**NAME OF PROVIDER OR SUPPLIER**

NEIGHBORS REHABILITATION CENTER, LLC

**STREET ADDRESS, CITY, STATE, ZIP CODE**

811 WEST 2ND, PO BOX 585
BYRON, IL 61010

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Statement of Licensure Violations:

- 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

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 resident to meet the total nursing and personal care needs of the resident.

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:

3) Objective observations of changes in a resident’s condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be...
**NEIGHBORS REHABILITATION CENTER, LLC**

**811 WEST 2ND, PO BOX 585**

**BYRON, IL 61010**

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<td>made by nursing staff and recorded in the resident’s medical record.</td>
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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 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and
**NAME OF PROVIDER OR SUPPLIER**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**PROVIDER'S PLAN OF CORRECTION**

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- **Summary Statement of Deficiencies**

  - **Section 300.3240 Abuse and Neglect**
    - a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

  - These Requirements are not met as evidenced by:

    - Based on observation, interview, and record review the facility failed to closely supervise a resident (R1) who was exhibiting hypersexual behaviors on the Dementia Unit. This failure contributed to R2 seeking out a female resident (R3) and fondling her breasts on 2/11, 2/19, and 2/20/14.

    - R1 was touching/masturbating the genitalia of R2 on 2/4/14 and 2/7/14. The facility failed to implement safety interventions and supervise R1 to prevent contact with R2.

    - This applies to 3 of 4 residents (R1, R2, R3,) reviewed for sexual behaviors on the Dementia Care Unit of 25 residents.

  - **The findings include:**

    1. R2's February, 2014 Physician's Order Sheet

  - **Continued From page 2**

    - modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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            - The findings include:

                1. R2's February, 2014 Physician's Order Sheet

Illinois Department of Public Health

STATE FORM BBUR11

If continuation sheet 3 of 10
**NAME OF PROVIDER OR SUPPLIER**: Neighbors Rehabilitation Center, LLC  
**STREET ADDRESS, CITY, STATE, ZIP CODE**: 811 West 2nd, PO Box 585, Byron, IL 61010

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shows R2's diagnoses include Alzheimer's Disease.  
R2's Minimum Data Set of 1/24/14 documents R2 has moderate cognitive impairment. The same assessment shows that R2 has socially inappropriate behavior.  
R2's Behavior Care Plan dated through 4/17/14 documents that R2 asks staff to do sexual acts to him during care. No documentation is written related to R2 touching female residents. The interventions include to assess weather R2's behaviors endanger the resident and/or others and intervene as necessary. No specific monitoring plan is documented.  
R2's Nursing Notes for 2/3/14, 7:30 AM, written by E3 (Licensed Practical Nurse) show that R2 was found in his room by a CNA (Certified Nursing Assistant) with the covers of his bed pulled back. Another resident was in the room, masturbating R2. "This resident was quiet and had no signs of objections."  
R2's Nursing Notes on 2/5/14 document that R2 told a CNA "I have heard there are rumors going around about me that I'm a homosexual, I am not a homosexual, I am married and have a wife."  
On 2/8/14 Nursing Note entry for 8:02 AM, shows that a male resident (R1) was found in R2's room "stroking" R2's penis. The other male resident was asked to leave R1's room and he did.  
Nursing Notes for 2/17/14 at 6:40 PM, shows that while receiving care from the CNA, R2 said "Stick your hand down there and feel around so you can help me." | S9999 | }
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On 2/18/14 (12:35 PM) R2's nursing notes show that he was making sexual advances toward the CNA's such as "close the door so we can kiss, and stroking the leg of the CNA."
The same day the nursing notes for 10:09 PM shows "R2 has been inappropriately touching female residents and staff the entire shift."

On 2/19/14 at 12:00 PM R2's Nursing Notes show "R2 has been making inappropriate sexual comments to staff and other residents. R2 is asking to touch breasts, and kiss areas that aren't lips. R2 is asking the staff to touch him. Nursing notes show that these behaviors continued throughout the day on 2/19/14.

On 2/20/14 at 3:46 PM nursing notes show that R2 has made several inappropriate sexual comments to staff and other residents. Resident was also trying to touch staff and other residents.

On 2/20/14 at 1:25 PM, E4 (CNA) said that 2 weeks ago she walked past R2's room. She said R1 and R2 share an adjoining washroom. I saw the washroom door was partially open so I went in the room. When I entered the room I saw R2 in bed and R1 leaning over him, masturbating him. I told E3 (LPN) and when she came down, R1 had gone back through the bathroom to his room. We were told since they are both consenting adults and R2 was not complaining, we don't do anything. R2 has touched a female resident (R3) and he makes comments. He said to me "I want to stick my tongue in you." R2 has been seen fondling R3's breasts, I saw it this morning again. E3 saw it also, she was coming from the other direction and knew I was separating them. We split them up if we see it. At one point they said they were going to move R1 to another unit but he is still there. R1 goes after other men. He is
always trying to touch or grab at others. R2 is
targeting women. E4 was asked what she was
taught to do when she sees these behaviors and
she said "just separate, if no one resisting then it
is ok."

On 2/20/14 at 1:30 PM. E5 (Activity Aide) said
that she saw R2 fondle R3's breasts yesterday in
the day room. R3 is deaf, when R2 says' things to
her, she does not understand. He (R2) was
making comments about her breasts. R3
wanders, we were taught to provide privacy and
intervene if there is protesting by one of the
residents. R1 is suggestive to other male
residents. His (R2) behaviors have been
increasing, he used to only be that way on the PM
shift. It has been more prevalent since the
incident between R1 and R2.

On 2/20/14 at 5:05 PM, E6 (Registered Nurse)
said that she did not think R1 has Dementia. He
can recall most things. R2 has been hyper sexual
for the last few weeks. He has been grabbing at
residents and staff. R1 was heard at the dining
room table trying to get R5 to come to his room
after dinner. I have had reports from CNA's that
R2 was seen grabbing R3's vagina. R3 is very
confused. R1 has been making advances to men.

On 2/20/14 at 5:10 PM, E7 (CNA) said that R2
has been inappropriate to R3. Neither one of
them (R2 and R3) can hear. He (R2) has
inappropriate talk to residents and it has been
getting worse over the past few days. I know that
R1 wrote something inappropriate on R2's
erasable board, I'm not sure what it said.

On 2/20/14 at 5:30 PM, E8 (CNA) said that she
has heard things about R1 and R2. She says
sometimes she sees R1 sitting very close to R2. I
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saw R2 feeling for R3's nipples of her breasts. R3 puts herself in the area, she goes around R2. We try to keep someone in the day room to watch R2 in the evening. The activity staff leave at 5:30 PM. R2 can wander into other residents' rooms.

On 2/20/14 at 12:55 PM, E3 (Licensed Practical Nurse) said that R2 has been having problems for a week or so. He asked one of the CNA's if he could stick his tongue down her throat. He has been touching CNA's breasts, he asked another CNA if she could put her hands down his pants. R1 is always trying to help people, he was found in R2's room, masturbating him, but he denies it. R1 had a "special relationship" with R6 at one time. Because R6 has declined, I think that R1 has pulled himself away from him. We were trying to get R1 to move off the hallway to an area where the residents are more alert. He doesn't want to move. No room change has been made yet. We have had some problems with him (R1) on the unit. I am not sure who made the decision that he (R1) should be moved. 2 weeks ago R2 had some changes with his medication (Haldol) and we have noticed these behaviors coming out. Z1 is here today to look at him. (R2). This past week he (R2) has been having more sexual -type behaviors, he's been making comments to residents and staff. The other day he was found on the floor in another residents room (R3's room). R3 was sitting in the chair in the same room, R3 had been removed from R2 earlier.

On 2/20/14 at 2:31 PM, E2 (DON) said she had no incident reports related to R1 or R2. There were incidents between R1 and R2 on 2/5 and 2/8/2014. E2 said that there are no incident reports concerning R2 and R3 because she was unaware that R2 was fondling R3's breasts.
Continued From page 7

On 2/20/14 at 2:10 PM, Z1 said that she was checking R2 today. She said that she had adjusted down R2’s haldol about 2 weeks ago. Z1 said she was told about R2’s behaviors yesterday. (2/19/14)

On 2/20/14 approximately 3:30 PM, E4 (CNA) was asked where staff document resident behaviors. E4 said CNA’s document some behaviors in the CNA log book. The log book was requested for review and showed several incidents relating to R1, R2, and R3 having sexual contact. The first documented behavior concerning R2 fondling R3’s breasts is 2/11/14. Several entries are made concerning R1 trying to persuade other males to come to his room.

On 2/20/14 at 5:00 PM during the dinner meal, R2 was observed seated next to R4. R2 continued to place his hand on R4’s hand and right thigh.

2. R1’s February, 2014 Physician’s Order Sheet documents that R1’s diagnoses includes Dementia with Behavior Disturbance.

R1’s MDS Assessment of 1/28/14 shows that R1 is cognitively intact. (BIMS score =15) The same assessment shows that R1 has inappropriate behaviors that are not directed at others. R1 ambulates independently.

R1’s Nursing Notes showed the following:

2/13/14, at 1:31 PM, nursing notes show that R1 approached another male resident and tried to talk the resident into coming down to his room with him. The other resident is very confused.
2/16/14 entry for 10:47 AM, documents R1 can be sexually inappropriate to others.

2/17/14 entry for 5:10 PM, shows that after R1 completed his meal, he approached another male resident and wrote on the residents board. (used for communication) A CNA approached and saw that R1 had written "I want to suck your c..k." When the CNA took the board, R1 took tissue and erased the board and said "this wasn't for you, this is none of your business."

2/19/14 entry for 2:20 PM, documents that R1 was overheard whispering to another male resident asking him to come to his room after dinner. When R1 was asked why he wanted this resident to come to his room, he replied he wanted to talk to him.

R1’s Care Plan for Behaviors dated through 4/26/14 documents that R1 has physical behaviors toward other. Touches others private areas. The goal is documented as: R1 will not harm others secondary to his physically abusive behaviors. R1’s care plan does not document how staff should monitor and supervise R1 to prevent him from touching other residents inappropriately. There is no documentation regarding what approaches the staff should take with R1 when he is acting out sexually and making advances toward other confused men.

On 2/20/14 at 2:20 PM, R1 was in the day room sitting in a chair. At 5:00 PM, R1 was seated at the dining room table, with 3 male residents. R1 was observed to ambulate without assistance in the day room.

3. R3’s February, 2014 Physician’s Order Sheet
Continued From page 9

documents that R3’s diagnoses includes Alzheimer’s Dementia.

R3’s MDS Assessment of 1/14/14 documents that R3 has severe cognitive impairment. The same assessment shows that R3 ambulates independently and wanders. R3 has highly impaired hearing.

On 2/20/14 at 2:30 PM, R3 was ambulating about the corridor of the Dementia unit. She said “Where’s Ma?” She was smiling and tapping her hands on the legs, and talking incoherently, making sounds, and noises. At 5:00 PM, R1 was seen in the dining room standing next to R2.

R3’s Behavioral Care Plan dated through 4/13/14 shows that R3 likes to be in charge and this sometimes conflicts with other residents. She has hit and grabbed staff and other residents to protect objects that she has taken. Stating that they are hers. She throws items at others when she gets upset. She is hard of hearing and misunderstands what is being said.

(A)