STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145000	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Washington Senior Living	1201 Newcastle Washington, IL 61571

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review the facility failed to recognize an incident as an allegation of abuse and failed to thoroughly investigate a bruise of unknown origin for one resident (R1) of three residents reviewed for abuse. The Facility's Abuse Prevention Program dated 10/2022 documents This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of good and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents.The Facility's Abuse Prevention Program dated 10/2022 documents The nursing staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the resident for other bruises, laceration, or pain.The Facility's Abuse Prevention Program dated 10/2022 documents For resident injuries not involving an allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an injury of unknown source. An injury should be classified as an injury of unknown source when both of the following conditions are met: the source of the injury was not observed y any person or the source of the injury could not be explained by the resident and the injury is suspicious because of the extent of the injury or the location (e.g. the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. The Facility's Abuse Prevention Program dated 10/2022 documents If classified as an injury of unknown source the person gathering facts will document the injury, the locations and time it was observed, any treatment given and notifications of the resident's physician, responsible party. The (State Agency) will be notified . Time frames for reporting and investigating abuse will be followed. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable.The Facility's Abuse Prevention Program dated 10/2022 documents The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. Residents to whom the accused has regularly provided care, and employees with whom the accused has regularly worked will be interviewed. On 5/8/2026 V4 (Activity Aide) stated that on 4/26/2026 she saw R1 sitting in the hallway after receiving a shower from V5 (Certified Nurse Aide) and R1 said she was scared and she thought someone was trying to kill her. V4 stated R1 had bruising noted to her wrist so V4 was concerned and went to V3 (Activity Director). On 5/8/2026 V3 (Activity Director) confirmed that V4 (Activity Aide) came to her with concerns regarding R1's wrist and that R1 seemed so afraid of V5 (CNA). V3 (Activity Director) stated she immediately notified (V1/Administrator) because she felt that V4 (CNA) was voicing a suspicion of abuse. On 5/13/2026 V1 (Administrator) confirmed he was notified by V3 (Activity Director) of concerns with a bruise on (R1). V1 stated he did not treat the incident as an abuse investigation because R1 is always fearful and upset after a shower due to her cognition and she (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	propels her own wheelchair, she probably hit it when she was doing that. On 5/13/2026 V1 (Administrator) confirmed that R1's current care plan does not include any information regarding R1 always being fearful with showers. V1 confirmed R1's care plan does not address any risk for bruising to hands. V1 also confirmed that there was no documentation of R1's wrist bruise prior to V2 (Director of Nursing) made a note of the bruise on 4/27/2026. R1's Nurse's Notes dated 4/27/2026 at 6:15 PM documents that floor nurse reported to Director of Nurse that bruise was found. Moderate sized bruise dark purple with yellowish tints, no open areas. Resident unable to verbalize what happened. On 5/13/2026 V2 (Director of Nursing) confirmed she found out about R1's bruise on 4/27/2026 and assessed the bruising. V2 confirmed she had never assessed bruising on R1 prior to that and there was no previous documentation of R1's bruising prior to her own on 4/27/2026 at 6:15 PM.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review the facility failed to report an allegation of abuse to the State Reporting Agency and the family for one resident (R1) of three residents reviewed. The Facility's Abuse Prevention Program dated 10/2022 documents This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of good and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents.The Facility's Abuse Prevention Program dated 10/2022 documents The nursing staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the resident for other bruises, laceration, or pain.The Facility's Abuse Prevention Program dated 10/2022 documents For resident injuries not involving an allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an injury of unknown source. An injury should be classified as an injury of unknown source when both of the following conditions are met: the source of the injury was not observed y any person or the source of the injury could not be explained by the resident and the injury is suspicious because of the extent of the injury or the location (e.g. the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.The Facility's Abuse Prevention Program dated 10/2022 documents When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator, or designee, shall notify (State Survey Agency) regional immediately by telephone or fax. The report shall include the following information, if known at the time of the report: name, age, diagnosis, and mental status of the resident allegedly abuse, neglected, exploited, mistreated, or from whom property was misappropriated; type of abuse reported, date, time, location and circumstances of the alleged incident, any obvious injuries or complaints of injury and steps the facility has take to protect the resident,The Facility's Abuse Prevention Program dated 10/2022 documents The investigator will report the conclusions of the investigation in writing to the administrator or the designee within five working days of the reported incident. The final investigation report shall contain the following: name, age ,diagnosis, and mental status of the resident allegedly abused, neglected, exploited, mistreated, or from whom property was misappropriated, the original allegation, facts determined during the process of the investigation, review of medical record and interview of witnesses; conclusion of the investigation based on known facts, the police report, if applicable. On 5/8/2026 V4 (Activity Aide) stated that on 4/27/2026 she saw R1 sitting in the hallway after receiving a shower from V5 (Certified Nurse Aide) and R1 said she was scared and she thought someone was trying to kill her. V4 stated R1 had bruising noted to her wrist so V4 was concerned and went to V3 (Activity Director). On 5/8/2026 V3 (Activity Director) confirmed that V4 (Activity Aide) came to her with concerns regarding R1's wrist and that R1 seemed so afraid of V5 (CNA). V3 (Activity Director) stated she immediately notified (V1/Administrator) because she felt that V4 (CNA) was voicing a suspicion of abuse. On 5/13/2026 V1 (Administrator) confirmed that he had not notified (State Agency) when the bruise was discovered or 5 days later.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Respond appropriately to all alleged violations. Based on interview and record review the facility failed to remove a staff member from resident care after an allegation of abuse. This failure has the potential to affect all 84 residents who currently reside in the facility. The Facility's Abuse Prevention Program dated 10/2022 documents This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of good and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents.The Facility's Abuse Prevention Program dated 10/2022 documents The nursing staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the resident for other bruises, laceration, or pain.The Facility's Abuse Prevention Program dated 10/2022 documents For resident injuries not involving an allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an injury of unknown source. An injury should be classified as an injury of unknown source when both of the following conditions are met: the source of the injury was not observed y any person or the source of the injury could not be explained by the resident and the injury is suspicious because of the extent of the injury or the location (e.g. the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. The Facility's Abuse Prevention Program dated 10/2022 documents If classified as an injury of unknown source the person gathering facts will document the injury, the locations and time it was observed, any treatment given and notifications of the resident's physician, responsible party. The (State Agency) will be notified . Time frames for reporting and investigating abuse will be followed. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable.The Facility's Abuse Prevention Program dated 10/2022 documents Employees of this facility who have been accused of abuse. Neglect, exploitation, mistreatment or misappropriation of resident property will be removed from resident contact immediately. The employee shall not be permitted to return to work until the results of the investigation have been reviewed by the administrator and it is determined that any allegation of abuse, neglect, exploitation, mistreatment or misappropriation of resident property is unsubstantiated.On 5/8/2026 V4 (Activity Aide) stated that on 4/27/2026 she saw R1 sitting in the hallway after receiving a shower from V5 (Certified Nurse Aide) and R1 said she was scared and she thought someone was trying to kill her. V4 stated R1 had bruising noted to her wrist so V4 was concerned and went to V3 (Activity Director). On 5/8/2026 V3 (Activity Director) confirmed that V4 (Activity Aide) came to her with concerns regarding R1's wrist and that R1 seemed so afraid of V5 (CNA). V3 (Activity Director) stated she immediately notified (V1/Administrator) because she felt that V4 (CNA) was voicing a suspicion of abuse. On 5/8/2026 V1 (Administrator) provided undated/untimed/unsigned handwritten notes regarding R1's bruise. V1 was not able to provide any documentation of interviews with residents whom V5 (CNA) had cared for. On 5/13/2026 V1 (Administrator) confirmed that he responded to V3 (Activity Director)'s report of concerns regarding a bruise on (R1). V1 confirmed he was aware that V4 (Activity Aide) was alleging that R1 was overly scared of V5 (Certified Nurse Aide) and that V4 voiced concerns about a bruise to R1's hand. V1 (Administrator) confirmed that V5 (CNA) continued to work that afternoon/evening that he was here investigating and that he never suspended or sent V5 away from all the residents.