Illimois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		IL6005920	B. WING			C 06/09/2021				
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	<u> </u>	USIZUZI				
HERITAGE HEALTH-EL PASO 555 EAST CLAY EL PASO, IL 61738										
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF CORRECTION OF C	D BE	(X5) COMPLETE DATE				
\$ 000	Initial Comments		S 000							
	Facility Reported Income of 5/16/21, IL13415	cident Investigation to Incident								
S9999	Final Observations		S9999							
	Statement of Licens 300.610a) 300.3240a)	sure Findings:								
	a) The facility s procedures governir facility. The written be formulated by a fill Committee consistir administrator, the admedical advisory coof nursing and other policies shall comply The written policies the facility and shall	dvisory physician or the ammittee, and representatives or services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed	. 10			- 254				
<u>.</u>	employee or agent of	Abuse and Neglect censee, administrator, of a facility shall not abuse or (A, B) (Section 2-107 of the								
	These requirements by:	s are not met as evidenced								
	failed to ensure a resabuse for one reside reviewed for abuse is	and record review, the facility sident was free from sexual ent (R1) of three residents in the sample of three. This being sexually abused on	:	Attachment A Statement of Licensure Violations	*:	• 1				

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

Electronically Signed

TITLE

(X6) DATE 07/02/21

FORM APPROVED Illimois 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 C IL6005920 B. WING 06/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 EAST CLAY** HERITAGE HEALTH-EL PASO **EL PASO. IL 61738** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 5/16/21 by V3 (Certified Nursing Assistant). Findings include: The facility's "Abuse Prohibition" policy, revised 3/15/18, states, "1. All residents have the right to be free from verbal, sexual, physical, mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property. exploitation. 2. All residents have their right to personal privacy of not only their own physical body; but also of their personal space, including personal care, and living accommodations. Definitions: 14. Sexual Abuse is non-consensual sexual contact of any type which includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. Sexual coercion shall include any intentional or knowingly touching or fondling a non-consenting resident's sex organs, anus, or breast either directly or through clothing for the purpose of sexual gratification or arousal of the accused. Sexual assault means sexual penetration." R1's Quarterly Minimum Data Set (MDS) dated 2/23/21, documents R1 to be cognitively intact without any memory impairments. On 5/25/21 at 10:38 A.M., R1 stated, "In the morning of Sunday, 5/16/21, I was in the bathroom, when (V3/Certified Nursing Assistant)

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came in and asked me if I had any lotion. I said I might have some in the top drawer of my dresser. (V3) went out and came back and walked back into the bathroom, closed the door and applied lotion directly on my penis. (V3) started rubbing me (on my penis). I looked down and noticed his mouth on me (R1's penis). (V3) was really working on it. I didn't say anything because it felt so good, but I knew it wasn't right." R1 verified it

X5P211

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 C B. WING IL6005920 06/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 EAST CLAY** HERITAGE HEALTH-EL PASO **EL PASO, IL 61738** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 was just V3 and R1 in the bathroom. R1 stated, "(V3) then asked me if I'd like to go back to bed and I said I would. Before that, (V3) helped get me dressed in the bathroom. (V3) put a blue (incontinence brief) on me. (V3) also put blue leans and a T-shirt on me. We walked from the bathroom to the bed, (V3) then pulled the covers back and let me lay down. (V3) pulled my jeans down to here (pointing to the middle of R1's thigh), (V3) opened my diaper and then (V3) started working on me. (V3) was rubbing my penis with (V3's) hand, (V3) was standing on the floor on the left side of my bed. (V3) was using (V3's) mouth and hand on my penis, but mostly the mouth. I ejaculated into his mouth." R1 denied that V3 said anything after the incident. R1 stated V3 helped R1 get dressed and that R1 stayed in the bed afterwards. R1 stated R2 (R1's roommate) was in the room during the incident but denied that R2 was able to see or hear anything. R1 denied asking for V3 to perform any sexual acts on R1. R1 stated, "(V3) just walked into the bathroom and started touching me, I have never seen (V3) before this day." R1 described V3 as a "tall, slender, black male with facial hair." R1 also stated, "(V3) was wearing dark scrubs and a pair of gray tennis shoes with a woven pattern to it and a pink check mark on the sides." R1 stated V3 had "a days worth of (facial hair) growth on the side of (V3's) face. He was otherwise very clean cut." On 5/25/21 at 10:33 A.M. R2 (R1's roommate) verified last Sunday, May 16 in the morning, V3 (Certified Nursing Assistant) was with R1 near R1's bed with the curtain pulled. On 5/25/21 at 12:18 P.M., V8 (Registered Nurse) verified that on 5/16/21, V8 was passing morning

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medications in R1's hallway. V8 verified seeing

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
1L6005920		B. WING		C 06/09/2021		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
HERITAC	GE HEALTH-EL PASO	555 EAST EL PASO,	CLAY IL 61738			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From page 3		\$9999			
	V3 (CNA) enter R1' 8:00 A.M.	s room on 5/16/21 around				
	5/16/21), I had a sp (V3) had (R2) and I room to get him dre already in there with the curtain was pulle (V3) had said from that (R2) didn't wan helping (R1) instead anything of it, but th	P.M., V11 (CNA) stated, "(On lit room assignment with (V3). had (R1). I went to (R1's) ssed for the day and (V3) was a (R1). The door was open but ed. I didn't see anything, but the other side of the curtain, to get up, so (V3) was d. At the time I didn't think is happened in the morning round the same time (R1) curred."	5	to the second se		
	was working on 5/1; in the morning and (to tell me, but (R1)) me or not. I assured anything and then (Fyesterday morning (lotion and put it on (his mouth on him. (Fbut (R1) did not know (R1)." V7 also stated alleged perpetrator a gray shoes with a pistated that V7 imme (Administrator) about On 5/25/21 at 9:33 AV7 and V13 (CNA) rand myself aware of and spoke with (R1) was on the toilet who into (R1's) bathroom touching (R1's) penit					

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