

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	COMMENTS Complaint Investigation: 2366154/IL162441	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.3240a) 350.1230b)7) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. The facility failed to develop a BMP/Behavior Management Program including interventions to keep an individual (R3) safe from being sexually abused from 1 of 1 individual (R4) with a known history of touching R3 inappropriately and without consent. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. It is the duty of any facility employee or agent who becomes aware of such abuse or	Z9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 1</p> <p>neglect to report it as provided in the Abused and Neglected Long Term Care Facility Residents Reporting Act. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to prevent sexual abuse 1 of 1 individual (R3) in the sample reviewed for sexual abuse. This failure has the potential to impact the other five females residing in the facility (R5-R9).</p> <p>Findings include:</p> <p>Policy 5.24/Investigative Committee Revised 12/22 and Policy 5.52/Individual Rape or Sexual Assault Policy document, "Abuse: The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting harm, pain or mental anguish."</p> <p>In addition, Policy 5.34/Individual Rights Revised 12/15 documents, "6. A) Each individual shall be free from mental and physical abuse."</p> <p>Undated Resident Roster provided on 7/31/23 identifies six females reside in the facility R3, R5-R9.</p> <p>ISP (Individual Support Plan) dated 8/8/22 identifies R3 as a verbal individual who functions at the mild level of intellectual disability, with good communication skills and the ability to make needs know.</p> <p>R3's ISP documents the need for 24-hour supervision, necessary due to limitations in the life area of learning, self-direction, critical thinking and capacity of independent living self-care. In addition, R3's ISP documents R3 is able to stop unwanted sexual attention and can report abuse</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 2</p> <p>and neglect. R3's ISP does not identify any behaviors including making false allegations and R3 has no behavior management program.</p> <p>R3's Individual Risk Assessment Tool dated 8/8/22, Functional Sexual Assessment section is marked as follows: *Indicates when wants a touch or hug-Yes, *Will allow touch at nonsexual areas by others-No, *Identifies an individual as a significant other-No, *Engages in sexual behavior such as kissing, fondling with significant other-N/A. *Stops unwanted sexual attention-Yes, *Indicates what to do if unwanted attention/assault/rape occurs-Yes. Follow up: Person does demonstrate the capacity to consent to sex (marked with a check mark).</p> <p>ISP dated 5/2/23 identifies R4 as a verbal individual who functions at the mild level of intellectual disability who is able to communicate wants and needs. R4 serves as own guardian with mother helping to ensure rights are not violated. R4's ISP documents the need for 24-hour supervision, necessary due to limitations in the life area of learning, self-direction, critical thinking and capacity of independent living self-care. In addition, R4's ISP documents R4 is vulnerable to adult females. R4's ISP does not identify any behaviors including unwanted touching of other individuals.</p> <p>R4's Individual Risk Assessment Tool dated 4/30/23, Functional Sexual Assessment section is marked as follows: *Indicates when wants a touch or hug-Yes,</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 3</p> <ul style="list-style-type: none"> *Will allow touch at nonsexual areas by others-Yes, *Identifies an individual as a significant other-Yes, *Engages in sexual behavior such as kissing, fondling with significant other-No *Stops unwanted sexual attention-No, *Indicates what to do if unwanted attention/assault/rape occurs-No, <p>Follow up: no section is marked to indicated if R4 can or cannot demonstrate capacity to consent to sex.</p> <p>R4's Day Service Provider Safety Plan dated 5/4/22 documents, "Goal: (R4) will not work alone with a female individual. Current Behavior: (R4) has been involved in incident(s) related to him sexually harassing female co-workers in the past. To prevent any future issues of this kind, (R4) will not work in a situation where (R4) is alone with a female individual. Working in a group setting with females is acceptable as is (R4) working alone with a female job coach. Training Methods: (R4) will not be scheduled to work alone with only another female consumer. (R4) can work by (self), alone with another male consumer, in a group with both male and female consumers, and/or with male or female job coaches. The only restriction is (R4) working alone or with a female consumer. Objective 1: This is a safety plan that is put into place to ensure the safety, physical and emotional wellbeing of both (R4) and his co-workers. It is to prevent (R4) being out in a situation that could lead to incidents of sexual harassment." This Safety Plan includes the signatures of R4 and E5/former facility QIDP/Qualified Intellectual Disability Professional.</p> <p>Day Service Provider Progress Note written by</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 4</p> <p>Z2/Certified Recovery Support Specialist, dated 7/27/23 documents in part, "(R3) informed me her ex-boyfriend (R4) has been sneaking in her room in the morning and touching her in the bathing suit areas under the clothes. She (R3) said this has been happening for a week, but also said that months ago he (R4) had been doing the same thing." The note also documents, "(R3) told me (Z2) immediately after entering my office today that (R4) had been coming into her room all week to wake her up but was actually touching her private areas (pointed to her chest, her genitals and her buttocks). She (R3) said each time he (R4) did that she told him to go away, but he would come back another day and do it again." A second Progress Note written by Z2 on 7/27/23 documents, "I (Z2) called to inform (Z5/R3's father) her legal guardian that (R3) told me in session this morning that a male resident had been coming into her room early in the morning for a week and touching her on her bathing suit areas beneath her clothes. (Z5) told me that (R3) had already called to tell him what had happened, and he (Z5) said he had been worried about something like this happening for a while. He (Z5) said he wondered if they were doing all they should be doing to keep him from going into her room or bothering her at all."</p> <p>On 7/31/23 at 11:55 AM, R3 stated R4 came into (R3's) bedroom every day during the week of July 24, 2023, except for Friday. R4 came into room to get R3 up for work of a morning and touched R3 on breasts, butt and privates. R3 stated, "(I) tell (R4) to stop but (R4) wouldn't." R3 stated R4 entered room when night shift was working. R3 reported on Thursday, R4 entered room while R3 was sleeping to wake R3 up for work. R3 awoke to R4 touching private area with fingers inside and moving around. R3 stated, "(I) feel</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 5</p> <p>uncomfortable when (R4) touched me." R3 reported telling Z2/Certified Recovery Support Specialist after getting to work.</p> <p>On 7/31/23 at 12:15 PM, Z1/Director of Rehabilitation Services confirmed R4 had a safety plan in place related to sexual harassment. Z1 was unable to identify the reason for the plan but stated one of the goals was for R4 to not work alone with female individuals. Z1 stated the information would have to be investigated and provided once obtained.</p> <p>On 7/31/23 at 1:15 PM, R4 came to dining area of facility and asked to speak privately. R4 began talking before there was any opportunity to ask questions. R4 stated, "Let me tell you what happened between (R3) and I. Last week, (E4/DSP/Direct Support Person) asked me to get (R3) up for work. so, I did go into (R3's) room trying to get (R3) awake. (R3) was asleep. I (would) put my hand on (R3's) butt or breast. (R3) got mad and told me to stop."</p> <p>R4 stated (R4) had entered R3's room every day except Friday. R4 was asked if (R4) had touched R3 each day. R4 responded, "Yes." R4 was also asked on what part of R3's body. R4 responded, "Some days butt some days breast." R4 stated if he had touched R3 on lower private areas it was not on purpose.</p> <p>R4 continued to report about five years ago, (R4) had reached up R3's shirt and touched R3's breast. R3 told her dad and staff began keeping R3 and R4 apart at the request of R3's mother and father because they did not want them to be girlfriend and boyfriend. R4 also recalled one other time touching R3 on the breast while they were on the van. At that time, R4 stated R3 told R4 to stop because R4 knew the rules. R4 confirmed R3 should not have been touched</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 6</p> <p>on butt or breast.</p> <p>On 7/31/23 at 2:15 PM, E4/DSP (Direct Support Person) confirms working the night shift on 7/26/23 at 10:30 PM and leaving at 8:30 AM. E4 stated R4 had no behavior plan in place for unwanted sexual touching.</p> <p>On 7/31/23 at 2:30 PM, E3/QIDP (Qualified Intellectual Disability Professional) stated, "(R4) has a history of inappropriate behavior with staff and another individual (R5)-not sure what all happened-was outside behind garage." E3 confirmed staff should not be directing individuals to go and wake up other individuals for work. E3 was asked if there was any other knowledge of R4 having inappropriate sexual behavior. E3 stated R4 had informed E3 that R4 had slept with the wife of someone who worked at (Day Service Provider) adding that was before (E3's) time. E3 confirmed R4 had no behavior management plan related to inappropriate touching.</p> <p>On 8/3/23 at 11:35 AM, E1/Acting Administrator was asked if R3 had a history of making false allegations. E1 confirmed there was one similar allegation with (R4). E1 was also asked if R3 ever alleged being a victim of sexually inappropriate behavior. E1 responded, "Inappropriate touching-butt and breasts." E1 confirmed R4 does not currently have a behavior management program related to sexually inappropriate behavior and was unaware of R4 had a support plan/program at day service provider for sexual harassment.</p> <p>On 8/7/23 at 3:18 PM, Z3/R4's mother and advocate stated R3 and R4 have been boyfriend/girlfriend about five years, maybe six years, on again off again. Z3 reported about five</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z9999	<p>Continued From page 7</p> <p>years ago, R4 touched R3 on the breast while they were on the van. R3 called dad and told him. The facility separated R3 and R4. They (R3 and R4) couldn't sit together on van or on couch or work together at day service provider. Z3 stated to make R4 understand the severity of the incident Z3 threatened R4 with going to jail.</p> <p>On 8/8/23 at 9:09 AM, Z5/R3's Co-Guardian stated R3 had called and reported R4 had gone to R3's bedroom before work to wake R3 up, touching R3 at that time. R3 told Z5 of R4 touching R3 on chest, behind and other private parts. Z5 was asked if R3 had ever complained before about being sexually touched before. Z5 stated, "(R3) complained in 2018 that (R4) had touched her breast. Staff aware and told (R3) to stay away from (R4)."</p> <p>On 8/8/23 at 9:30 AM, E6/Acting Executive Director/Administrator confirmed E5 was a former employee of the facility working as a QIDP in 2022.</p> <p>On 8/8/23 at 11:26 AM, Z2/Certified Recovery Support Specialist stated R3 and Z2 had been meeting weekly since 3/3/22. Z2 reported on 7/27/23 when R3 came in to meet, R3 looked a little off and upset. It took a while but R3 began responding to Z2's questions about what was going on. R3 told Z2 about R4 coming into bedroom daily that week in order to wake her up. Each day doing so by touching breasts. This morning R3 reported Z3 had touched breasts, butt and genitals. At that time, Z2 began questioning further and R3 stated R4 had put hands under clothing and put fingers inside R3. R3 told Z2 about R3 and R4 being boyfriend and girlfriend in the past and reported R4 had previously touched R3's breasts.</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/14/2023
NAME OF PROVIDER OR SUPPLIER HIGHVIEW TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 409 NORTH HIGH STREET PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z9999	Continued From page 8 (B)	Z9999			