STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			COM	PLETED	
		IL6015192	B. WING	B. WING		28/2014	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	NDDRESS, CITY, S	TATE, ZIP CODE			
EMERITU	JS AT HOFFMAN EST		EST GOLF ROA AN ESTATES, II				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
Z 000	COMMENTS		Z 000				
	Complaint Investigation:14917 330.3240 c)d)	745/IL69427-330.785 b)3;					
Z9999	FINDINGS		Z9999				
	STATEMENT OF LICENSURE VIOLATIONS						
	330.785b)3) 330.4240c) 330.4240d)						
	Section 330.785 C Enforcement	ontacting Local Law					
	b) The facility shall immediately contact local law enforcement authorities (e.g., telephoning 911 where available) in the following situations:		/				
	3) Sexual abuse o another resident, o visitor;	f a resident by a staff member r a					
	Section 330.4240	Abuse and Neglect					
	aware of abuse or immediately report	ministrator who becomes neglect of a resident shall the matter by telephone and i ent's representative.	n				
		ministrator, employee, or s aware of abuse or neglect o	f				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6015192	B. WING	04/	28/2014	
NAME OF I				TATE, ZIP CODE		
EMERIT	JS AT HOFFMAN EST	ATES	ST GOLF ROA N ESTATES, I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ige 1	Z9999			
	a resident shall also department.	o report the matter to the				
	These requirement	s are not met as evidenced by				
	responsible party a an investigation of a	view, interview and cility failed to report to a nd the state agency, and begin alleged sexual abuse for 1 ample of 3 residents reviewed				
	Findings include:					
	including Multiple S	female with a diagnosis clerosis. R1 is alert and is admitted to the facility on				
	diagnosis including history of Colon Ca facility on 4/3/14 an	d male resident with a Left Hip Replacement and ncer. R2 was admitted to the d was discharged to a local alth center on 4/22/14.				
	my room in my whe room . I don't remen walked in. We talked and tried to kiss me I told him to leave. time. It was late at a Director Of Nurses Director ) . I asked About a week later My son called the p door handle to my r	A stated the following. "I was in selchair when R2 came into my mber if I let him in or if he just ed. Then R2 touched my leg e. He also fondled my breasts. I don't remember the day or night. The next day I told E2 ( e) and E3 ( Life Enrichment Laura ( E2 ) not to tell my son. I told my son about incident. police. Another time I heard the room rattling. I went to the R3 to go away. He left".	,			

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED		
IL601519		IL6015192	B. WING		04/28/2014		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
EMERIT	US AT HOFFMAN ES	IAIES	EST GOLF ROA AN ESTATES, I				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE CON	(X5) MPLE DATE	
ma				DEFICIENC			
Z9999	Continued From pa	age 2	Z9999				
	"I told E3 the next of touched me in the	was interviewed a second time day. I said R2 kissed me and wrong way. E3 said she would for about a week then he was					
	stated "(R1) told m came into my room she sat down in a c	e Giver) 9:30 AM 4/24/14 e last Tuesday ( 4/15/14) "(R2 n and I did not like it". (R1) said chair and he touched her on this to E2 immediately. I don't					
	stated that on 4/8/1 acting right. (R1) si anyone in trouble. made me feel unco (E2). Myself and (E	nt Director ) 11:15 AM 4/23/14 4 before lunch R1 was not tated "I don't want to get (R2) came into my room and omfortable. I reported this to E2) talked to (R1) again that ay (R2) touched her at this					
	AM stated that "after 4/8/14, we talked t	ther interview on 4/24/14 11 er we initially talked to (R1) on to (R2) and told him not to go nts rooms and touch them or					
	E3 was notified by her room . R2 aske "We did not do an determined no nee On 4/19/14 R1 told physically touching R1's sons and othe and informed me o	urses) 4/23/14 9:30 AM stated R1 4/8/14 that R2 came into ed to come into R1's room. abuse investigation. We d for an abuse investigation. I her family that R2 was her and kissed her. Both of er family members came to me f the incident. The sons called d an Abuse Investigation at thi	,				
	time on 4/19/14. I r	eported the incident to Illinois artment 4/20/14. I did not notify					

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
			B. WING				
	IL6015192				04/	28/2014	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
EMERITI	US AT HOFFMAN EST	TATES	ST GOLF ROA N ESTATES, I				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
Z9999	Continued From pa	age 3	Z9999				
Z9999	R1's physician. R2 4/22/14 ". E2 responded that incident was docum records. Review of R1 and F documentation of th in clinical records s notified. No docum responsible party w record. Police report 14-64 police department of following summary called to facility and the officer his moth from a male reside R1 who stated about into her room some was in her wheelch and sat down next with her then place uncomfortable but of hand. He then cupp and then leaned ov R1 told him to stop stood up and hugg he did. R1 stated s staff but asked ther had opportunity to of Both R1 and Z1 (S know what he was arrested. The report the incident the day	was discharged to the hospital no information about the nented in R1's and R2's clinica R2's clinical records show no he incident. No documentation how the physician was entation of notification of vas observed in either clinical 37 was obtained from the on 4/24/14 and states the of report: 4/19/14 police were d met by son of R1 who told er was a victim of a battery nt. (R2) . Officer interviewed ut two weeks ago R2 came etime late in the afternoon. She tair and R2 entered her room to her. He had a conversation d his hand on her thigh. R1 felti did not ask R2 to remove his bed her breasts with his hands rer and open-mouth kissed her and leave the room but he ed her. R1 insisted he leave so he reported the incident to m not to tell her family until she do so herself. Son) told police that R2 may no doing . They did not want him rt also states E2 was aware of y it occurred. She was under					
	the impression that hugged her. learned of the deta	y it occurred. She was under R2 only held her hand and When she ils of what R2 did she ed him from the facility.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6015192	B. WING			
	AME OF PROVIDER OR SUPPLIER STREET AI			TATE, ZIP CODE		28/2014
	JS AT HOFFMAN EST	2150 WF	EST GOLF ROA			
	55 AT HOFFMAN EST	HOFFMA	AN ESTATES, I	L 60194		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	age 4	Z9999			
	did talk to R2 and in	4/24/14 11 AM the facility staf nformed him not to go in other 1 4/8/14 after the incident was				
	4/8/14 but did not in facility did not notify	are of the alleged abuse on hitiate a investigation. The y the residents representative facility did not notify the state 4.				
	documents the faci abuse to the local p	and observation of lity failed to report a suspected police department. The facility lleged sexual abuse on 4/8/14 was done.				
	Findings include:					
	including Multiple S	female with a diagnosis Sclerosis. R1 is alert and as admitted to the facility on				
	diagnosis including history of Colon Ca facility on 4/3/14 an	d male resident with a Left Hip Replacement and Incer. R2 was admitted to the Ind was discharged to a local alth center on 4/22/14.				
	my room in my whe room . I don't reme walked in. We talke and tried to kiss me I told him to leave.	A stated the following. "I was in eelchair when R2 came into m mber if I let him in or if he just ed. Then R2 touched my leg e. He also fondled my breasts. I don't remember the day or night. The next day I told E2 (	У			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6015192	B. WING		04/	28/2014
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
EMERIT	JS AT HOFFMAN EST	ATES	ST GOLF ROA			
	SUMMARY STA		ID	PROVIDER'S PLAN OF		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
Z9999	Continued From pa	ige 5	Z9999			
	Director ) . I asked About a week later My son called the p door handle to my r door and had to tell R1 4/24/1410 AM w "I told E3 the next of touched me in the w handle it. I saw R2 gone". E4 ( Resident Care stated "(R1) told me came into my room she sat down in a of her leg. I reported t know what E2 did". E3 ( Life Enrichmen stated that on 4/8/1	and E3 ( Life Enrichment Laura (E2) not to tell my son. I told my son about incident. Notice. Another time I heard the room rattling. I went to the R3 to go away. He left". Was interviewed a second time day. I said R2 kissed me and wrong way. E3 said she would for about a week then he was Giver) 9:30 AM 4/24/14 e last Tuesday ( 4/15/14) "(R2) and I did not like it". (R1) said thair and he touched her on his to E2 immediately. I don't the Director ) 11:15 AM 4/23/14 4 before lunch R1 was not ated "I don't want to get				
	anyone in trouble. ( made me feel unco (E2). Myself and (E	R2) came into my room and mfortable. I reported this to 2) talked to (R1) again that ay (R2) touched her at this				
	AM stated that "after 4/8/14, we talked to	her interview on 4/24/14 11 er we initially talked to (R1) on o (R2) and told him not to go nts rooms and touch them or				
	E3 was notified by her room . R2 aske "We did not do an a	urses) 4/23/14 9:30 AM stated R1 4/8/14 that R2 came into d to come into R1's room. abuse investigation. We d for an abuse investigation.	1			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015192	B. WING	B. WING		28/2014
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EMERITI	US AT HOFFMAN EST		ST GOLF ROA			
		HOFFMA	N ESTATES, II	L 60194		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
Z9999	Continued From pa	ige 6	Z9999			
	physically touching R1's sons and other and informed me of the police. I initiated time on 4/19/14. I m Public Health Depa R1's physician. R2 4/22/14 ". E2 responded that incident was docum records. Review of R1 and F documentation of th in clinical records s notified. No docum	her family that R2 was her and kissed her. Both of fr family members came to me f the incident. The sons called d an Abuse Investigation at this eported the incident to Illinois urtment 4/20/14. I did not notify was discharged to the hospita no information about the nented in R1's and R2's clinical R2's clinical records show no ne incident. No documentation how the physician was entation of notification of vas observed in either clinical	5			
	police department of following summary called to facility and the officer his moth from a male resider R1 who stated abore into her room some was in her wheelch and sat down next with her then place uncomfortable but of hand. He then cupp and then leaned ov R1 told him to stop stood up and hugge he did. R1 stated st	37 was obtained from the on 4/24/14 and states the of report: 4/19/14 police were d met by son of R1 who told er was a victim of a battery nt. (R2) . Officer interviewed ut two weeks ago R2 came etime late in the afternoon. She air and R2 entered her room to her. He had a conversation d his hand on her thigh. R1 fel did not ask R2 to remove his bed her breasts with his hands er and open-mouth kissed her and leave the room but he ed her. R1 insisted he leave so he reported the incident to m not to tell her family until she do so herself.	t			

STATE PERMOY OF DEFECTINOUS   (M) PROVIDERASUPPLIENCIAL   (CONUMERASUPPLIENCIAL   (CONUME	Illinois D	Illinois Department of Public Health						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE   2150 WEST COLF ROAD HOFFMAN ESTATES 2150 WEST COLF ROAD HOFFMAN ESTATES, IL 60194   IMAGE OF PROVIDER OF MALE OF ORDERDING PROVIDER SPLAN OF CONFECTION RESULTION OF USC IDENTIFYING INFORMATION RESULTION OF USC IDENTIFYING INFORMATION ID ID ID ID ID ID ID ID ID ID ID ID ID I	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA					
Determinant     219 WEST GOLF ROLD       MOMING     SUMMARY STATEMENT OF DEFICIENCIES     In     PROVIDER'S PLAN OF CONNECTION ANOLAD BE (EACH DEFICIENCY MUST HER PROCEEDED BY FULL PRETAX     In     PROVIDER'S PLAN OF CONNECTION ANOLAD BE (EACH DEFICIENCY MUST HER PROCEEDED BY FULL PRETAX     In			IL6015192	B. WING		04/2	8/2014	
HOFFMAN ESTATES, IL 60194   D(A) D. PHERX TAG SUMMARY STREEMT OF DEFINICACIES (ESTATUMARY STREEMT OF DEFINICACIES) (ESTATUMARY S	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PREFIX TAG     (EACH DEFICIENCY MUST BE PRECEDED bY FULL TAG     PRETX TAG     (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE     CONSTRUCT CONSTRUCT CONSTRUCT CONSTRUCT     CONSTRUCT       23999     Continued From page 7 know what he was doing. They did not want him arrested. The report also states E2 was aware of the incident the day it occurred. She was under the impression that R2 only held her hand and hugged her.     29999     2999       Per interview of E2 4/24/14 11 AM the facility.     Per interview of E2 4/24/14 after the incident was reported to them.     The facility was aware of the alleged abuse on 4/8/14 but did not contact local law enforcement.     (A)     (A)     (A)	EMERIT							
know what he was doing . They did not want him arrested. The report also states E2 was aware of the incident the day it occurred. She was under the impression that P2 only held her hand and hugged her. When she learned of the details of what P2 did she immediately removed him from the facility. Per interview of E2 4/24/14 11 AM the facility staff did talk to R2 and informed him not to go in other residents rooms on 4/8/14 after the incident was reported to them. The facility was aware of the alleged abuse on 4/8/14 but did not contact local law enforcement. (A)	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
llinois Department of Public Health	Z9999	know what he was arrested. The report the incident the day the impression that hugged her. learned of the detail immediately remov Per interview of E2 did talk to R2 and in residents rooms on reported to them. The facility was away	doing . They did not want him t also states E2 was aware of v it occurred. She was under R2 only held her hand and When she ils of what R2 did she ed him from the facility. 4/24/14 11 AM the facility staff nformed him not to go in other 4/8/14 after the incident was are of the alleged abuse on ontact local law enforcement.	Z9999				
and the second	Illinois Depai	rtment of Public Health						