

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/15/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BRIGHTON GARDENS OF ST CHARLES

**600 DUNHAM RD
SAINT CHARLES, IL 60174**

(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
A 000	Initial Comment Entity Reported Incident: IL00189482- 295.3020 is cited.	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Type 2 Violation Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals; 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights; 3) Confidentiality of resident records and resident information; 4) Hygiene and infection control; 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures. b) Each employee shall also complete orientation within 30 days after the starting date of employment that includes:	A3020		

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

TITLE

(X6) DATE

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A3020	Continued From page 1 1) Orientation to the characteristics and needs of the establishment's residents; 3) Internal establishment requirements and the establishment's policies and procedures; 4) The employee's job responsibilities and limitations; 6) Training in assistance with activities of daily living appropriate to the job. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure policies and procedures regarding staff conduct of fraternization with residents was followed. This inadequate oversight has created a risk of probable exploitation of one (R1) resident. Findings include: An onsite visit was conducted on 4/15/25. R1's Electronic Health Record (EHR) and Establishment documents were reviewed. According to R1's EHR, R1 is 75 years old. R1 moved to the Assisted Living on 10/3/24. R1's diagnoses include but not limited to Cerebral Infarction, Malignant Neoplasm of Bladder, and Type 2 Diabetes Mellitus. E2 (Terminated Lead Care Manager) was hired on 4/30/2020. As part of onboarding curriculum for all staff members including E2, establishment rules and policies were discussed. These rules stated in part;	A3020		

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A3020	Continued From page 2 Obey the Sunrise Rules; Sunrise endeavors to maintain a positive work environment. Each team member plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on common sense and fair play. Because everyone may not have the same idea about proper workplace conduct, it is necessary to adopt and enforce rules all can follow. The following are examples of some but not all conduct which may subject the offender to disciplinary action -Personal fraternization with residents or family member. Per document titled "Certification and Agreement of Compliance" dated and signed by E2 on 4/30/20, it stated E2 read and understood the company's Code of Conduct. On 4/15/25 at 11:08am, E1 (Executive Director) said R1's son relayed a concern that R1 was sleeping with a Care Manager. Upon receiving this concern, E1 initiated an investigation. Incident Investigation reviewed, contained a screen shot of sexually explicit text message from E2 to R1. The result of Establishment investigation indicated E2's employment was terminated on 4/1/25. Document titled "Performance Counselling & Improvement Plan for Corrective Action" stated in part; Date of counselling: 4/1/25 Type of Corrective Action: Termination Written Policy/Company Rule(s) not Followed: Fraternization with resident or family member. Supporting Documentation: After interviews with the resident and the team member, it was determined that the team member went out to	A3020		

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A3020	Continued From page 3 dinner with the resident on multiple occasions wherein the resident paid for the meal. The team member also admitted to texting sexually explicit comments to the resident. On 4/15/25 at 11:53am, R1 said "We met prior to me living here. We went out to eat 2-3 times, in my opinion when she is not working here and I am not in here, what we do with our time is our own business." E1 said, R1 brought E2 to dinner which he paid for, this is fraternization. E2 should not have done that. E1 said, R1 wouldn't say having a sexual relationship with E2.	A3020			