staff. On the floor in anoth room). R3 was sitting room, R3 had been on 2/20/14 at 2:31 no incident reports were incidents betw 2/8/2014. E2 said the said staff.	ge 6 R3's nipples of her breasts. R3 area, she goes around R2. We e in the day room to watch R2 activity staff leave at 5:30 PM. other residents rooms.  5 PM, E3 (Licensed Practical has been having problems e asked one of the CNA's if he ue down her throat. He has 's breasts, he asked another at her hands down his pants. to help people, he was found urbating him, but he denies it. elationship" with R6 at one has declined, I think that R1 away from him. We were trying off the hallway to an area s are more alert. He doesn't boom change has been made ome problems with him (R1) t sure who made the decision be moved. 2 weeks ago R2 with his medication (Haldol) do these behaviors coming out. look at him. (R2). This past been having more sexual -type and making comments to The other day he was found her residents room (R3's ang in the chair in the same are removed from R2 earlier.  PM, E2 (DON) said she had related to R1 or R2. There ween R1 and R2 on 2/5 and hat there are no incident R2 and R3 because she was	S9999			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. 501251110.			
		IL6006514	B. WING			26/2014
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WES' BYRON, I	Г 2ND, PO B L 61010	OX 585		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 7	S9999			
	checking R2 today. adjusted down R2's said she was told a yesterday. (2/19/14 On 2/20/14 approx was asked where s behaviors. E4 said behaviors in the CN requested for revierincidents relating to sexual contact. The concerning R2 fond Several entries are	PM, Z1 said that she was She said that she had shaldol about 2 weeks ago. Z1 about R2's behaviors climately 3:30 PM. E4 (CNA) staff document resident CNA's document some NA log book. The log book was w and showed several or R1, R2, and R3 having the first documented behavior cling R3's breasts is 2/11/14. In made concerning R1 trying to les to come to his room.				
	R2 was observed s	PM during the dinner meal, seated next to R4. R2 his hand on R4's hand and				
		2014 Physician's Order Sheet 's diagnoses includes avior Disturbance.				
	is cognitively intact. The same assessn	nent shows that R1 has viors that are not directed at				
	R1's Nursing Notes	s showed the following:				
	approached anothe talk the resident int	M, nursing notes show that R1 er male resident and tried to coming down to his room resident is very confused.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6006514	B. WING		02/2	) 6/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WEST BYRON, I	Γ 2ND, PO B L 61010	OX 585		
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S9999	Continued From pa	ge 8	S9999			
	2/16/14 entry for 10 be sexually inappro	:47 AM, documents R1 can priate to others.				
	completed his meal resident and wrote for communication) that R1 had written When the CNA took	10 PM, shows that after R1 I, he approached another male on the residents board. (used A CNA approached and saw I I want to suck your ck." It took tissue rd and said "this wasn't for your business."				
	was overheard whis resident asking him dinner. When R1 w	20 PM, documents that R1 spering to another male to come to his room after as asked why he wanted this his room, he replied he m.				
	4/26/14 documents behaviors toward or areas. The goal is harm others second behaviors. R1's car how staff should maprevent him from to inappropriately. The regarding what app with R1 when he is	Behaviors dated through that R1 has physical ther. Touches others private documented as: R1 will not dary to his physically abusive e plan does not document onitor and supervise R1 to suching other residents ere is no documentation roaches the staff should take acting out sexually and oward other confused men.				
	sitting in a chair. At the dining room tab was observed to an the day room.	PM, R1 was in the day room 5:00 PM, R1 was seated at le, with 3 male residents. R1 nbulate without assistance in				
	3. R3's February, 2	2014 Physician's Order Sheet				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			·
		IL6006514	B. WING			6/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
NEIGHB	ORS REHABILITATIO	N CENTER, LLC 811 WEST BYRON, II	<sup>*</sup> 2ND, PO B L 61010	OX 585		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
	documents that R3 Alzheimer's Demer	's diagnoses includes ntia.				
	R3 has severe cognassessment shows	nent of 1/14/14 documents that nitive impairment. The same that R3 ambulates wanders. R3 has highly				
	the corridor of the I "Where's Ma?" Sh hands on the legs, making sounds, and	PM, R3 was ambulating about Dementia unit. She said he was smiling and tapping her and talking incoherently, d noises. At 5:00 PM, R1 was oom standing next to R2.				
	shows that R3 likes sometimes conflict has hit and grabbed protect objects that they are hers. She	re Plan dated through 4/13/14 to be in charge and this is with other residents. She distaff and other residents to she has taken. Stating that throws items at others when it is hard of hearing and nat is being said.				
		(A)				

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