Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6003404 B. WING 08/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FRIENDSHIP VILLAGE-SCHAUMBURG 350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident IL137166 of August 11, 2021 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240 f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signedand dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with Attachment A each resident's comprehensive resident care উদ্রাহলালা of Licensure Violations plan. Adequate and properly supervised nursing care and personal care shall be provided to each linois Department of Public Health ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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	resident to meet the care needs of the res	total nursing and personal sident.				
	Section 300.3240 Al	buse and Neglect				
	f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately				ē	
3 × 1	evaluated to determing and placement for the safety of that resident	re the most suitable therapy e resident, considering the t as well as the safety of mployees of the facility				
	These requirements a	are not met as evidenced by:			- X-	
	railed to ensure two refree from non-consens contact/touching by Rouching females (resinappropriately. This a R1, R2, & R3) reviews	1 who has a history of				
	sample of 7.					
	The findings include:	96 EB		- 10°		
e p ti V	abuse that occurred or Incident: On August 1: 30 PM, R3 was obse propelling herself using the wheelchair toward the Registered Nurse (Foom, she observed a replant of the wheelchair by the	stigation for an allegation of August 11, 2021 shows, 1, 2021 at approximately rved after dinner service where legs while seated in the dining room door. As RN) passed the dining male resident R1 seated, a entrance of the dining				
re	oom door. As resident	t R3 exited the dining				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED IL6003404 **B. WING** 08/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 350 WEST SCHAUMBURG ROAD FRIENDSHIP VILLAGE-SCHAUMBURG SCHAUMBURG, IL 60194 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 room, the nurse observed resident R1 block resident R3 from leaving the doorway. V4 RN witnessed R1 pull the wheelchair of R3 towards him, reach out with an open hand, grab the left breast of R3 and squeeze. The nurse immediately separated the two residents and brought R3 to her room. Prior to V4 RN who witnessed the incident being able to inform the resident's primary nurse, R1 was observed by V10 Certified Nursing Assistant (CNA) reaching out and grabbing the breasts of another female resident, R2. V10 CNA immediately separated the two residents and brought R2 to the nurse's station. At that time, the primary nurse (V6) was present and brought R1 to his room ... Investigation: Interview with V10 CNA: per V10 CNA, she was in the dining room assisting another resident when she heard resident R2 scream, "leave me alone you pig!" When she turned around, she saw R1 grabbing the breasts of R2. She immediately separated both residents and brought resident R2 to the nurse's station ... Conclusion: After extensive interviews were conducted, it was determined that resident R1 had intentionally reached out to grab the breasts of resident R3 and resident R2. Resident R1 was seen waiting at the dining room door and as resident R3 exited, resident R1 pulled R3's wheelchair closer and reached out to grab her left breast. When staff removed R3 from the area, resident R2 then exited the dining room quickly after, allowing R1 to reach out and grab R2's breasts prior to staff being able to intervene." R1, R2, & R3's electronic medical records show all three residents have a dementia diagnosis. On August 23, 2021 at 10:59 AM, R3 stated, she remembered R1 grabbing her breasts and said "well they had all of us walk by him, as we walked

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLANOF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С IL6003404 B. WING 08/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 350 WEST SCHAUMBURG ROAD FRIENDSHIP VILLAGE-SCHAUMBURG SCHAUMBURG, IL 60194 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 by, he put both hands on my breasts. Pretended they needed uplifting." On August 23, 2021 at 1:06 PM, V4 RN stated, she was not R1's primary nurse on August 11, 2021 but was working the other hallway. She stopped by the dining room while passing her evening medications to see if any of her residents were in the dining room. At that time, she saw, R3 going past R1 on her way out of the dining room. R1 grabbed R3's wheelchair and pulled her back to him and grabbed her breast. R3 screamed. V4 took R3 out of the dining room to V5 RN to let her know what happened. V4 stated, she has "heard R1 touches staff before." On August 23, 2021 at 1:21 PM, V5 RN stated, she was R1's primary nurse on August 11, 2021. "It was dinner time and R1 was sitting by the door of the dining room at this table. One of the CNAs (V10) came to get me and said that R1 just grabbed R2's breasts. 5 minutes later he did it again to R3." She stated, she took R1 out of the dining room after he grabbed the second resident (R3). V5 just became a nurse a month ago, prior to that-she was working at the facility as a CNA. She is familiar with R1 and stated, "that is what he does and has done it before (grab people inappropriately), usually to staff. Not unusual for him to touch staff ... I would say it has progressively gotten worse, would say in the last year, a lot more grabby." On August 23, 2021 at 2:35 PM, V3 Assistant Director of Nursing (ADON) stated, she was notified by the nurse on that hallway (V5) that R1 had grabbed 2 female residents' breasts. "He has done this before in January 2021 to R3." (Second time he has grabbed R3's breasts.) "He can get a little touchy with staff when they are

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6003404 B. WING 08/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FRIENDSHIP VILLAGE-SCHAUMBURG 350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID ID. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 \$9999 dose to him. If staff don't know him and are not comfortable we tell them to care for him with 2 people. The second person is there to help watch his hands." She also stated that she had a talk with staff that they should have taken R1 out of the dining room after he grabbed R2 the first time. R3 being touched could have been avoided. The facility's final investigation for an allegation of abuse that occurred on January 20, 2021 shows, "Incident: On January 20, 2021 at approximately 3:45 PM, the off- going nurse heard R3 crying in the common area of the unit. The off-going nurse arrived in the common area and noted the resident sitting in her wheelchair next to a male resident, R1. This resident was also seated in a wheelchair next to R3. The off-going nurse then assisted R3 to the dining room to prepare for dinner and informed the current nurse of R1's behavior. The current nurse went to the dining room where R3 was sitting in her wheelchair at a table. Nurse notes R3 was not actively crying anymore but still visibly upset. When the nurse asked R3 if something was wrong the resident stated, "I want to talk to my daughter." When asked further if there was anything wrong, R3 reported that R1 "grabbed my breast." ... Conclusion: Based on multiple and extensive interviews, conducted, and statements obtained from other residents, it has been determined that the allegation of abuse is unsubstantiated ..." The nurse's notes for R1 dated December 27, 2020 at 12:56 PM shows, "Resident grab and touch staff during ADL's (Activities of daily living). He touched writers' breast during medication administration. I explained to resident that's inappropriate to touch anyone. Resident stated, "I know but it's fun for me."

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	2020 at 8:21 PM she inappropriate this she ADL's, he was grabbe private area like brea (check blood sugar) Explained to resident touch anyone without told that CNAs are a because of this behave feels anxious most hard time to control visiting propriets.	93			8 #	
. 8 . 8	shows, "Resident wa female resident's bre wheelchair. The fem said, "What are you o was upset and tried to Another staff instructe an appropriate behav trying touching other to body without consent	lu <sub>a</sub>				enganisa Ann e gina dag
	shows, "Resident aler Was attempting to grabut promptly instructed but promptly instructed but laugh."  The nurse's notes for shows, "Resident is all grabbed other female victim female resident alk to the family up on staff that other male repressts"	R1-dated January-3,-2021 t with some confusion. b CNA breast during care d not to do it then resident  R1 dated January 20, 2021 ert and confused, resident residents' breast (R3), was crying and wants to asked resident told the esident (R1) grabbed her				
Denartm	he nurse's notes for F	R1 dated January 30, 2021			$\approx$	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С IL6003404 B. WING 08/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 350 WEST SCHAUMBURG ROAD FRIENDSHIP VILLAGE-SCHAUMBURG SCHAUMBURG, IL 60194 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 shows, "noted per restorative aide, that during peri care in the bathroom, resident was rubbing his front with his pad and was told this was inappropriate and resident continued on until he was redirected to sit on the chair after care was done." R1's social service assessment dated January 26, 2021 shows, "G. Behavior: 3. Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually): Behavior of this type occurred 4 to 6 days; 4. Is resident socially inappropriate? Yes: 6. Behavior Noted: R1 had a few recorded instances of grabbing and sexual inappropriateness." R1's clinical neuropsychology report dated March 11, 2021 shows, "History of current symptoms: ...Per staff, R1 is alert, pleasant, and cooperative; however, he shows behavioral disturbances consisting of sexually inappropriate behaviors towards female staff. This includes making inappropriate sexual comments toward female staff and grabbing female staff inappropriately. When confronted about his behaviors, R1 expresses that "it's there" and that the female staff are touching him when they have to change him. Staff have discussed with him that such behaviors are inappropriate; however, his behaviors recently have increased ..." The nurse's notes for R1 dated June 14, 2021 at 1:38 PM shows, "Writer was notified by CNA that resident was touching her inappropriately, while she was helping resident with feeding ..." The nurse's notes for R1 dated June 14, 2021 at 4:21 PM shows, "Writer spoke with resident after

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it was reported to writer that resident

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED IL6003404 B. WING 08/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 350 WEST SCHAUMBURG ROAD FRIENDSHIP VILLAGE-SCHAUMBURG SCHAUMBURG, IL 60194 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 inappropriately touched a female staff member's breast and buttock. Resident at first denied touching staff and claimed he did not do it. Writer then expressed that the staff member reported it was today in the dining room and he then expressed that he remembered touching the staff member inappropriately. When writer asked resident, what made him touch the staff member, he expressed "I don't know" and that he will not do it again ..." R1's social service assessment dated June 29, 2021 shows, "G. Behavior: 3. Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually): Behavior of this type occurred 1 to 3 days; 4. Is resident socially inappropriate? Yes; 6. Behavior Noted: R1 had a few recorded instances of grabbing and sexual inappropriateness." The nurse's notes for R1 dated July 8, 2021 shows, "During insulin administration this resident grabbed this nurse's breast. Resident's hand removed, was asked by this nurse of what he is doing: Resident's response "I am grabbing your breast" when asked why- resident states" because it feels good" ..." The nurse's notes for R1 dated July 13, 2021 shows, "During lunch time resident grabbed restorative CNA breast. Resident hand was removed by CNA. Writer asked resident "why is he grabbing CNA" resident stated "because was there." ..." The nurse's notes for R1 dated July 15, 2021 shows, "Resident has one incident of sexually acting out ..."

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